



20th ANNUAL SCIENTIFIC MEETING

Irish Pain Society

(Chapter of the International Association for the Study of Pain)

SATURDAY 10th OCTOBER 2020

 ZOOM VIRTUAL CONFERENCE

THEME:

Prevention of Pain



SPEAKERS INCLUDE:

- Professor Michaela Kress (Basic Science)
- Professor Kevin Vowles (Psychology)
- Dr Emma Briggs (Nursing)
- Dr Marie-Brid Casey (Physiotherapy)
- Dr Therese O'Connor (Pain Medicine)
- Dr Cormac Mullins (Pain Medicine)

POSTER COMPETITION:

Shortlisted Candidate Abstracts are judged by Expert Panellists for Pain Research Prizes.



Chapter of the International Association for the Study of Pain
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Chapter of the International Association for the Study of Pain

20th ANNUAL SCIENTIFIC MEETING

*Global Year for the
Prevention of Pain*



SATURDAY 10th OCTOBER, 2020



ZOOM VIRTUAL CONFERENCE

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Welcome from the President of the Irish Pain Society



Dear all,

Welcome to the Irish Pain Society Annual Scientific Meeting today Saturday the 10th of October 2020. I and the other members of the committee hope that you will enjoy this live virtual meeting. This is an opportunity to share information, opinions and to communicate with and learn from, each other.

Needless to say 2020 has been a challenging year. The whole world, including our professional world where we provide care to patients with persistent pain, is dramatically affected by the coronavirus pandemic. Our ability to physically meet and treat our patients has been affected due to limits on being in close contact with each other. Healthcare resources including staff have been diverted to dealing with Covid 19.

At times only essential and emergency care has been available to patients. Our lives both personally and professionally have at times been disrupted, as have those of the people we care for.

But there have been some opportunities for positive change. This time of adversity has encouraged us all to adapt and to take a fresh look at how we deliver healthcare. The multidisciplinary methods of helping people with persistent pain can still be progressed, for example, working with patients to build self efficacy through using psychological tools, and developing home exercise programs. Changes in the way we deliver care have included the acceleration of a shift to virtual clinics which have both benefits and potential disadvantages.

While all of these changes have been taking place some things have stayed the same. Thank you to everyone who has assisted with and submitted research. Congratulations to everyone who has completed postgraduate training in pain medicine, physiotherapy and nursing in the context of pain care. This has not been an easy time to keep research and academic endeavours on track and additional effort has surely been required.

Thanks very much to Lucia Zelenska who took over from Orla Doran and now expertly administrates the Irish Pain Society from the offices of the College of Anaesthesiologists' and without whom this meeting would not be possible.

Congratulations to Associate Professor Brona Fullen who is the newly appointed President of the European Pain Federation (EFIC) which is the representative organisation of all IASP Chapters including the Irish Pain Society. EFIC represents over 20,000 members including medical doctors, nurses, physiotherapists, psychologists, scientists and allied health professionals working in pain medicine. It is a huge honour for a past president of the IPS to be elected to this position.

The next EFIC Congress was due to be held in Dublin next September 2021 but has been moved to April 2022 when the IPS will welcome colleagues from around Europe and the World to our beautiful and vibrant capital city. The Congress is titled "Targeting Pain in the Digital Age" and is an exciting event to look forward to.

Thank you to our industry sponsors who have kindly supported our meeting this year. Despite not being able to meet with delegates in person, their ongoing unconditional support of our educational meeting is very much appreciated.

I would like to say a personal thank you to all of the members of the IPS committee who have dedicated time and energy to both the day to day running of the IPS and to the planning of this meeting.

Again, welcome to the meeting and I hope that you both enjoy and learn from the day.

Enjoy the meeting

DR TADHG LYNCH

*MBBCh, MRCPI, MRCS, FCARCSI, Dip.Pain Med(CAI), FIPP, FFPMCAI
Irish Pain Society President*



20th Annual Scientific Meeting

Saturday, 10th October 2020

Venue:  Zoom Virtual Conference



SCIENTIFIC PROGRAMME

09.00-09.10 **Opening Address**
Dr Tadhg Lynch
President, Irish Pain Society

SESSION 1

Chairperson: Dr Michelle Roche
NUI Galway

09.10-09.40 **Prof Micheala Kress**
 (Basic Science)
 Professor at the Department of
 Physiology and Medical Physics,
 Medizinische Universität, Innsbruck,
 Austria
*Sphingolipids and their receptors as
 promising drug targets to alleviate
 neuropathic pain*

09.40-10.10 **Prof Kevin Vowles**
 (Psychology)
 Professor of Clinical Health Psychology,
 Queen's University Belfast, UK
*A Comparative Meta-Analysis of
 Unidisciplinary Psychology and
 Interdisciplinary Treatment Outcomes in
 Adults with Chronic Pain*

10.10-10.40 **Dr Emma Briggs**
 (Nursing)
 Lecturer in Nursing Education & King's
 Teaching Fellow, King's College London,
 UK
*The Power of Pain Education in Pain
 Prevention*

10.40-10.55 **Panel Discussion**

10.55-11.15 **Tea/Coffee Break,
 Trade Exhibition**

SESSION 2

Chairperson: Dr Brendan Conroy
Faculty of Pain Medicine

11.15-11.45 **Dr Maire-Brid Casey** (Physiotherapy)
 Senior Physiotherapist at Mater
 Misericordiae University Hospital, Dublin
*Multidisciplinary Rehabilitation for
 Chronic Pain - Is it superior to exercise
 alone?*

11.45-12.15 **Dr Therese O'Connor &
 Dr Cormac Mullins** (Pain Medicine)
 Consultant in Anaesthesia and Pain St
 Joseph's Hospital Sligo & Specialist
 Registrar, St James's Hospital, Dublin
*COVID-19 and Chronic Pain: A
 Metamorphosis?*

12.15-12.30 **Panel Discussion**

12.30-13.30 **Lunch Break: IPS Poster Viewing and
 Q&A chaired by Prof Brian McGuire,
 NUI Galway**

SESSION 3

Chairperson: Ms Joanne O'Brien
Beaumont Hospital, Dublin

13:30-14:10 **Irish Pain Research Network (IPRN)
 Data Blitz**

14.10-14.25 **Assoc. Prof Brona Fullen**
 EFIC President & Associate Professor,
 University College Dublin
European Pain Federation

14.25-14.40 **Award Pain Research Prizes
 Award IPS Nurse Education Medal**

14.45 **IPS AGM 2020**

5 CPD Points Approved / 5 NMBI credits Approved / 4 Psychology CPD Points Approved
For further details, please go to www.irishpainsociety.ie or email info@irishpainsociety.ie



IPS Scientific Programme Committee 2020

Dr. Tadhg Lynch - President

Dr. David Moore - Honorary Treasurer

Prof. Laserina O'Connor - Honorary Secretary

Ms. Joanne O'Brien - Immediate Past President

Dr. Marie Brid Casey - Committee Member

Prof. David Finn - European Pain Federation, EFIC Councillor

**Assoc. Prof Brona Fullen - Committee Member
(European Pain Federation, EFIC President)**

Dr. Hugh Gallagher - Committee Member

Prof. Brian McGuire - Committee Member

Dr. Kirk Levins - Committee Member

Dr. Maeve Muldowney - Committee Member

Dr. Cormac Mullins - Committee Member

Mr. John Nealon - Committee Member

Dr. Therese O'Connor - Committee Member

Dr. Siobhain O'Mahony - Committee Member

Dr. Michelle Roche - Committee Member

Dr. Cillian Suiter - Committee Member

Dr. Shelagh Wright - Committee Member

Ms. Lucia Zelenska - Administration Support



IPS ASM Faculty 2020

Professor Michaela Kress (Austria)	Medizinische Universität, Innsbruck
Professor Kevin Vowles (UK)	Queen's University Belfast
Dr. Emma Briggs (UK)	King's College London
Dr. Maire Brid Casey (Ireland)	Mater Misericordiae University Hospital, Dublin
Dr. Therese O'Connor (Ireland)	Sligo University Hospital
Dr. Cormac Mullins (Ireland)	St James's Hospital, Dublin
Assoc. Professor Brona Fullen (Ireland)	University College Dublin
Dr Tadgh Lynch (Ireland)	IPS President
Dr Michelle Roche (Ireland)	National University Galway
Dr Brendan Conroy (Ireland)	Faculty of Pain Medicine
Prof Brian McGuire (Ireland)	National University Galway
Ms Joanne O'Brien (Ireland)	Beaumont Hospital Dublin



**BIOGRAPHIES
AND
CONFERENCE ABSTRACTS**

Session 1

SESSION 1

Chairperson: Dr Michelle Roche

NUI Galway

- 09.10-09.40 Prof Micheala Kress** (Basic Science)
 Professor at the Department of Physiology and Medical Physics, Medizinische Universität, Innsbruck, Austria
Sphingolipids and their receptors as promising drug targets to alleviate neuropathic pain
- 09.40-10.10 Prof Kevin Vowles** (Psychology)
 Professor of Clinical Health Psychology, Queen's University Belfast, UK
A Comparative Meta-Analysis of Unidisciplinary Psychology and Interdisciplinary Treatment Outcomes in Adults with Chronic Pain
- 10.10-10.40 Dr Emma Briggs** (Nursing)
 Lecturer in Nursing Education & King's Teaching Fellow, King's College London, UK
The Power of Pain Education in Pain Prevention
- 10.40-10.55 Panel Discussion**
- 10.55-11.15 Tea/Coffee Break, Trade Exhibition**



Michelle Roche

Michelle Roche

NUI Galway

Michelle Roche is a Lecturer and Principal Investigator in the discipline of Physiology at National University of Ireland Galway (NUI Galway). Her research interests focus on evaluating the neurobiological mechanisms underlying psychiatric and developmental disorders and associated changes in pain responding. She employs a wide variety of in vivo and ex vivo techniques to evaluate the role of neurotransmitters, lipids and immune factors in these processes, with a particular focus on the role of the endocannabinoid system. She has published over 55 peer reviewed original research papers, 10 review articles and 4 book chapters to date (H-index: 21).



Prof Micheala Kress

(Basic Science)

Michaela Kress obtained a medical degree in Erlangen/Germany and later a PhD equivalent with Hermann Handwerker and Peter Reeh. After establishing her own group there she moved to the Medical University of Innsbruck in Austria where she is full professor and head of the Department of Physiology and Biomedical Physics since 2003. She was President of the Austrian Neuroscience Association, member of the Scientific Programme Committee of several IASP and EFIC congresses and coordinator of the ncRNAPain research project of the European Commission. She teaches medical students and supervises PhD students in a Marie-Curie and an FWF funded programme. Her research focus is on neuroimmune interactions and their hub regulators in the pain pathway and these are explored by integrating multiple methodological approaches ranging from behavior phenotyping to expression analysis and electrophysiology. In particular, non-coding RNAs, proinflammatory cytokines and bioactive lipids are assessed and novel models for pain research developed with a particular focus on human model systems.

SPHINGOLIPIDS AND THEIR RECEPTORS AS PROMISING DRUG TARGETS TO ALLEVIATE NEUROPATHIC PAIN

The bioactive sphingolipids LPA and S1P active via specific G protein-coupled receptors are emerging as important neuronal and immune cell regulators not only for neuroimmune disorders but also along the pain pathway. Advances in sphingolipid related pharmacology have fostered the development of an expanding toolbox with novel small molecules targeting ceramide to sphingosine-1-phosphate metabolism and specific sphingolipid receptors for several distinct diseases including pain. Several recent studies suggest promising benefits of such compounds for neuropathic pain disorders in particular chemotherapy induced painful neuropathy. The S1P receptor modulator FTY720 (Fingolimod, Gilenya®) is the first FDA-approved orally bioavailable drug for treating relapsing forms of multiple sclerosis; however, it is not clear whether it acts as an activator or functional antagonist at S1P receptors, in particular at S1P1. The advanced state of drug development offers the unique possibility for a fast track to promote some of these already FDA approved compounds as effective and safe clinically useful medicines, in particular for neuropathic pain disorders. Several studies suggest proalgesic roles in particular for S1P1 but also S1P3 and several LPA receptors, however, more mechanistic insight is required to precisely define the roles and importance of bioactive lipids and specific receptor subtypes in neuropathic pain pathogenesis.



Prof Kevin Vowles (Psychology)

Over the course of his career, Kevin has worked almost exclusively in the area of chronic pain and has been a key figure in the development and adaptation of Acceptance and Commitment Therapy (ACT) for this complex condition. He has authored many of the key research publications in this area and his work is cited by the American Psychological Association's Division of Clinical Psychology in their listing of ACT for chronic pain as an intervention with strong research support: the highest possible grading. His more recent work has concentrated on issues of hazardous substance use in chronic pain, including opioids and alcohol.

Kevin completed his PhD in clinical psychology at West Virginia University in 2004 and post-doctoral fellowship at the University of Virginia the following year. From 2005 to 2009, he was employed by the Centres for Pain Research and Services at the University of Bath and Royal National Hospital for Rheumatic Diseases. Beginning in 2009, he accepted a position to provide psychology leadership in developing a novel interdisciplinary pain rehabilitation program with Keele University and the Haywood Hospital. After three years of trial funding, this program was deemed by the UK's National Health Service to be highly effective in both clinical and financial terms and permanent funding was secured. This service was awarded with the National Care Integration Award in 2012. That same year, Kevin moved to the Department of Psychology at the University of New Mexico, where he was promoted to Full Professor in 2019. Currently, he holds a chair as Professor of Clinical Health Psychology in the School of Psychology at Queen's University in Belfast.

His clinical and academic activities have focused on the assessment and effective rehabilitation of individuals with chronic pain. He has published over 100 scientific articles in these areas since 2002, with recent work concentrating on identifying the characteristics of effective treatment and differentiating problematic from non-problematic opioid use. He delivered the 2019 BF Skinner lecture at the 45th annual meeting at the International Association for Behavior Analysis.

A COMPARATIVE META-ANALYSIS OF UNIDISCIPLINARY PSYCHOLOGY AND INTERDISCIPLINARY TREATMENT OUTCOMES IN ADULTS WITH CHRONIC PAIN

Chronic pain represents a significant risk to health and well-being. While the literature provides positive support for psychological interventions for chronic pain, recent Cochrane reviews have indicated that randomized-controlled trials offer small to moderate benefits only. This inconsistency in findings suggests that there are other treatment-related variables to consider. One possible consideration pertains to treatment format, as psychological models form the basis for both unidisciplinary psychology and interdisciplinary treatments for chronic pain. Therefore, a comparative meta-analysis of unidisciplinary psychology and interdisciplinary treatments was performed to determine whether there were differences in treatment effect size (ES) at post-treatment and follow-ups of up to one year. Because of the size of the psychological intervention literature in chronic pain, one specific treatment model, Acceptance and Commitment Therapy (ACT), was investigated as it was felt that this was extensive enough to perform the planned analysis, while also being circumscribed enough in size to make it feasible. In total, 29 articles met inclusion criteria, 13 reported outcomes for unidisciplinary psychology and 15 for interdisciplinary interventions. At both post-treatment and follow-up, interdisciplinary interventions had a greater ES for physical disability, psychosocial impact and depression compared to unidisciplinary psychology. No differences in ES between treatment types were observed for pain intensity, pain-related anxiety, or pain acceptance. Findings remained largely the same when study heterogeneity was taken into account. There was a significant difference observed between treatment format and treatment duration – on average, unidisciplinary psychology interventions were shorter than interdisciplinary interventions. Moderation analyses examining the relation between total treatment duration and ES generally indicated a moderate positive relation between treatment length and ES. This relation was strong for psychosocial impact. Overall, results indicate that interdisciplinary interventions had greater effect than unidisciplinary psychology across three of six outcome domains. No differences were noted for three domains: 1) pain intensity, which is not regularly targeted by ACT, 2) pain-related anxiety, which may improve via imaginal or in vivo exposure alone, and 3) pain acceptance, which is a key theorized process of the ACT model.



Dr Emma Briggs

(Nursing)

Emma is based at the Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London. At King's she led the development of the UK's first Interprofessional Pain Education programme that is delivered annually for 1300 students from six disciplines. As a member of the European Pain Federation EFIC Education Committee, she chairs the Nursing Working Group that developed the EFIC Core Curriculum for the European Diploma in Pain Nursing and interprofessional competencies across the EFIC curricula. She is passionate about interprofessional and competency-based education (developing skills, knowledge and values) and works locally, nationally and internationally to improve pain education for the benefit of people in pain.

She is immediate past chair of the British Pain Society Education Special Interest Group where she and the team have led a number of projects to develop undergraduate and postgraduate education. Emma is also a member of the International Association for the Study of Pain Education Initiatives Working Group.

THE POWER OF PAIN EDUCATION IN PAIN PREVENTION DR EMMA BRIGGS, KING'S COLLEGE LONDON

Educating patients, healthcare professionals and the public is a key part of our role. But just how powerful is education in preventing pain and improving its management? And pain education is so often presented as a panacea without acknowledging that it is usually part of a complex package, that the education itself is a complex intervention. We want to do more that increase people's knowledge. The education we provide needs to help people understand pain, sensitively challenge and change long-held beliefs and behaviours, increase skills, confidence and competence in preventing and managing pain. This session will explore these important issues and highlight key educational principles to increase the power of the pain education we provide to patients, professionals and the public.

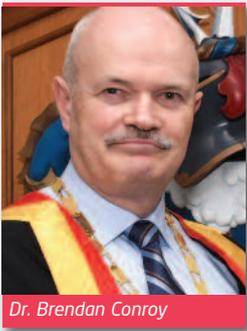
Session 2

SESSION 2

Chairperson: Dr Brendan Conroy

Faculty of Pain Medicine

- 11.15-11.45 **Dr. Maire-Brid Casey** (Physiotherapy)
Senior Physiotherapist at Mater Misericordiae University Hospital, Dublin
Multidisciplinary Rehabilitation for Chronic Pain - Is it superior to exercise alone?
- 11.45-12.15 **Dr Therese O'Connor & Dr Cormac Mullins** (Pain Medicine)
Consultant in Anaesthesia and Pain St Joseph's Hospital Sligo & Specialist Registrar, St James's Hospital, Dublin
COVID-19 and Chronic Pain: A Metamorphosis?
- 12.15-12.30 **Panel Discussion**
- 12.30-13.30 **Lunch Break: IPS Poster Viewing and Q&A chaired by Prof Brian McGuire, NUI Galway**



Dr. Brendan Conroy

Dr Brendan Conroy

Pain Physician

Dr. Conroy qualified in Trinity College Dublin in 1985. He became a fellow of the Faculty of Anaesthesia in 1990. He completed higher professional training in 1992. He trained in the U.S. in both Anaesthesia and Pain Management and is board certified in both specialties. He became an Associate Professor in both Anaesthesia and Pain in the University of Texas. He completed his MD on Neuroprotection in 1998. He returned to Ireland in 2001. He worked for 15 years in St. John's Hospital. He became a fellow of the Faculty of Interventional Pain Practice, World Institute of Pain, 2006. He became a fellow of the Faculty of Pain Medicine, College of Anaesthesia Ireland in 2008. Currently he holds the position of Dean of the Faculty of Pain Medicine, College of Anaesthesia, Ireland. Interests are spinal pain and cancer pain.



Dr. Maire-Brid Casey *(Physiotherapy)*

Dr. Máire-Bríd is a Senior Physiotherapist at the Mater Misericordiae University Hospital and has been working in the area of pain management since 2014. In May 2016, she was awarded a Health Professional Fellowship by the Health Research Board to undertake her PhD entitled “Exercise combined with Acceptance and Commitment Therapy compared to a Supervised Exercise programme for adults with Chronic Pain: A Randomised Controlled Trial” and she completed this in 2019. In addition to working clinically, Máire-Bríd is involved with teaching of UCD undergraduate BSc Physiotherapy students on clinical placement in the Mater hospital.

MULTIDISCIPLINARY REHABILITATION FOR CHRONIC PAIN - IS IT SUPERIOR TO EXERCISE ALONE?

Multidisciplinary pain management programmes are usually delivered by a team of healthcare professionals and typically include a physical component (e.g. exercise or physiotherapy), and at least one other element that is psychological, social or occupational. While these programmes are recommended in clinical guidelines for the treatment of chronic pain, their effectiveness compared with other treatments has been questioned and it is unclear what type of programmes are most effective. This presentation will outline the results of a systematic review and meta-analysis that sought to investigate the effectiveness of multidisciplinary based rehabilitation compared to active physical interventions for adults with chronic pain. The findings of the ExACT randomised controlled trial will then be presented. This trial assessed the effectiveness of a combined Exercise and Acceptance and Commitment Therapy programme, compared to a standalone supervised exercise programme for chronic pain. Finally, the findings of a nested qualitative study, which explored the perspectives of trial participants in relation to ACT treatment processes will be presented.



Dr Therese O'Connor

Dr Therese O'Connor

(Pain Medicine)

Therese O'Connor is a Consultant in Anaesthesiology, Intensive Care and Pain Medicine at Sligo University Hospital, Ireland and a Member of the Faculty of Pain Medicine and the College of Anaesthesiologists of Ireland. Dr O'Connor received the Fellowship in Pain Medicine from the University College of Wisconsin, Milwaukee. In 2003, she published the book "Atlas of Pain Injection Techniques". This year, she has been appointed as a Member of the Council, College of Anaesthesiologists of Ireland.



Dr Cormac Mullins

Dr Cormac Mullins

(Pain Medicine)

Dr Cormac F Mullins MB, FCAI, MSc (Twitter: @cormac_mullins) is a doctor in anaesthesiology and pain medicine with a master's qualification in health services management.

COVID-19 AND CHRONIC PAIN: A METAMORPHOSIS?

The societal deconstruction that has taken place with the global pandemic has dramatically altered the landscape for chronic pain in Ireland. The upheaval has been a traumatic experience for both patients and healthcare workers. Franz Kafka's most notable work 'The Metamorphosis' recounts the story of Gregor Samsa, a salesman who wakes up one morning to find he has been transformed into a 'monstrous vermin'. Samsa's emotional and psychological turmoil in response to this has been mirrored across society. In this lecture, we outline the how COVID-19 has impacted on chronic pain services in Ireland, and how it has evolved. The seismic shift in environmental conditions created by the COVID-19 pandemic can open a window of opportunity for new practices to emerge. This can allow a service to take a "quantum leap" with the radical redesign of services in a short period of time. This can side-step much of the resistance that may otherwise be encountered. We outline how the chaos and confusion of change can represent an opportunity for positive growth and evolution rather than the threat of a dark Kafkaesque metamorphosis.

12.30-13.30

**IPS Poster Viewing and Q&A chaired by
Prof Brian McGuire, NUI Galway**



Prof Brian McGuire

Prof Brian McGuire

BA, MCLinPsych, DipCrim, DipHealthSc, PhD, AFPsSI, Reg Psychol (PsSI), CClinPsychol

Prof. Brian McGuire is a graduate of NUI, Galway. He has completed a Masters Degree in Clinical Psychology, a Diploma in Criminology, a Diploma in Clinical Education and a PhD in Clinical Psychology. Brian worked in UK and Australia for 12 years before he joined NUIG in 2003. He is currently Director of the Doctor of Psychological Science programme in Clinical Psychology and Joint Director of the Centre for Pain Research. His clinical work is primarily in behavioural medicine, and he conducts clinical sessions at Galway University Hospital in the Pain Management Service. He has published around 150 peer-reviewed journal articles, several book chapters, and a book on pain management. His research interests are in pain management, chronic physical illness and rehabilitation.



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PEI is uniquely positioned to support Pain Management clinicians, as we can provide Radio Frequency Ablation, Spinal Cord Stimulators and regenerative medicine products to support whatever treatment pathway is required for your patients. Our partner, Boston Scientific, is dedicated to transforming lives through innovative medical solutions that improve the health of patients around the world. Their work is guided by core values that define Boston Scientific's culture and empower their employees: Caring, Diversity, Global Collaboration, High Performance, Meaningful Innovation & Winning Spirit. PEI also work with Regen Lab SA for the provision of regenerative therapies. Since 2003, Regen Lab SA has been committed to the development of unique expertise for the design and manufacturing of high-quality medical devices, intended for cells therapies and for the preparation of autologous platelet-rich plasma (PRP). In the last five years, over 2 million patients have been treated using Regen Lab products and another 10,000 have benefited from bone marrow kits.

PEI have committed to education and investment in the area of Pain Medicine, in Ireland and our highly skilled team also completes thorough clinical training provided by our partners in Pain Management (Boston Scientific and RegenLab) to make sure we support consultants in maximising their patient outcomes.



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Session 3

SESSION 3

Chairperson: Ms Joanne O'Brien
Beaumont Hospital, Dublin

13:30-14:10 **Irish Pain Research Network (IPRN) Data Blitz**

14.10-14.25 **Assoc. Prof Brona Fullen**
EFIC President & Associate Professor, University College Dublin
European Pain Federation

14.25-14.40 **Award Pain Research Prizes**
Award IPS Nurse Education Medal



Joanne O'Brien

Ms Joanne O'Brien

*PhD Student (Active) RCSI, RANP, RGN, RNP, BSc., MSc., FFMRC SI
Registered Advanced Nurse Practitioner in Pain Management,
Beaumont Hospital, Dublin*

Joanne is Past President of the Irish Pain Society (2017 – 2019) and works in the Department of Pain Medicine, Beaumont Hospital since 1999. She teaches on all postgraduate programmes offered to nurses in Beaumont Hospital and has been a guest lecturer on the graduate nursing programmes offered in Dublin City University and the Royal College of Surgeons (RCSI). Joanne has a particular interest in the treatment of Neuropathic Pain using Capsaicin 8% and in promoting self-management strategies for patients with a diagnosis of Fibromyalgia. In 2018 Joanne was awarded an Irish Research Council Employment Based Post Graduate Scholarship and is currently undertaking a PhD at the RCSI. Her research will explore eHealth technologies and self-management for patients with fibromyalgia. During her presidency Joanne successfully led the IPS application and presentation to the European Pain Federation (EFIC) to host the 12th European Pain Congress in Dublin April 2022.

IPRN SHORT ORAL DATA BLITZ ABSTRACTS INDEX

Presenting Author	Abstract Title
Stephanie Bourke	INVESTIGATING THE RELATIONSHIP BETWEEN AFFECTIVE STATE, STRESS, SOMATOSENSORY SENSITIVITY AND CIRCULATING ENDOCANNABINOIDS IN HEALTHY HUMAN PARTICIPANTS: A PILOT STUDY
Takayoshi Inoue	EXERCISE COMBINED ACCEPTANCE AND COMMITMENT THERAPY (ExACT) COMPARED TO A SUPERVISED EXERCISE PROGRAM IN FIBROMYALGIA PATIENTS WITH CHRONIC PAIN
Emma Lennon	PRESCRIPTION OF OPIOIDS IN THE ACUTE HOSPITAL SETTING - A SNAPSHOT IN TIME
Khaled Masaud	THE POTENTIAL OF THE GUT MICROBIOME TO PREDICT PERSISTENT POSTSURGICAL PAIN-PAVING THE WAY FOR PAIN PREVENTION
Mary-Rose Mulry	YOUR SURGERY, YOUR STORY; YOUNG ADULTS' EXPERIENCES OF PAIN FOLLOWING MAJOR ORTHOPAEDIC SURGERY



Assoc. Prof Brona Fullen

(EFIC President)

Brona Fullen is an Associate Professor in the UCD School of Public Health, Physiotherapy and Sports Science, Dublin, Ireland. She holds a BSc Physiotherapy (UUJ), MSc Healthcare (Acupuncture, UCD), and PhD (UCD) degrees.

Clinically Brona specialized in the topic of pain working in Pain services at Massachusetts General Hospital, Boston, St Vincent's University Hospital and Tallaght Hospital Dublin.

In UCD she teaches in the area of pain science to both undergraduate and postgraduate students. She is Director of the MSc programmes in Advanced Physiotherapy Studies and a founding member and Director of the UCD Centre for Translational Pain Research.

Brona's research areas of interest include the assessment and rehabilitation of people with chronic pain in a range of conditions including musculoskeletal dysfunction, obesity, and spinal cord injury. She has supervised MSc and PhD students to completion, and has presented her research at national and international meetings.

Brona is a past President of the Irish Pain Society and is currently the President of the European Pain Federation EFIC®.

THE EUROPEAN PAIN FEDERATION EFIC®

The European Pain Federation EFIC® is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the 37 chapters of the International Association for the Study of Pain (IASP®) in Europe. Established in 1993, The European Pain Federation EFIC constituent chapters represent close to 20,000 physicians, basic researchers, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who are involved in pain management and pain research.

We aim to advance research, education, and clinical management of pain and serve as an authoritative, science-based resource on issues related to pain and its treatment.

This presentation will summarise EFIC's current education, research and advocacy-related activities.



The Inaugural Raftery Medal

Dr. Hugh Raftery can truly be described as “the father of Irish Pain Medicine”.

A graduate of UCD in 1949, he went on to train in Anaesthesia, where he developed his interest and expertise in cancer and non-cancer related chronic pain, practicing in St Luke’s Hospital and the Richmond Hospital, where he set up the first Pain Clinic.

In 1967, five years before the formation of the IASP, the first ever meeting of the Intractable Pain Society (later to become The Pain Society of Great Britain & Ireland) was held in the University of Salford, Manchester. Dr. Raftery was the only Irish member of the 16 founder members. He later became President of that Society, and, later, President of the Irish Pain Society.

He was one of the co-founders of St Francis Hospice, Dublin, where he held the post of the first Medical Officer to that Hospice.

Most of all, Dr. Raftery was a great mentor to all Trainees interested in Pain Medicine and is remembered fondly by all who knew him.

He was made an Honorary Life Member of the IPS in 2005, the only member to receive this honour.

In recognition of the difficulties involved in producing quality research while delivering acute care during their busy lives working at the frontline, The Raftery Medal will be awarded each year at its Annual Scientific Meeting, by the Irish Pain Society to a Non-Consultant Hospital Doctor (NCHD) for best research presentation/poster in Pain Medicine.

Bio contributed by Dr Therese O’Connor



Dr. Hugh Raftery Graduation 1949



Irish Pain Society Postgraduate Nurse/Midwife Education Scholarship

Ms **Geraldine Murray**, Advanced Nurse Practitioner Candidate in Children's Pain, Children's Health Ireland (CHI) at Temple Street University Hospital, has been awarded the Irish Pain Society Postgraduate Nurse Education Scholarship for achieving top marks on the UCD Diploma in Pain Management in partnership with the Mater Misericordiae University Hospital Dublin, and is now completing her final year on UCD MSc in Advanced Pain Management.

2020 SAGE with IASP Book Royalties Nurse Education Award

Due to COVID19 the Recipient of the 2020 SAGE with IASP Book Royalties Nurse Education Award for Post Graduate Nurse Registration for the IASP World Congress in Pain, rescheduled to 2021, will be invited to publish their feedback summary of the IASP World Congress in Pain in next year's IPS21ASM Conference Book.

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ABSTRACTS
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ABSTRACT 01**SEX-DEPENDENT ALTERATIONS IN PAIN- AND ANXIETY-RELATED BEHAVIOURS AND COGNITION IN A RAT MODEL OF PERIPHERAL NEUROPATHIC PAIN****AUTHOR(S):** Laura Boullon, David P Finn, Álvaro Llorente-Berzal**PRESENTING AUTHOR:** Laura Boullon

Pharmacology and Therapeutics, Galway Neuroscience Centre and Centre for Pain Research, National University of Ireland Galway, University Road, Galway, Ireland

Introduction:

Despite higher prevalence of chronic pain in women compared to men, sexual dimorphism in chronic pain and related comorbidities is poorly understood.

Aims of investigation:

Characterisation of sex differences in the development of pain- and anxiety-related behaviour and cognitive deficits in an animal model of peripheral neuropathic pain.

Methods:

Sham or Spared Nerve Injury (SNI) surgery was performed in adult male and female Sprague-Dawley rats. Von Frey and Acetone Drop tests investigated mechanical and cold allodynia respectively (Post-surgery days (PSD):7,14,21,63,84,99. Novel Object Recognition (NOR; PSD43), Social Interaction (SI; PSD75) and T-maze (PSD86) tests examined different cognitive functions. Elevated Plus Maze (EPM; PSD59) and Light-Dark Box (LDB; PSD70) tests determined anxiety-related behaviours. Depression-related tests were also assessed on PSD54,65,92.

Results:

SNI induced mechanical and cold allodynia in both sexes from PSD7 until PSD99. Females exhibited greater allodynia, compared to male counterparts. SNI induced impaired sociability in the SI test, and impaired spatial memory in the T-maze test, in male, but not female, rats. No alterations in recognition memory related to sex or surgery were found in the NOR test. SNI significantly increased anxiety-related behaviours in the EPM in male rats. However, this sex dimorphic effect of SNI was not observed in the LDB test.

Conclusions:

The present study reveals sexual dimorphisms in the development of allodynia, as well as in and anxiety-related behaviour and cognitive impairments, following peripheral nerve injury in rats.

Keywords: Peripheral neuropathic pain, sex differences, anxiety, cognitive impairment.**Acknowledgements:**

IRC Laureate Award (IRCLA/2017/78)

ABSTRACT 02**NEUROLYTIC FASCIA ILIACA BLOCKS IN CEREBRAL PALSY PATIENTS WITH CHRONIC HIP PAIN**

AUTHOR(S): Keshava Channappa FCAI, Joanne O'Brien RANP FFMRC SI, Mairéad Dowling CNS BSc, David Moore FFPMCAI.

PRESENTING AUTHOR: Keshava Channappa

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Objective:

Cerebral palsy is associated with spasticity, hip subluxation and dislocation, and chronic hip pain. The incidence of this problem is higher in quadriplegic CP patients with subluxation at 38% and dislocation at 16%. The pain is often difficult to manage with analgesic medications and can make seating of patients increasingly complex. The treatment options following oral medications are largely surgical interventions including tendon release, femoral head osteotomy and pelvic osteotomy.

Methods:

We have introduced a novel interventional treatment for these patients. It is offered to non-ambulatory CP patients with intractable hip pain. An ultrasound-guided fascia iliaca injection with 20ml 3% phenol is performed. Pain scores and analgesic medication usage are recorded at monthly intervals following each injection.

Results:

Three fascia iliaca blocks with 3% phenol have been performed on 2 patients to-date. They have resulted in a significant improvement in pain and a reduction in analgesia usage. Both patients were scheduled for hip surgery which is now on hold due to reduced pain. We have not recorded any adverse outcomes.

Conclusion:

Neurolytic fascia iliaca block with 3% phenol offers a minimally invasive and safe treatment option for severe hip pain and may delay the need for surgical intervention. Further study of this novel intervention is warranted.

ABSTRACT 03**DESIGN AND IMPLEMENTATION OF AN ACUTE TRIGEMINAL NEURALGIA PROTOCOL IN BEAUMONT HOSPITAL**

AUTHOR(S): Keshava Channappa FCAI, Mairéad Dowling CNS BSc, Joanne O'Brien RANP FFMRC SI, David Moore FFP MCAI.

PRESENTING AUTHOR: Keshava Channappa

Dept. of Pain Medicine, Beaumont Hospital, Dublin 9.

Objective:

Trigeminal neuralgia (TN) is a severe facial pain that can represent a significant burden on the patient and the health care system. It is rare and detailed knowledge of its diagnosis and management is often limited to specialised Pain and Neurosurgical teams. Our team have witnessed TN patients presenting out-of-hours to the emergency department (ED) with acute exacerbations of pain and receiving inadequate care.

Methods:

We performed a systematic review of the literature to identify effective treatments in the management of acute TN exacerbations. We designed a treatment algorithm for the anaesthesia on-call team to follow if a patient presents to Beaumont ED. We deliver 6-monthly education sessions on this topic to the Anaesthesia team and circulate the algorithm to all team members. We regularly audit the patients treated with this pathway.

Results:

The quality of evidence is generally poor or very poor. We identified trigger point injection with local anaesthetic +/- botulinum toxin, and sumatriptan injection as the best treatment strategies in the acute setting. We have delivered 3 teaching sessions to-date. No patients have required the acute treatment pathway so far.

Conclusion:

The management of acute exacerbation of TN can be very difficult for the non-specialised ED or Anaesthesia doctor. We expect the introduction of an evidence based algorithm will improve the quality of care in the acute setting.

ABSTRACT 04**EFFECTIVENESS OF LIDOCAINE INFUSION IN CHRONIC PAIN STATES**

AUTHOR(S): Dafaalla Mohamed, Jiamin Ke, Marin Roman, Theresa Sweeny, Darren Roddy, Elena Roman, Anurag Nasa, Hugh Gallagher, Ray Victory, Cillian Suiter, Paul Murphy, Kirk J. Levins

PRESENTING AUTHOR: Dafaalla Mohamed
St. Vincent's University Hospital, Dublin.

Background:

Lidocaine is a local anaesthetic, analgesic and antiarrhythmic agent. Intravenous lidocaine has been used for management of acute pain in individuals who have undergone elective or emergency surgery, including neurosurgery, spine, orthopaedics, trauma, vascular, and other procedures. Despite its proven benefits in acute pain, such as postoperative pain, there is limited level I evidence demonstrating its benefits in chronic pain.

Methods:

Chronic pain management of patients receiving lidocaine infusions between July 2019 and July 2020 was assessed retrospectively. Data collected included demographics, pain scores, depression self-report tool (Public Health Questionnaire 9), quality of life scores, duration of pain relief after infusion, and adverse effects. Patients were subsequently assessed for clinically important differences in pain, depression and quality of life.

Results:

Data on 11 patients receiving lidocaine infusions during the stated time period was included in the analysis. Our results demonstrate that in general patients have significant improvements in pain score, depression and quality of life scores.

Conclusion:

The results of a retrospective study looking at the effects of lidocaine infusion on chronic pain, depression and quality of life indicates improvement in these areas. These findings need to be confirmed with further research and larger cohorts.

ABSTRACT 05**PREVALENCE AND IMPACT OF PRIMARY DYSMENORRHEA AMONG UNIVERSITY STUDENTS IN IRELAND****AUTHOR(S):** Hannah Durand, Katie Monahan, Brian McGuire**PRESENTING AUTHOR:** Hannah Durand

Centre for Pain Research, National University of Ireland, Galway.

Introduction:

Primary dysmenorrhea (PD), or painful menstruation, is a common gynaecological condition that can result in emotional distress and functional disability for otherwise healthy women. However, as a benign condition, it is understudied and poorly managed.

Aim of Investigation:

The aim of this study was to determine the prevalence and impact of PD among University students in Ireland.

Methods:

University students in Ireland (N=892) completed a cross-sectional online survey on menstrual pain characteristics, coping, pain interference, and pain catastrophising. Ethical approval was granted by the School of Psychology Research Ethics Committee at NUI Galway.

Results:

The prevalence of PD was 91.5%. The mean menstrual pain rating on a numerical rating scale from 0-10 was 7.41 (± 1.73). Non-pharmacological pain management strategies were most popular, with 98% of respondents reporting at least one such method; of these, heat application (83.1%), rest (63.5%), and exercise (27.1%) were most common. Perceived effectiveness of these methods varied considerably between participants. Analgesic use was also common (81.9%); of those using analgesics, paracetamol was most used (76.1%) despite limited evidence of clinical effectiveness. Those with higher pain catastrophising scores reported greater menstrual pain intensity ($p < .001$) and greater functional interference in academic domains ($p < .001$) and daily life ($p < .001$).

Conclusions:

Participants reported severe and debilitating symptoms and experienced little relief from pain management strategies. Poorly managed menstrual pain may impact women's functional ability across several domains. Further clinical research and health education measures are needed to prevent unnecessary suffering and functional interference for women with PD.

Key words: menstrual pain; women's health; pain catastrophising

ABSTRACT 06**ASSESSMENT METHODS FOR THE IDENTIFICATION OF PAIN FOR INDIVIDUALS WITH AUTISM: A SYSTEMATIC REVIEW****AUTHOR(S):** Helena Lydon, Rachel Fitzpatrick, Grainne Wright, Sinead Kelly, Brian McGuire**PRESENTING AUTHOR:** Rachel Fitzpatrick

Applied Behavioural Research Clinic & Centre for Pain Research, School of Psychology, National University of Ireland, Galway.

Introduction:

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impairments in socialization and communication as well as a pattern of repetitive behaviours and interests. Due to communication difficulties, one of the core characteristics of ASD, there is a greater likelihood that their pain may go unrecognized and untreated.

Aim of Investigation:

The objective of this review was to examine the psychometric properties of the most commonly used assessment tools for the identification of pain in individuals with Autism Spectrum Disorder (ASD).

Methods:

The electronic databases Medline, Pubmed, and PsycINFO were searched by two independent reviewers.

Results:

The review identified 17 different methods of assessment. The majority of studies used pain scales with select studies employing other methods such as facial activity, functional magnetic resonance imaging or heart rate.

Conclusions:

While the most commonly used method was the *Non-Communicating Children's Pain Checklist-Revised* and had excellent psychometric properties, no one method was identified as being the best for use with this population. This review highlights the need for more research with a wider variety of individuals with ASD under different pain conditions across several settings. There is the potential for a multi-dimensional tool to be developed that is suitable for use with all individuals with ASD.

Key words: Pain, assessment, autism, ASD

ABSTRACT 07**PHARMACOLOGICAL BLOCKADE OF PPAR-ALPHA IMPAIRS RECOGNITION MEMORY, BUT NOT ANXIETY-RELATED BEHAVIOUR, IN A RAT MODEL OF CHRONIC INFLAMMATORY PAIN****AUTHOR(S):** Catherine Healy^{1,3,4,*}, Jessica C Gaspar^{1,3,4,*}, Michelle Roche^{2,3,4} and David P Finn^{1,3,4}**PRESENTING AUTHOR:** Catherine Healy

National University of Ireland Galway, University Road, Galway.

¹Pharmacology and Therapeutics,²Physiology,³Galway Neuroscience Centre,⁴Centre of Pain Research, National University of Ireland Galway,

*Joint first authors.

Introduction and Aims of Investigation:

We tested the hypothesis that peroxisome proliferator-activated receptors (PPARs) differentially modulate innate anxiety-related behaviour and mnemonic function in a rat model of chronic inflammatory pain.

Methods:

Adult male Sprague-Dawley rats received intraplantar injection of complete Freund's adjuvant (CFA) or control injection (noCFA), followed by single acute intraperitoneal administration of GW6471 (PPAR-alpha antagonist), GSK0660 (PPAR-beta/delta antagonist), GW9662 (PPAR-gamma antagonist), or PEA (pan-agonist) (n=8 per group), and were tested on the elevated plus maze (EPM), open field (OF), light-dark box (LDB), novel object recognition (NOR) and von Frey test of mechanical allodynia on days 21 and 26-28 post-CFA administration. Following this, the brains from the CFA and noCFA groups were harvested and PPAR-alpha protein and mRNA expression in the dorsal hippocampus and entorhinal cortex were examined using Western blot and RT-qPCR, respectively. LC-MS/MS was used to quantify the levels of endogenous PPAR N-acylethanolamine ligands, and the endocannabinoid 2-arachidonylethanolamide.

Results:

CFA-injected rats exhibited impaired recognition and spatial mnemonic performance in the NOR test and the administration of the PPAR-alpha antagonist GW6471 further impaired spatial memory in CFA-treated rats, but not in noCFA-injected controls. This behavioural outcome was associated with increased levels of N-oleoylethanolamide in the ipsilateral dorsal hippocampus of CFA-treated rats. There was no significant difference in PPAR-alpha protein or mRNA expression between CFA-treated and noCFA-injected rats. There was no significant alteration in CFA-induced nociceptive responses or anxiety-related behaviours following systemic administration of PEA or PPAR antagonists.

Conclusions:

These results suggest a role for PPAR-alpha in regulating spatial memory acquisition in the presence of persistent inflammatory pain.

Keywords: Peroxisome proliferator-activated receptors, spatial memory, chronic inflammatory pain, oleoylethanolamide

Acknowledgements:

Financial support from Conselho Nacional de Pesquisa (CNPq) – Brazil (#207530/2014-9).

ABSTRACT 08**UNILATERAL OCCIPITAL NERVE STIMULATION FOR CERVICAL DYSTONIA:
A CASE REPORT****AUTHOR(S):** Jiamin Ke, Elena Roman, Darren W. Roddy, Anurag Nasa, Paul Murphy, Kirk J. Levins**PRESENTING AUTHOR:** Jiamin Ke

St. Vincent's University Hospital, Dublin.

Introduction:

Cervical dystonia (CD) is a sustained involuntary muscle contraction involving the neck muscles. It often causes repetitive movements or abnormal postures and is associated with chronic neck pain. The aetiology is not identifiable in the majority of patients and they are classified as primary disorders. Treatments for primary CD are commonly supportive and symptomatic. Most widely used traditional intervention is intramuscular injection of botulinum toxin (BTX). It also offers good pain relief to patients. Failure in treating CD with BTX usually leads to surgical interventions such as deep brain stimulation and peripheral denervation. Both have shown to reduce in severity and disability, with neither being superior to the other. However, they have provided minimal pain relief. Occipital nerve stimulation (ONS) is an effective treatment for refractory occipital headaches, where electrodes are introduced, and a remote control communicates with implanted pulse generators. No CD case has been formally reported to be treated with ONS.

Method and Results:

We present a case of a 57 years old woman with a long standing, complex history of atypical cervical dystonia following a road traffic accident. Her dystonia presents with anterocollis and affects her jaw, right shoulder, and lower right trapezius. Sensory tricks temporarily resolve her symptoms. BTX has provided some benefit, however, repeat treatments have shown decreasing efficacy. The patient has had a good response to transcutaneous electrical nerve stimulation (TENS). She eventually underwent an implantation of peripheral nerve stimulator with electrodes aligned to the left occipital nerve, which has achieved great symptom relief.

Conclusion:

This is the first reported CD case treated successfully with ONS and further research could provide more information on ONS potentially becoming a standard surgical intervention for CD.

ABSTRACT 09**EHEALTH INTERVENTIONS TO SUPPORT SELF-MANAGEMENT IN THOSE WITH MUSCULOSKELETAL DISORDERS: A SCOPING REVIEW PROTOCOL: 'EHEALTH: IT'S TIME'****AUTHOR(S):** Marie Kelly^{a,b}, Brona M Fullen^c, Denis Martin^d, Sinéad McMahon^c, Joseph G. McVeigh^b**PRESENTING AUTHOR:** Marie Kelly^aDepartment of Physiotherapy, Mercy University Hospital, Cork, Ireland;^bDiscipline of Physiotherapy, School of Clinical Therapies, College of Medicine and Health, University College Cork, Cork, Ireland;^cSchool of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland;^dSchool of Health and Life Sciences, Teesside University, Middlesbrough, UK.**Introduction:**

Musculoskeletal disorders (MSDs) are one of the leading causes of disability worldwide, with self-management interventions consistently recommended as a core treatment component. Due to the ongoing Covid-19 pandemic and significant reduction in face-to-face appointments, eHealth modalities have been rapidly introduced into healthcare systems.

Aim of Investigation:

This scoping review will explore the role of eHealth interventions in supporting self-management in those with MSDs in order to investigate and chart the efficacy and limitations reported in the literature.

Methods:

The following electronic databases will be searched with no limit on publication date: MEDLINE (EBSCO) CINAHL (EBSCO), PsycINFO (EBSCO), EMBASE, Scopus and the Cochrane Database of Systematic Reviews. A structured search of the grey literature will also be conducted. Studies will be limited to those published in English. Qualitative or quantitative studies that include adult participants (over 18 years) with a MSD will be considered for inclusion. Studies that include participants with pain of specific pathological origin (e.g. infection, malignancy, osteoporosis, inflammatory disease or fracture), those that are pregnant or following surgery will be excluded.

Results:

A qualitative and quantitative synthesis of the current literature will be undertaken regarding the use of eHealth interventions in supporting self-management in those with MSDs. From that synthesis, gaps and limitations in the current evidence base will be identified.

Conclusion:

This review of the literature on eHealth interventions will assist clinicians in determining when and with whom eHealth interventions are most appropriate in assisting patients to self-manage their MSD.

Keywords: eHealth; musculoskeletal pain; review; self-management; digital health.

Acknowledgements:

The authors would like to acknowledge Donna O'Doibhlin at the University College Cork Library and Breeda Herlihy at the Mercy University Hospital Library for their assistance with the development of the search strategy.

ABSTRACT 10**AN ALGORITHM FOR THE TREATMENT OF MESH INDUCED CHRONIC PELVIC PAIN****AUTHOR(S):** Kirk J. Levins, Elena Roman, Ruth Boylan, Jiamin Ke, Darren Roddy, Paul Murphy**PRESENTING AUTHOR:** Kirk J. Levins

St. Vincent's University Hospital, Dublin.

Introduction:

Chronic pelvic pain (CPP) is a disabling and persistent syndrome affecting approximately 15% to 30% of women of reproductive age. Recently, there has been an increased incidence of women presenting with CPP who underwent surgical treatment of stress urinary incontinence or pelvic organ prolapse with the polypropylene mesh. Despite this, no consensus has been reached in terms of treating mesh induced chronic pelvic pain. The aim of this study was to develop an algorithm for management mesh induced chronic pelvic pain.

Methods:

Examination of the patient is essential in prescribing a treatment plan for these patients. Initial evaluation involves a full history, spinal examination with particular attention being paid to sacroiliac joint dysfunction followed by perineal and vaginal examination. Vaginal examination is particularly important as there are two innervations of the vagina, the pudendal nerve supplying the lower 1/5th and inferior hypogastric plexus supplies the remaining area. Most commonly the examination reveals pain in the lower 1/5th of the vagina and spasm of the muscles of the pelvic floor. As such, the location of the pain dictates the initial procedure. Patients were also questioned in order to elucidate . If sexual dysfunction was present, we enrolled the patient in a targeted pain management program however during to the current pandemic it was not possible to run this program. To date we have treated five patients with this algorithm four of whom have reported over 70% pain relief and return of sexual function.

ABSTRACT 11**BLAME IT ON THE PUMP**

AUTHOR(S): Elena Roman, Kirk J. Levins, Mohammad Ashique Khan , Darren W. Roddy, Marin Roman, Jaimin Ke, Hugh Gallagher, Ray Victory, Cilian Suiter, Paul Murphy

PRESENTING AUTHOR: Elena Roman

St. Vincent's University Hospital, Dublin.

A 56 year-old male patient presented following 14 days of bladder dysfunction and deteriorating mobility on a background of intrathecal pump insertion two months prior for failed back surgery syndrome pain. Neurological examination revealed a sensory deficit to T6. Urodynamics showed an atonic bladder, requiring catheterization. Biochemical and hematological blood results were unremarkable.

Spinal MRI revealed a high T6-T8 cord signal surrounding a left T7 intradural lesion (mildly hyperintense with postcontrast enhancement on T1-imaging; centrally hyperintense with a peripherally hypointense rim on T2-imaging). The adjacent cord showed significant oedema. A catheter-associated granuloma was considered likely. CSF analysis showed lymphocytosis with no evidence of pathogens.

After refilling the pump with saline the patient was commenced on a methylprednisolone infusion (5.4 mg/kg/hour) to reduce cord oedema. Neurosurgery were consulted for removal of the apparent granuloma. However MRI two days later revealed considerable oedema resolution and no surgery was indicated. Transverse myelitis was now considered the likely diagnosis.

CT-TAP to outrule malignancy was normal. A repeat CSF sample demonstrated lymphocytosis (833/cm³) with 74% CD4 T-lymphocytes. CSF IgG was elevated (174 mg/l) with oligoclonal banding not found in serum. Biochemical and hematological bloods remained unremarkable.

The patient was discharged with no symptoms following two weeks of steroids. He returned five weeks later with weight loss, odynophagia, and night sweats. Neck MRI revealing a large right tonsillar mass. Fine needle biopsy demonstrated a high-grade diffuse large-cell lymphoma. PET-CT confirmed no spread and bone marrow biopsy was unremarkable. The patient is currently receiving R-CHOP regimen chemotherapy.

ABSTRACT 12**TRANSNASAL SPHENOPALATINE PULSED RADIOFREQUENCY LESIONING FOR TREATMENT OF CRANIOFACIAL PAIN****AUTHOR(S):** Elena Roman, Edlir Shytaj, Andrea Nae, Darren Roddy, Paul Murphy, Ruth Boylan, Raymond Victory, Kirk J. Levins**PRESENTING AUTHOR:** Kirk J. Levins

St. Vincent's University Hospital, Dublin.

Background:

Craniofacial pain affects 4-5/100000 patients globally. While pharmacological treatment is the initial treatment of choice, it is often unsuccessful. The sphenopalatine ganglion (SPG) has been implicated in the pathogenesis of many craniofacial pain syndromes since 1908 when Sluder et al performed the first pterygopalatine ganglion blockade with the use of cocaine for treatment of a cluster headaches. Although incompletely understood the pathogenesis of these syndromes appears to involve an increase in parasympathetic output via the sphenopalatine ganglion which may in turn increase the permeability of intracranial vasculature leading to extravasation on protein and subsequent sterile inflammation.

There have only been two retrospective studies looking at the efficacy of pulsed radiofrequency (PRF) lesioning of the sphenopalatine ganglion using the infrazygomatic approach. Both of these studies showed that complete relief was achieved in between 25-35%.

Methods

This pilot study investigates the efficacy of trans-nasal pulsed radiofrequency lesioning of the sphenopalatine ganglia in craniofacial pain. Inclusion criteria include a positive but temporary response to a trans-nasal SPG block and chronic craniofacial pain without intracranial lesion. The exclusion criteria include intranasal pathology, severe septal deviation, patient refusal and coagulation abnormality. Patients received transnasal local anaesthesia. Under direct vision with the aid of a rigid scope a PRF canula was inserted through the sphenopalatine foramen. Bupivacaine (1ml 0.5%) and Botox (50iu) were injected through the canula. A PRF lesion was performed for 3 minutes.

Results

Five patients have been enrolled and have undergone trans-nasal SPG PRF. Four out of the five patients have had complete relief of their craniofacial pain for over one month. Enrolled patients will be followed up at 2, 6, and 12 months.

Conclusion

To date this study has demonstrated that transnasal SPG PRF may be an efficacious tool in the treatment of craniofacial pain.

ABSTRACT 13**ASSOCIATION BETWEEN PRE-OPERATIVE ANXIETY AND PAIN AFTER BREAST CANCER SURGERY****AUTHOR(S):** Khaled Masaud¹, Audrey Galvin², Gillian Deloughry¹, Aisling O'Meachair¹, Sarah Galea¹, George Shorten³¹Department of Anaesthesia, Cork University Hospital, Ireland²School of Applied Psychology, University College Cork, Ireland³Department of Anaesthesia, University College Cork, Ireland**PRESENTING AUTHOR:** Khaled Masaud

Cork University Hospital, Cork

Introduction:

Acute post-surgical pain is multifactorial. Among factors that influence acute postoperative pain are psychological factors such as anxiety and mood. Identification of patient factors pre-operatively may be used to improve the pain outcomes postoperatively.

Aim of Investigation:

To examine the potential association of pre-operative psychological factors and particularly anxiety (state and trait) on the magnitude and duration of acute pain after breast cancer surgery. We carried out a prospective observational study to identify and quantify such potential associations.

Methods:

Ethical approval on 28/02/2019 Ref: ECM4(eee). 91 female patients undergoing primary breast cancer surgery recruited. Preoperatively patients completed questionnaires on state/ trait anxiety, pain catastrophizing, stress, and depression as well as Short McGill Pain Scale and data on cumulative analgesic consumption (expressed as oral morphine equivalents) at four hours after surgery.

Results:

Multi modal regression analysis used; the model overall correctly identifies 81% of cases in the 3 categories (0-9; 10-20; 20+ mg of morphine consumption), the nominal dependant variable.

The reference category is 0-9. The statistically significant finding is that category 20+ mg relative to patients in category 0-9 mg whereby patients who had high trait anxiety scores preoperatively needed 20 mg or more of morphine. The Wald test statistic for the predictor trait pre-surgery score is 1.45 with an associated p-value of 0.029, when holding all other variables in the model constant.

Conclusion:

There is a significant correlation between trait anxiety and total amount of opioid consumption in the early postoperative period.

Key words: trait anxiety, acute pain, breast cancer surgery

ABSTRACT 14**BEING A PARENT OF A CHILD WITH DOWN'S ARTHRITIS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS****AUTHOR(S):** Kelly McDonagh, Dr. Hannah Durand, Prof. Brian McGuire**PRESENTING AUTHOR:** Kelly McDonagh

Centre for Pain Research, National University of Ireland, Galway.

Introduction:

Down's Arthritis (DA) is an aggressive, erosive, inflammatory form of arthritis affecting children with Down syndrome. It is common but poorly understood, with research suggesting it may present unique parental challenges.

Aim of Investigation:

The aim of the present study was to explore the parental impact and experiences of caring for a child with DA.

Methods:

Ten parents of children with DA were interviewed via telephone to prevent the risk of COVID-19 transmission. The interviews were guided using a semi-structured, non-directive topic guide, and call duration ranged from 17-42 minutes. Interpretative Phenomenological Analysis was the method of analysis.

Results:

Three superordinate themes were identified: 'Struggle for Help', 'Mothers know Best' and 'Daily impacts.' Parents' experiences varied, common challenges included issues around child pain, communication, difficulty in getting a diagnosis for their child, and challenges in accessing relevant healthcare services. Parents portrayed a reality largely consumed by ongoing struggles, particularly parents of nonverbal children and those living outside the catchment area for paediatric rheumatology services in Dublin. Connecting with other parents of children with DA provided a vital source of emotional and informational support.

Conclusions:

The current findings provide novel insight into the impacts and experiences of being a parent of a child with DA, highlighting regional healthcare disparities, the need for the upskilling of healthcare professionals, and the need for a greater level of awareness. Further research is needed to better understand its impact on fathers and siblings.

Key words: Down's Arthritis, Down syndrome, chronic pain

ABSTRACT 15**SECONDARY ANALYSIS OF THE IMPACT AND BURDEN OF MULTIMORBIDITY AND ITS ASSOCIATION WITH DEPRESSION AND ANXIETY IN AN IRISH CHRONIC PAIN SAMPLE****AUTHOR(S):** Áine McNicholas¹, Michelle Hanlon¹, Laura O'Connor¹, Brian Slattery², Stephanie Haugh¹, Jack Flynn¹, Bláithín O'Grady¹, Brian McGuire¹¹Centre of Pain Research, School of Psychology, National University of Ireland, Galway, Ireland.²School of Psychology, Dublin City University, Dublin.**PRESENTING AUTHOR:** Áine McNicholas

School of Psychology, National University of Ireland Galway, Newcastle Road, Galway

Introduction:

The relationship between the burden of having multiple co-occurring health conditions (multimorbidity) and mental health outcomes is understudied. This study assessed the psychological impact and burden of multimorbidity and its association with depression and anxiety in a sample of Irish people with chronic pain.

Aims of investigation:

To examine if greater impact of pain on daily functioning, number of chronic conditions and worse health-related quality of life (HRQoL) were associated with worse depression and anxiety outcomes in chronic pain patients experiencing multimorbidity. To assess the theoretical expectations of the Common-Sense Model of Illness Perceptions that greater perception of the impact and burden of multimorbidity would predict the severity of depression and anxiety in chronic pain patients when controlling for number of conditions.

Methods:

Secondary analysis conducted with cluster sample of chronic pain patients (N = 202) who completed questionnaire booklet containing measures of illness perceptions of multimorbidity, HRQoL, pain, depression, anxiety, and chronic conditions checklist.

Results:

Statistical regression analyses were conducted. Higher mental HRQoL significantly decreased the likelihood of having anxiety. Higher emotional representations predicted higher severity of depression and anxiety, higher perceived treatment burden predicted higher severity of anxiety and higher prioritising of conditions predicted lower severity of depression.

Conclusion:

Higher mental HRQoL was associated with better anxiety outcomes, and illness perceptions of multimorbidity predicted severity of depression and anxiety. This study provides empirical support for future studies on the design and evaluation of interventions, guided by the Common-Sense Model and aimed at modifying illness perceptions of multimorbidity, which could be integrated into a multidisciplinary multiple disease-centred treatment approach to improve patient emotional well-being and quality of life.

Keywords: chronic pain, mental health conditions, illness perceptions of multimorbidity

***Acknowledgement:** This research is supported by funding, the Irish Health Research Board Research Leaders Award RLA/2013, awarded to B. McGuire.

ABSTRACT 16**CALCITONIN FOR LUMBAR PLEXOPATHY: CASE REPORT****AUTHOR(S):** Niamh Molloy, Shashikant Swami, Deirdre Mannion, Wahid Altaf.**PRESENTING AUTHOR:** Niamh, Molloy

Pain Management Department, University Hospital Waterford, Ireland

Introduction:

Calcitonin, a polypeptide hormone is often used to manage osteoporotic back pain and neuropathic pain of various types (Ito and Yoshimura 2017).

Aim of Investigation:

A patient presented with a right sided plexopathy post operatively resulting in a severe right leg weakness, pain and immobility. We questioned if calcitonin might offer benefits for this patient.

Methods:

According to some case reports published (Humble 2011), using Calcitonin 100 units subcutaneously for 3 days causes less nausea than when given intravenously. Nerve conduction studies in this patient demonstrated a lumbar plexopathy with severe denervation with a right L2-L5 distribution. Prior to the administration of calcitonin, the patient reported severe pain in the right leg and typical symptoms of a complex regional pain syndrome type 2. The patient was continued on his usual analgesia which consisted of oxycontin 10mg BD, pregabalin 200mg TDS, amitriptyline 25mg nocte and capsaicin cream 0.0025% TDS and PRN paracetamol 1 gram QDS and oxynorm 10mg.

Results:

1 week after commencing this treatment, the patient reported significant improvement in pain. He is now able to move his right leg although is limited by right knee pain. His right leg is less sensitive to touch and subjectively it has improved.

Conclusion:

Calcitonin may be a useful adjunct in the management of neuropathic pain that is unresponsive to conventional treatments.

Key Words: Calcitonin, CRPS, Neuropathic pain

ABSTRACT 17**A PROSPECTIVE NON-RANDOMISED STUDY OF 8% CAPSAICIN IN CHRONIC POST-SURGICAL NEUROPATHIC PAIN****AUTHOR(S):** Cormac Francis Mullins, Sarah Walsh, Andrea Rooney, Carmel Daly, Basabjt Das**PRESENTING AUTHOR:** Cormac Francis Mullins

St. James's Hospital, James's Street, Dublin 8

Introduction:

Chronic post-surgical pain is the presence of chronic pain following surgery and can be neuropathic in origin. Topically applied analgesics provide an alternative to systemic therapy in localised neuropathic pain syndromes.

Aim of Investigation:

The aim of this study was to prospectively assess whether 8% capsaicin is effective in chronic post-surgical pain with neuropathic features.

Methods:

Patients were screened for neuropathic pain using DN4 Questionnaire. Validated questionnaires were completed at baseline and again via telephone at 6 and 12 weeks (Brief Pain Inventory (BPI), Hospital Anxiety & Depression Scale (HADS), Patient Impression of Change (PGIC)) and the affected area was mapped. The study received ethical approval from the TUH/SJH Research Ethics Committee.

Results:

There were 12 participants. The most common operation was open thoracotomy (n=8). There was a significant improvement in pain-interference from baseline to 12 weeks ($p = .018$). There were no significant changes in pain intensity or in the HADS. Repeat patches were performed for 4 participants on a second occasion (33%) and for 3 participants a third time (25%). There was a significant reduction in the surface area of the painful region on second ($p = .04$) and third applications ($p = .023$). At 12 weeks, 17% rated their symptoms very much better, 8% much better, 33% were minimally better, while 42% rated their symptoms very much worse.

Conclusions:

This prospective non-randomised study is the first to demonstrate an improvement in patient outcomes for 8% capsaicin in chronic post-surgical pain with neuropathic features. Improvements were noted in pain interference and significant reductions in the surface area were noted for those who underwent subsequent treatments.

Keywords: Chronic post-surgical pain; neuropathic pain; topical capsaicin

ABSTRACT 18**ONLINE PSYCHOLOGICAL INTERVENTION TO PROMOTE HEALTHY ADJUSTMENT AND REDUCE RISK OF CHRONIC POST-SURGICAL PAIN FOLLOWING SURGERY: EVALUATION OF iCANCOPE POST-OP SMARTPHONE APP****AUTHOR(S): O'Dwyer, B¹, Mulry, M¹, O'Reilly, P¹, McCarthy, K², Kiely, P², Hundert, A³, Stinson, J³, O'Grady, B¹ & McGuire, B¹**¹Centre for Pain Research, School of Psychology, NUI Galway, Ireland.²Our Lady's Children's Hospital, Crumlin, Ireland.³The Hospital for Sick Children (SickKids), Toronto, Canada**PRESENTING AUTHOR: Bríd O'Dwyer**

National University College of Ireland, Galway.

Introduction:

Poorly treated acute postsurgical pain can negatively affect sleep, anxiety, social functioning, quality of life, remobilization, and if untreated can develop into chronic postsurgical pain. Approximately 20% of children undergoing surgery develop chronic postsurgical pain. Mobile technology is now ever increasingly used in the management of health behaviour. Pain management is an example of one such use. Wireless handheld technology with the use of internet may improve access to pain self-management for adolescents with postsurgical pain.

Aim of Investigation:

To work with adolescents, parents and healthcare professionals to identify the needs and usability requirements of wireless handheld technologies for adolescents undergoing scoliosis, limb reconstruction and pectus surgery.

Methods:

Adolescents, their parents and relevant healthcare professionals advised on how best to adapt the iCanCope smartphone application for those who are to undergo scoliosis, limb reconstruction and pectus surgery. Adolescents and parents reflected on their experience of the surgery. Focus groups were carried out with healthcare professionals, adolescents and their parents. Interviews were conducted with parents and teenagers. The data were transcribed verbatim and analysed using Braun and Clarks thematic analysis. Ethical approval was gained for this study.

Results:

The results from phase 1 indicate that there is a need for a smartphone app like iCanCope in the management of post-surgical pain. The adolescents highlighted the need for an app that is made to suit their requirements e.g. access to information that is in an easy to understand format or self-tracking of symptoms. Overall, emphasising the importance of user centred design in the creation of apps in healthcare.

Conclusions:

The data gained from the focus groups and interviews have contributed to the development of the iCanCope PostOp smartphone app.

Acknowledgements:

NCRC (Grant No: c/18/7)

HRB (Grant No: DIFA-2018-020)

ABSTRACT 19**CASE REPORT OF ERECTOR SPINAE PLANE BLOCK IN PATIENT UNDERGOING RIGHT SHOULDER ROTATOR CUFF TENDON TRANSFER FOR OSTEOGENESIS IMPERFECTA AND CHRONIC PAIN****AUTHOR(S):** Ben O'Connor, Enda Shanahan**PRESENTING AUTHOR:** Ben O'Connor

National Orthopaedic Hospital Cappagh, Cappagh Road, Northside, Dublin 11

Introduction:

Erector spinae plane (ESP) blocks have gained popularity over the last decade in thoracic, breast and cardiac surgery due to its low complication rate, low difficulty, and excellent analgesic outcomes. However, there are only a few case reports and no clinical trials examining the efficacy of ESP blocks when used as an analgesic adjunct in orthopaedic surgery.

Aim of Investigation:

The case is presented of a 37-year-old female with a history of osteogenesis imperfecta, multiple childhood fractures, and chronic pain, presented for an elective right shoulder rotator cuff tendon transfer using trapezius and achilles tendon allograft. Pre-admission analgesia consisted of 600mg gabapentin nocte and oxynorm 10mg PRN. Two incisions were made, one on the lateral aspect of the right deltoid and the other a transverse incision across the spine of the scapula.

Methods:

An interscalene block would not provide adequate analgesia for the transverse incision across the spine of the scapula so it was supplemented with an ESP block at T2. Both blocks were performed with aseptic technique under ultrasound guidance using 20mls of 0.25% levobupivacaine.

Results:

Surgery was well tolerated and postoperative pain on both incision sites was well controlled. No rescue analgesia was required for surgical site pain.

Conclusion:

An ESP block proved a useful adjunct to an interscalene block in this patient given her history of chronic pain. Given its easy technique, and low complication rate, further research is required to evaluate the potential analgesia benefits it may provide in an orthopaedic setting.

Key Words: Erector Spinae Plane Block, Chronic Pain

ABSTRACT 20**THE EFFECTIVENESS OF PRE-SURGICAL ANXIETY REDUCTION INTERVENTIONS FOR THE REDUCTION OF ACUTE POSTSURGICAL PAIN, PAIN-RELATED INTERFERENCE OR DISABILITY IN ADULTS: PROTOCOL FOR A SYSTEMATIC REVIEW AND META-ANALYSIS****AUTHOR(S):** O'Reilly PM¹, O'Connor T², O'Dwyer B¹, Mulry M¹, McGuire BE¹.¹Centre for Pain Research, School of Psychology, NUI Galway, Ireland.²Pain Management Service, Sligo University Hospital, Ireland.**PRESENTING AUTHOR:** Paul O'Reilly

National University of Ireland, Galway, Ireland.

Introduction:

Acute postsurgical pain (APP) is experienced by more than 80% of patients who undergo surgery, with 75% of those reporting moderate, severe or extreme pain. APP has been shown to reduce health-related quality of life, increase recovery time and if left untreated can escalate to chronic postsurgical pain. Research has found that pre-operative anxiety plays a role in the development of APP.

Aim of Investigation:

To investigate the effectiveness of pre-operative anxiety reduction interventions for the reduction of acute postoperative pain, pain-related interference or disability in adults. To date no review has been carried out to investigate this.

Methods:

This systematic review will be reported in line with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA) guidance. EMBASE, PsycINFO, Scopus, PubMed, CINAHL and the Cochrane Library on Wiley, including CENTRAL and Cochrane Database of Systematic Reviews will be searched. Publications published between 2010 and 2020, in the English language and in peer reviewed academic journals will be included.

Results:

Interventions will be directly compared with active control, treatment as usual or waiting list control conditions.

Conclusions:

It is hoped that this review may offer insight into the effectiveness of pre-surgical anxiety reduction interventions for the reduction of acute postoperative pain, pain-related interference or disability in adults.

Acknowledgements:

NCRC (Grant No: c/18/7)

HRB (Grant No: DIFA-2018-02)

ABSTRACT 21**A QUALITATIVE CONTENT ANALYSIS OF PEER MENTORING VIDEO CALLS IN ADOLESCENTS LIVING WITH JUVENILE IDIOPATHIC ARTHRITIS****AUTHOR(S):** Manria Polus¹, Hannah Durand¹, Caroline Heary¹, Line Caes², Jennifer Stinson³, Sara Ahola Kohut³, Brian McGuire¹**PRESENTING AUTHOR:** Manria Polus¹Centre for Pain Research and School of Psychology; National University of Ireland, Galway; Galway, Ireland²Department of Psychology; University of Stirling; Scotland, UK³University of Toronto and Hospital for Sick Children (SickKids); Toronto, ON, Canada**Introduction:**

Adolescents with Juvenile Idiopathic Arthritis (JIA) face many physical, emotional, and social challenges during their teenage years. There is a need for peer mentoring programs to provide support and help to improve the self-management of adolescents with JIA.

Aim of Investigation:

To increase understanding of the support needs of adolescents with JIA by identifying the types and variation of topics discussed during peer mentoring.

Methods:

This study is a qualitative study using secondary data. It occurs as a component of a clinical trial which combines *iPeer2Peer* peer mentoring program with *Teens Taking Charge* online management tool. In *iPeer2Peer*, four adolescents living with JIA were paired with one of four fully trained peer mentors. Mentors and mentees communicated through video calls, which were audio recorded. In the current study, 17 recordings were transcribed verbatim and analysed using thematic content analysis.

Results:

Three themes were identified: "Illness Impact", "Managing Illness" and "Mentoring and Bonding." While mentees discussed challenges regarding illness management and illness impact on their life, they also reported having developed supportive friendships and a variety of coping skills. Mentors were able to bond with the mentees and provide them emotional, appraisal, and informational support individualised to each mentee's support needs.

Conclusions:

Findings can be used to develop or adapt peer mentoring programs and gain better understanding of the challenges and needs of adolescents with JIA.

Key words: juvenile idiopathic arthritis, adolescence, social support, qualitative research.

Acknowledgements:

No financial relationships to report in this work.

ABSTRACT 22**MANAGING A NATIONAL INTRATHECAL PUMP SERVICE DURING THE COVID-19 PANDEMIC IN IRELAND**

AUTHOR(S): Andrew Purcell FCAI, Mairéad Dowling CNS BSc, Joanne O'Brien RANP FFMRC SI, Anil Patel FFMCAI, David Moore FFMCAI.

PRESENTING AUTHOR: Andrew Purcell

Dept. of Pain Medicine, Beaumont Hospital, Dublin 9

Introduction:

The social disruption caused by the COVID-19 pandemic in Ireland has resulted in cancellation and delays in medical therapy. Patients receiving intrathecal pump (ITP) therapy for spasticity or malignant pain require regular clinic reviews for pump refills and replacements, with potential life-threatening complications if care is delayed. The pandemic threatened the continuity of this service, increased the risk of these vulnerable patients attending clinic, and also exposed staff.

Aims/Objectives:

We designed an alternative clinic access pathway for these patients and a refill protocol with the aim to optimise safety for patients and staff.

Methods:

Screening of our ITP database was undertaken to identify patients most at risk of harm. Identified patients were risk-assessed for COVID-19 infection and were assigned to the alternative clinic access pathway. A review of patient outcomes was conducted to assess the viability and safety of this pathway and refill protocol.

Results:

31 out of 51 patients were deemed to be high risk of ITP failure during the lockdown period. 30 patients were successfully refilled with only one patient refusing to leave their home to attend for pump refill. The pathway successfully reduced patient/staff contact time and all patients received the required care without delay. There were no significant adverse outcomes.

Conclusion:

Our alternative pathway and refill protocol is a safe and efficient approach in managing ITP patients during a pandemic.

Key Words: Intrathecal pump, COVID-19, pandemic.

ABSTRACT 23**EVALUATING ACUTE PAIN MANAGEMENT IN OPIOID TOLERANT PATIENTS****AUTHOR(S):** Dr. Dónal Roche, Dr. Rachel Nolan, Dr. Conor Hearty**PRESENTING AUTHOR:** Dónal Roche

Department of Anaesthesia, The Mater Misericordiae University Hospital, Eccles Street, Dublin 7.

Introduction:

Opioid tolerance in patients presenting with acute pain is a significant and under-recognised issue in Irish hospitals. Opioid tolerance may be due to prescribed opioids, illicit opioids or opioid maintenance therapy programmes. Managing acute pain in this cohort presents significant challenges due to increased opioid requirements and complex prescribing demands^[1]. Poor control of acute pain is a significant risk factor for development of chronic pain, leading to higher complication rates and longer inpatient stays. Discharge prescriptions are generally left to junior team members, often recently qualified and unfamiliar with prescribing for acute pain in complex patients. This audit aims to evaluate doctors' recognition of opioid tolerance, inpatient and discharge opioid prescribing and inpatient engagement with pain services for these complex patients.

Aims:

This audit intends to assess the appropriateness of acute pain management in this population, both as inpatients and at discharge. This will involve auditing:

- The percentage of this cohort referred to specialist pain services
- Inpatient opioid prescription and consumption
- Opioid stewardship upon discharge, including patient information, opioid adjuncts such as laxatives, and simple analgesia

Methods and Data:

Opioid tolerant patients will be identified as those taking regular prescribed opioids, on an opioid maintenance therapy or consuming illicit opioids. A chart review will be conducted to determine whether these patients were referred to the specialist pain service. An examination of drug Kardex's will take place to quantify opioid usage and pain requirements during admission. Finally, discharge prescriptions will be reviewed to evaluate co-prescriptions of laxatives and simple analgesia in keeping with best practice guidelines for opioid medications.

Conclusions:

The planned audit will help to improve opioid prescribing practice.

Keywords:

Acute pain, opioid tolerance, discharge prescriptions

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ABSTRACT 24**PERCEIVED INJUSTICE AND THERAPEUTIC ALLIANCE IN CHRONIC PAIN: A SYSTEMATIC REVIEW****AUTHOR(S):** Phelim Ryan BSc UL Medical School, Professor Dominic Harmon Consultant Pain Specialist UHL**PRESENTING AUTHOR:** Phelim Ryan

University of Limerick Graduate Entry Medical School and Department of Pain Medicine University Hospital Limerick.

Introduction:

The negative role of perceived injustice and anger in chronic pain has been described⁽¹⁾. However, there is a poor understanding of the impact of perceived injustice and anger on the therapeutic alliance in this setting.

Aims:

To review the current literature examining perceived injustice and anger and their impact on the therapeutic alliance in the context of chronic pain.

Method:

In July 2020 a search was carried out of electronic databases (Academic Search Complete, AMED, Biomedical Reference Collection, General Science, Medline, PsycArticles, PsycInfo, Social Sciences Full Text and SPORTDiscus). Further results were obtained from reference lists. Inclusion and exclusion criteria were applied using PRISMA guidelines for systematic reviews.

Results:

The initial search yielded 255 results. After duplicates were removed and inclusion and exclusion criteria applied, there were three papers to be reviewed. In total 225 patients were analysed. Of the papers reviewed, all showed a negative correlation between anger expression and patient rating of the therapeutic alliance⁽²⁻⁴⁾. Poor therapeutic alliance was associated with increased perceived injustice and anger expression. Anger expression is the mediator of the proposed perceived injustice and therapeutic alliance relationship.

Conclusions:

The review highlights the potential role of anger in the modulation of the therapeutic alliance. Injustice should be assessed in all new chronic pain patients and doctors should be aware of its implications for therapeutic alliance. The review emphasises the need for further research on the topic which could lead to potential therapeutic interventions.

Key words: Chronic Pain, Perceived Injustice, Therapeutic alliance, Anger.**Acknowledgements**

I wish to express my sincere gratitude to my research supervisor Professor Dominic Harmon who offered his valuable advice and guidance throughout the course of my writing.

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3. Burns JW, Higdon LJ, Mullen JT, Lansky D, Wei JM. Relationships among patient hostility, anger expression, depression, and the working alliance in a work hardening program. *Ann Behav Med.* 1999;
4. Gerhart JJ, Varela VS, Burns JW, Hobfoll SE, Fung HC. Anger, provider responses, and pain: Prospective analysis of stem cell transplant patients. *Heal Psychol.* 2015;

ABSTRACT 25**SURVEY OF FORMAL PAIN EDUCATION AMONG INTERNS IN AN IRISH UNIVERSITY TEACHING HOSPITAL****AUTHOR(S):** Dr. Cillian Suiter¹, Dr. Kirk Levins², Dr. Philip Hu³, Dr. Camilus Power⁴.^{1,3,4} Tallaght University Hospital² St Vincents University Hospital**Introduction:**

Chronic pain is a common co-morbidity amongst the general population. Given the prevalence of chronic pain in the general population, it's formal education and teaching should be started at undergraduate level, however few medical schools incorporate much if any formal chronic pain management into their curricula.

Aim:

The aim of this survey was to explore quantitatively and qualitatively the education that interns received regarding pain management during their undergraduate years and also to explore attitudes surrounding pertinent issues in pain management.

Methods:

This was a 16 item optional anonymous questionnaire that was delivered by the Pain Fellow and completed by the intern cohort prior to the lunchtime intern teaching session. It consisted of multiple-choice and likert scale questions regarding pain management education and key issues in pain management such as opioid prescribing.

Results:

All 19 of the interns consented to completing the questionnaire. 11 of the 19 respondents completed undergraduate medicine, the remaining 8 studied medicine as graduate entry students. There was representation from all the medical schools in the Republic of Ireland. 18 stated that they received some formal pain management education, however, 12 received less than 4 hours of formal pain education during their medical degrees. 16 had written prescriptions for opioids on discharge of patients, but only 3 ever counseled patients on the potential long-term harmful effects of opioids and how to properly dispose of leftover prescription opioids.

Conclusions:

This survey demonstrated that there is a deficiency in undergraduate education in relation to pain management. This in turn can lead to sub-optimal pain management practices in hospitals.

Key Words: chronic pain, education, opioids

ABSTRACT 26**A SURVEY OF ORAL KETAMINE EFFECTIVENESS IN CHRONIC PAIN PATIENTS**

AUTHOR(S): Teresa Sweeny, Jiamin Ke, Dafaala Mohamed, Elena Roman, Karen Keran, Darren W. Roddy, Marin Roman, Anurag Nasa, Paul Murphy, Ray Victory, Hugh Gallagher, Kirk J. Levins

PRESENTING AUTHOR: Teresa Sweeny
St. Vincent's University Hospital, Dublin.

Background:

Ketamine is a chemical derivate of phencyclidine. The analgesic effect of ketamine results from the antagonism of the N-methyl-D-aspartate (NMDA) receptor. Activation of NMDA receptors causes central sensitization, which is believed to play a role in the pathogenesis of chronic pain. Ketamine also acts on nicotinic, muscarinic and opioid receptors, providing anti-nociceptive and anti-hyperalgesic effects.

Over the past several decades ketamine has been shown to have value in the management of chronic pain and treatment resistant depression. Its use has been documented in complex regional pain syndrome, phantom limb pain, fibromyalgia, migraine with aura, and in patients with opioid tolerance. Here, we report the patient experience of oral ketamine for chronic pain.

Methods:

A retrospective study of 10 patients attending the chronic pain clinic from July 2019 to July 2020 who were prescribed oral ketamine was conducted. Data on chronic pain diagnosis, concurrent medications and pain scores pre- and post-ketamine use were assimilated. Patient Health Questionnaire-9 scores and Quality of Life scale scores were calculated for each patient.

Results:

Overall ketamine was reported to reduce pain scores by 3 points on the numerical rating scale (average pre ketamine pain score 8.9, average post ketamine pain score 5.9). There was an improvement in PHQ- 9 score of 4.6 (Pre ketamine average score 12.8, post ketamine average score 8.2) and an improvement in quality of life score (pre ketamine average QoL score 3.7, average post ketamine QoL score 5.2).

Conclusion:

This study shows improvements in pain scores, mood scores and quaiity of life after ketamine use, supporting the theory that ketamine is a useful adjunct therapy in the treatment of resistant chronic pain.
Office (all NUI Galway, Ireland).

ABSTRACT 27**A RETROSPECTIVE AUDIT OF PELVIC PAIN PRESENTING TO PAIN MANAGEMENT PSYCHOLOGY: PRELIMINARY FINDINGS****AUTHOR(S):** Walsh R., Walsh J., Murphy P., Levins K.J, Victory R.,Dalton P.**PRESENTING AUTHOR:** Rosemary Walsh

St. Vincent's University Hospital, Dublin.

Introduction:

It is estimated that 10% of people who present at pain management clinics world-wide suffer from Chronic Pelvic Pain (CPP), and that this type of pain causes significant psychological distress and interference with daily functioning (Cochrane, 2005). The evidence-base and relevant professional organisations such as the IASP, EFIC, British Pain Society & NICE, promote multidisciplinary approaches as the gold standard for both female and male pelvic pain problems. Psychological assessment, intervention and support is highly recommended due to associated biopsychosocial challenges (Twiddy, 2015).

Aims:

This audit aims to identify the prevalence and characteristics of pelvic pain in the hospital-based Psychology service for adult chronic pain patients; to raise awareness about pelvic pain and the needs of those suffering from it and to improve/ prepare the MDT pain services for a co-located maternity hospital in future.

Method/Results:

A retrospective clinical audit was carried out on patients who attended a Psychology assessment at a multidisciplinary pain clinic between January 2002 and January 2020 (N=2424). Patients were assessed for a Cognitive Behavioural Therapy-Pain Management Programme, Pain Counselling or pain procedures (e.g., Spinal Cord Stimulators). Note was taken of all patients presenting with pelvic pain. Data was analysed using descriptive statistics. A significant number of patients referred for a Psychology assessment suffer from chronic pelvic pain disease.

Conclusion:

Findings are consistent with international studies of CPP. Targeted psycho-education and rehabilitation may be needed.



IPRN SHORT ORAL DATA BLITZ ABSTRACTS

ABSTRACT 28**INVESTIGATING THE RELATIONSHIP BETWEEN AFFECTIVE STATE, STRESS, SOMATOSENSORY SENSITIVITY AND CIRCULATING ENDOCANNABINOIDS IN HEALTHY HUMAN PARTICIPANTS: A PILOT STUDY****AUTHOR(S):** *Stephanie Bourke^{1,3,4}, *Therese O'Connor^{4,5}, Nikita N. Burke^{1,3,4}, Mary Hopkins^{1,3,4}, Massieh Moayedi⁶, Brian E. McGuire^{2,3,4}, David P. Finn^{1,3,4}¹Pharmacology and Therapeutics, School of Medicine,²School of Psychology,³Galway Neuroscience Centre and⁴Centre for Pain Research, National University of Ireland Galway, Galway City, Ireland,⁵Sligo University Hospital, Sligo, Ireland,⁶Centre for Multimodal Sensorimotor and Pain Research, Faculty of Dentistry, University of Toronto, Toronto, Canada.

*Joint first authors.

PRESENTING AUTHOR: Stephanie Bourke

National University of Ireland, Galway, University Road, Galway City.

Introduction:

The endocannabinoid system is involved in a multitude of physiological processes including pain processing, affective state, and the stress response. Stress and affective state have a complex, modulatory influence on pain (Corcoran et al. 2015, International Review of Neurobiology, 125, 203-255).

Aims:

Investigate the relationship between affective state, acute psychological stress, somatosensory sensitivity (using quantitative sensory testing [QST]), and circulating endocannabinoids, in healthy human volunteers.

Methods:

Fourteen healthy volunteers were recruited and consented to approved procedures. Blood samples, heart rate, blood pressure and state-anxiety scores were obtained at 3 timepoints: baseline, post-stress (or control) and post-QST. Patient Health Questionnaire-9 (PHQ-9) and the Fear of Pain Questionnaire were also completed. Participants were exposed to acute psychological stress (Montreal Imaging Stress Task [MIST]), followed by QST comprising thermal and mechanical detection and pain thresholds, and conditioned pain modulation (CPM). Plasma endocannabinoids/N-acyl ethanolamines were quantified using LC-MS/MS.

Results:

Following the MIST, compared to control, state anxiety scores and cold detection threshold were significantly increased, and CPM was less efficient. There were no significant differences in endocannabinoid/N-acyl ethanolamine concentrations at any timepoint, however, these were positively correlated with cold pain threshold following MIST and following QST. PHQ-9 was negatively correlated with cold detection threshold and positively correlated with warm detection threshold post-MIST, but not post-control.

Conclusions:

Exposure to acute psychological stress resulted in higher state anxiety scores, increased cool sensitivity and less efficient CPM. Correlations reveal a relationship between negative affect, stress, circulating endocannabinoids/N-acyl ethanolamines and somatosensory sensitivity.

Key words: Pain, Stress, Endocannabinoids**Acknowledgements:**

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ABSTRACT 29**EXERCISE COMBINED ACCEPTANCE AND COMMITMENT THERAPY (ExACT) COMPARED TO A SUPERVISED EXERCISE PROGRAM IN FIBROMYALGIA PATIENTS WITH CHRONIC PAIN****AUTHOR(S): Takayoshi Inoue¹, *Maire-Brid Casey^{1,2}, Brona Fullen¹, Conor Hearty², Catherine Doody¹**¹University College Dublin Centre for Translational Pain Research, Belfield Campus, Dublin, Ireland²Department of Pain Medicine, Mater Misericordiae University Hospital, Dublin, Ireland**PRESENTING AUTHOR: Takayoshi Inoue****Introduction:**

Fibromyalgia (FM) is a complex condition which includes chronic widespread musculoskeletal pain, fatigue and psychological impairment. There is evidence to support use of Acceptance and Commitment Therapy (ACT) for chronic pain, however no studies to date have investigated the effectiveness of ACT combined with exercise compared to supervised exercise only in people with FM.

Aim of Investigation:

Using data derived from a larger clinical trial, we compared the efficacy of an exercise and ACT (ExACT) intervention in people with FM compared to supervised exercise only.

Methods:

Participants diagnosed with FM by a Consultant in Pain Medicine [n=63, mean age 49.39 yrs +/-10.82, n=55 female] were randomly assigned to an ExACT or supervised exercise only, 8-week, group-based intervention. The primary outcome was the Brief Pain Inventory (BPI) Interference Scale. Secondary outcomes included self-efficacy, fear avoidance, pain acceptance, committed action depression, anxiety, and healthcare utilisation which were assessed at baseline, immediately post intervention and at 12-week follow up.

Results:

No significant differences were found in BPI Interference at 12-week follow-up ($p = 0.78$). There were significant between-group improvements in fear avoidance (Tampa Scale of Kinesiophobia) and significant within-group differences in pain self-efficacy, pain catastrophising committed action, and pain acceptance.

Conclusions:

This analysis showed no differences in pain interference for a combined ACT and exercise intervention compared to a supervised exercise programme. Additional fully powered studies could further investigate the effects of this type of intervention.

Keywords: Chronic pain, Fibromyalgia, Acceptance and commitment therapy

ABSTRACT 30**PRESCRIPTION OF OPIOIDS IN THE ACUTE HOSPITAL SETTING – A SNAPSHOT IN TIME****AUTHOR(S):** Lennon E, Clear E, Donnelly A, Gallagher H**PRESENTING AUTHOR:** Lennon E

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Introduction:

The opioid epidemic is a well-documented issue in North America, and global policies are extrapolated from this experience to the rest of the developed world. In Ireland, we do not have national data to quantify opioid usage in our acute hospital population.

Aim:

With the advent of terms such as 'Opioid Stewardship', we questioned whether this would be necessary in our institution.

Methods:

Following approval from our audit committee, we audited inpatients on one day (n=499). Their reason for admission, basic demographics and opioid medication prescription were recorded.

Results:

499 patient drug charts were reviewed. Over half (54%) of all inpatients (excluding Intensive Care Unit and Psychiatry) were prescribed an opioid medication. It was difficult to identify the prescriber in 20% of cases (no MCRN or bleep number). The main error noted was the prescription of SC and PO drugs without recognition of differing potencies. This occurred in 9% of cases. In 7 cases, drugs were administered beyond prescription validity and only in a small minority was a stop or review date documented. Atypical opioids (e.g. tapentadol) also presented challenges.

Conclusion:

Opioid medications are commonly prescribed in the acute hospital setting. There is certainly a need for opioid stewardship given the results of our audit. Given the prescribers are in general, a transient cohort, continuous monitoring would be required. Education alone would not be sufficient. With increasing emphasis on prescribing and usage of opioids internationally, this audit serves as a starting point for an improvement process.

Key Words: Opioid stewardship, Opioid epidemic, Opioid usage, Audit.

ABSTRACT 31

THE POTENTIAL OF THE GUT MICROBIOME TO PREDICT PERSISTENT POSTSURGICAL PAIN: PAVING THE WAY FOR PAIN PREVENTION

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PRESENTING AUTHOR: Khaled Masaud¹

Introduction:

Persistent postsurgical pain (PPSP) poses a significant health problem. Women are more likely to develop PPSP with up to 50% of women undergoing mastectomy developing PPSP. Our gut microbiome influences signaling between the central nervous system and gut and alterations are associated with visceral hypersensitivity in irritable bowel syndrome. Some of the pathways and regulators of visceral pain are also critical in somatic pain.

Aim of investigation:

To determine the association between a pre-surgical gut microbiome profile and acute postoperative pain and PPSP in patients undergoing surgery for breast cancer.

Methods:

Ethical approval was received, 67 patients were recruited. A fecal sample was provided prior to surgery and shot-gun metagenomics was used to analyse the microbiome. A short form McGill Pain Questionnaire was completed at 60 minutes and 12 weeks postoperatively. At 12 weeks post-surgery, patients were assessed for PPSP.

Results:

Lesser alpha diversity was associated with severe pain at 60 minutes and 12 weeks post-surgery. Negative correlations between bacteria such as *Faecalibacterium prausnitzii* and positive correlations with *Collinsella aerofaciens* and pain at 12 weeks post-surgery were also observed. The microbial functional pathways found to be associated with PPSP include MAP kinase, serotonergic and dopaminergic pathways.

Conclusion:

Lesser alpha diversity is associated with poorer pain outcomes. *C. aerofaciens* is associated with arthritic pain and *F. prausnitzii* is a health-promoting bacteria decreased in inflammatory bowel disease patients. We propose that a pre-surgical microbiome profile may determine increased risk of pain post-surgery and may potentially be manipulated to lessen this risk.

Key words: Postsurgical pain, microbiome, breast cancer

ABSTRACT 32**YOUR SURGERY, YOUR STORY: YOUNG ADULTS' EXPERIENCES OF PAIN FOLLOWING MAJOR ORTHOPAEDIC SURGERY****AUTHOR(S):** Mulry, M¹, O'Dwyer, B., O'Reilly, P¹, McCarthy, K², Kiely, P², Hundert, A³, Stinson, J³, O'Grady, B¹, McGuire, BE¹¹Centre for Pain Research, School of Psychology, NUI Galway, Ireland.²Our Lady's Children's Hospital, Crumlin, Ireland.³The Hospital for Sick Children (SickKids), Toronto, Canada.**PRESENTING AUTHOR: Mary-Rose Mulry****Introduction:**

Every year thousands of young adults in Ireland undergo major orthopaedic surgery. 15-20% of these young adults experience long term pain following surgery. Poorly managed post-operative pain in the acute phase can negatively impact sleep, self-care activities, leisure activities, mood, and overall quality of life. It is of importance that pain in the acute recovery phase is well managed with a focus on the young adult becoming more independent in managing this pain. Exploration into the young adults' experience of recovery following major orthopaedic surgery is of importance to gain a greater understanding of how pain following surgery is managed.

Aim of Investigation:

To explore young adults' experiences of preparing and recovering from major orthopaedic surgery.

Methods:

Following ethical approval, an online survey was developed using Lime Survey. Recruitment was done online via social media. The survey was developed in accordance with gaps identified in the literature. Results of the survey were analysed using the Braun and Clark method for thematic analysis.

Results:

26 young adults completed the questionnaire with most participants having undergone scoliosis correction surgery. The main themes that emerged from the survey included pain management before surgery, non-pharmacological pain relief and quality of life.

Conclusions:

The findings of this qualitative survey will contribute to the development of a pain management application whilst additionally highlighting the need for further education around pain management amongst young adults undergoing surgery.

Key Words: Surgery, pain, young adults**Acknowledgments:**

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MEETING INFORMATION

Virtual Conference

For the smooth experience, we will need you to access the Zoom platform on the day from either your PC or mobile phone (PC strongly recommended).

Registration

All delegates are asked to access the Scientific Meeting with the personal identification number that has been generated and sent to them after successfully registering on Eventbrite.

IPS Poster Podcast Exhibition

The poster podcast exhibition may be viewed at any time prior, over the course of the meeting or after the meeting takes place. Authors whose work has been accepted for exhibition were asked to record a 5 minutes' podcast that can be accessed on the following website: <https://irishpainsociety.ie/podcasts/>. The website is password-protected, the password is **IPSpsters20**.

Pain Research Prizes

Clinical Pain Research Medal/Non-Clinical Pain Research Medal] for the best posters [one winner and one runner up from each category] based on a 5 minute verbal explanation by the presenter to a judge(s).

Each poster presenter will take part in a panel Q&A session prepared to deliver the five-minute presentation of their poster content to the plenary audience, should they win one of the prestigious Pain Research Prizes.

We would also like to let you know that this year, for the first time, we will also present prizes for the best poster in the NCHD Category. The winner of this category will receive an inaugural Rafferty Medal.

There will also be a prize for the best short oral presentation at the IPRN data blitz session.

Technical Exhibition

The Technical Exhibition is an important part of the meeting and we encourage all participants to watch the Technical Exhibition during the first tea/coffee break.

Twitter:

Please feel free to tweet about the meeting throughout the day using the twitter handle #IPS_2020.

Evaluation Forms

In order to identify sessions and topics that have been of particular interest, all participants are asked to complete and return the Survey Monkey evaluation form that will be e-mailed to you after the Scientific Meeting takes place.

Continuing Education and Professional Development

CPD points and NMBI CEU credits are awarded on receipt of a completed evaluation form. The Certificates will be e-mailed to you the week following the Scientific Meeting.

Certificate of Attendance

Certificates of Attendance are available on receipt of a completed evaluation form. The Certificates will be e-mailed to you the week following the Scientific Meeting.

Recording

The Scientific Meeting will be available for all delegates to view for one year after the event takes place.