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DEBRA NELSON-HOGAN
Editor

19th Annual Clinical Meeting

BY DEBRA NELSON-HOGAN, DIRECTOR OF EDUCATION AND EDITOR OF THIS ISSUE OF
THE PAIN PRACTITIONER

Cultivating a Community of Care

When we began planning our 19th Annual Meeting in Nashville, we examined the various factors that might affect the meeting theme and content. We were acutely aware that for our members, our annual meeting is a time to network with others from the pain community. Beyond this, we looked at the culture of the Academy, which has traditionally been defined by inclusivity. Our history of multi- and interdisciplinary care creates a diverse community by its mere definition. The idea of diversity and disparities surfaced quickly because of the demographics of the area: according to the 2006 American Community Survey, almost 30% of Nashville's population is African American, while 15% is Hispanic.

We invited Meharry Medical College (MMC) in Nashville to partner with us, which laid a local foundation for our meeting, and explored issues that were relevant to the area. In addition, MMC's mission is "to improve the health and health care of minority and underserved communities," by focusing on the "elimination of health disparities."

It seemed logical, then, to discuss the various kinds of disparities as well as ways to eliminate them. The track on *The Role Spirituality and Culture in Managing Pain* offered a look at how different cultures in the US experience, assess, and manage pain. Wayne Jonas, MD, said, "The role of the community and the connectivity that goes on between individuals is the essence of spirituality, and the essence of care." Several presentations explored this essence of care.

In addition to Dr. Jonas, who discussed the science behind spirituality and healing, Richard Payne, MD, and Donald Warne, MD, MPH, explored healing traditions from African American and the American Indian

perspectives, respectively. A track on *Issues in Pain Management for Primary Care* featured W. Clay Jackson, MD, DipTh. Dr. Jackson, who is a minister and physician based in Memphis, spoke eloquently about palliative care and how we treat death in America. In addition, a presentation by Lara Dhingra, PhD, during a track that focused on the psychosocial aspects of the chronic pain experience, highlighted her research on cultural factors in the assessment and treatment of pain in ethnic Chinese cancer patients. Comments from these clinicians were selected for this issue to reflect the "culture" and "community" that were central to the meeting's theme.

We chose to highlight other clinicians' work as well because of the more advanced nature of their presentations.

Linda Watkins, PhD, from the University of Colorado at Boulder, enthralled attendees with a discussion of her research on the clinical implications of immune and glial dysregulation of pain and opioid actions, a summary of which is included in this issue. In addition, the monograph accompanying this issue expands on the presentations by Miroslav "Misha" Backonja, MD, and Catherine Bushnell, PhD, who spoke about the evaluation of neuropathic pain and altered central system processing, respectively.

Advanced Approaches to Headache Management is represented in this issue with comments from Roger Cady, MD, on the pathophysiology of migraine, and from Lawrence Robbins, MD, on treatment options for headache. Dr. Robbins was this year's recipient of the Janet Travell Clinical Pain Management Award, which is presented to a clinician who has contributed to the advancement of the field of pain management and the welfare of others through direct clinical services.

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Partnering: Cultural Perspectives on Pain Management



PATRICIA MATTHEWS-JUAREZ, PhD

BY PATRICIA MATTHEWS-JUAREZ, PhD

Pain is a physical and psychological journey that is personal, unique, culturally-framed, and is the single most determinant for an individual seeking medical care. Affecting 76 million persons and costing the nation appropriately 100 billion dollars a year from emergency visits to loss productivity in the workplace, pain is viewed both as a public health and health disparity issue.

Racial/ethnic and disadvantaged groups are most challenged when it comes to receiving appropriate pain management and management within the current health care delivery system. This challenge gives rise to health disparities in pain care from diagnosis to management. These groups are equally as challenged when finding community-based physicians trained to assist them in managing pain and pharmacies to fill their prescriptions in urban, inner city, and rural communities.

Based on the current health disparity landscape, racial/ethnic and disadvantaged groups are arguably in need of access to appropriate pain management as they carry a disproportionate burden of diseases that are highly associated with pain. The National Pain Care Policy Act of 2007 (HR 2994), recently passed by the House, will provide additional support for these groups who are under medicated and suffer unnecessary pain. HR 2994 promotes the belief that all patients have a right to be pain free, and legitimizes the rights of the individual patient to access pain care, including all pain medications, responsibly.

The 19th Annual Clinical Meeting of the American Academy of Pain Management (the Academy), through the Academy's partnership with Meharry Medical College (MMC), offered the opportunity to address health disparities among racial/ethnic and disadvantaged groups, such as African Americans, Hispanics, Native Americans, and Asian Americans, and provided information for

health professionals addressing cancer and end-of-life issues in their practices. The intent of this program was to provide healthcare professionals with a basic awareness, understanding, and knowledge regarding how culture drives patient-seeking behaviors in resolving pain.

The Academy and MMC believe that pain associated with chronic and acute illnesses among racial/ethnic and disadvantaged groups can be best understood through communication, accessibility, and definitive discussion about gaps in pain care.

Given the aging of America, the potentiality of a large number of older individuals who will experience chronic pain, and the need to increase the number of competent healthcare professionals skilled in pain management, the Academy and MMC have agreed to work together to educate, expand, and provide skills to healthcare professionals providing pain care in the 21st century. This partnership focuses on reduction and/or elimination of pain associated with chronic conditions and the gaps in the provision of appropriate integrative approaches and therapies that will positively impact patients' lives and increase physical and mental well-being. As partners, our intent is to continue to provide the general population of healthcare professionals, medical students, and residents with awareness, knowledge, empirical evidence and population-based research on how patients are accessing pain care and provide discourse on strategies and approaches to address these concerns.

Educating a diverse workforce of healthcare professionals about an integrative approach to pain care and management will have tremendous impact in how our nation thinks about, perceives, and prescribes medication for chronic and acute diseases to racial/ethnic and disadvantaged groups as well as the general population. Likewise, public concerns by research, health,
(continued on page 11)



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