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# 20th Annual Clinical Meeting

BY DEBRA NELSON-HOGAN, DIRECTOR OF EDUCATION AND EDITOR OF *THE PAIN PRACTITIONER*, AND LENNIE DUENSING, MEd, EXECUTIVE DIRECTOR AND EDITOR-IN-CHIEF

Each year, as we put together the editorial pieces of the winter issue of the magazine, we look at the range of information presented at the Academy's Annual Meeting, and we select topics that best illustrate the theme of the conference. Our 2009 theme was "Integrative Care for Optimal Pain Management," which also represents the organization's new mission and direction.

Included in this publication are some stunning articles by conference presenters that address various aspects of patient care from an integrative point of view, and it also includes a monograph on how to prescribe opioids appropriately. These will be the two major educational areas of focus for the Academy in coming years.

And this brings up an interesting point—a point of confusion, in fact. We have heard from some members that they are delighted that the organization has moved away from allopathic approaches and towards a complementary and alternative model. We have heard from others that, by adopting an integrative model, the Academy was "turning its back" on prescribing members. One member at the meeting charged that our commitment to integrative care meant that we were no longer going to support and provide education for those who prescribe opioids, and that education that included information about both supplements and opioids was contradictory. To set the record straight, both of these perceptions are incorrect.

Integrative pain management is patient-centered and reaffirms the importance of the relationship between the practitioner and patient; focuses on the whole person; informed by evidence; and makes use of, and brings together, all appropriate therapeutic approaches and healthcare professionals to reduce pain and achieve optimal health and healing. That may include opioids analgesics, as well as complementary and alternative treatments.

The Academy was founded on the idea that good patient care requires more than one discipline and 20 years later, the pain community uniformly accepts that interdisciplinary and multidisciplinary pain management results in better patient care. We expect that as we continue to educate about the importance of treating the whole patient rather than symptoms, it will take far less than 20 years for the pain community to come around and realize that integrative pain management is just plain good medicine!

## A Quick Annual Meeting Overview

Victoria Maizes, MD, Executive Director of the University of Arizona Center for Integrative Medicine (AzCIM), opened the meeting, with an explanation of the winning partnership of integrative medicine and pain management. She noted that all good medicine starts with good science, and much of integrative care is about respecting the entire person—body, mind, and spirit — and creating an individualized treatment plan that reflects the patient's belief system. With her opening, Dr. Maizes tossed a ball in the air that was played for the remaining three days.

We started with good science, informed by evidence, taught by AzCIM faculty and graduates of the fellowship program who could do it justice. The meeting introduced attendees to Robert Rhode, PhD, who guided participants through the elements of motivational interviewing, which leads, but not dictates, patients to determine their own goals and how they are going to achieve them. Tieraona Low Dog, MD, described current evidence for supplements for chronic pain. Two attendees, after Drs. Rhodes and Low Dog's plenary sessions, described the program as "life changing."

Ann Marie Chiasson, MD, discussed an integrative approach to assessing pain that described the importance of understanding a patient's history of pain, as well as their fears. Patricia Lebensohn, MD, who shortly after the meeting completed an Iron Man competition, talked

# Defines the Academy's Mission



about techniques you could use to motivate patients to incorporate physical activity and exercise into their daily lives. She described how the first step should be an assessment of barriers—what is preventing the patient from integrating certain self-management practices into his or her life. Jay Shah, MD, did an amazing multi-media presentation on *New Frontiers in the Pathophysiology of Myofascial Pain* that kept participants on the edge of their seats.

There was no escaping the concept that emotions and a person's belief system play a huge role in how he or she perceives pain. Roger Cady, MD, who has published extensively on headache, taught an outstanding course on the role of the limbic system in pain management and the respect that practitioners should give to both physical and emotional trauma. Robert Bonakdar, MD, a leader in integrative pain management, led a hands-on workshop on auricular therapy and also lectured on CAM approaches to headache. He stressed how important it is to evaluate the patient's satisfaction with current treatment as well as beliefs around CAM modalities. These speakers are either represented in this issue or will be in future ones.

In response to some of the huge challenges that prescribers face in the current regulatory environment, an all-day track on proper prescribing of opioids, co-chaired by Alfred Anderson, MD, and Jennifer Schneider, MD, PhD, guided participants through patient assessment, proper selection of opioids, risk management tools, and what physicians need to know when prescribing opioids for a patient with known substance abuse issues. Dr. Anderson closed the track with a session on what constitutes proper documentation.

Will Rowe, CEO and Executive Director of the American Pain Foundation, joined the Academy's Director, Lennie Duensing, for a special advocacy session called, *If You're Not at the Table, You'll Be on the Menu*. Participants were given an overview of state and federal legislative and regulatory issues that could have a profound negative effect on prescribers and patients.

Attendees were asked to take action on the spot by writing letters to the new FDA Commissioner, Margaret Hamburg.

## The Meeting's Special Qualities: Positive Energy, Fun, and Healing

What we value most about the Academy's meeting is the positive energy, the fun element, and the healing that takes place throughout. Linda Nadia Hole, MD, "fixed" the shoulder of one of our speakers who had been bothered with it for more than 10 years. Debbie Arnold, PT, worked on one of the Academy staff members and an exhibitor, Tasso Spanos, using myofascial trigger point therapy, relieved the back pain of the hotel's catering manager. In the midst of all the solid science, we have healing that emerges like Phoenix rising from the ashes. It is these little miracles that add the sparkle to the big picture that is our annual meeting—and the American Academy of Pain Management.

We invite you to submit a proposal to speak or present a poster. The forms are on the website, and registration is open for next year. Either way, we hope to see you in Las Vegas! ■





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