



INFORM



Bacteria cause one third of all low back pain?

A revolutionary study has been published in the European Spine Journal (published online 13th February, 2013 Albert et al). This paper is from Denmark and it looked at patients with persistent low back pain who had oedema in the adjacent vertebral body on MRI scan and it was a double blind randomised controlled trial with 162 patients, half of whom received Amoxicillin/Clavulanic Acid (Augmentin Duo Forte) and half who received placebo for three months. At the follow up one year, one third of all patients in the treatment group had had cure of their low back pain whereas all patients in the placebo group had ongoing low back pain. This represents a number needed to treat of 3.8 to cure low back pain.

The reason I am highlighting this in the New Clinical Insights for this newsletter is the fact that this will revolutionise our approach and treatment of chronic low back pain. It appears that, with prolonged culturing of discs obtained at surgery, that somewhere between 20 to 80% of these discs actually end up growing bacteria, mainly propionibacteriumacnes or staphylococcal species.

The now accepted theory is that bacteria that seed into the systemic circulation from a remote source end up accessing the disc and, in that generally hypoxic environment, they cause chronic infection and chronic inflammatory response and subsequent degeneration of the disc with rupture of the annulus fibrosis and often a subsequent disc protrusion and persistent low back pain arising from the disc as the source of that pain. The fact that we can now select a sub-population of patients with chronic low back pain where there is evidence of inflammation, i.e. Modic type 1 change in the vertebral body, means that we can now offer a curative treatment for a significant number of patients.

The fact that it is so simple as three months of Augmentin Duo Forte is quite remarkable.

We are commencing this treatment at Hunter Pain Clinic in appropriately selected and triaged patients and will be collecting data on the outcome and on cure rates and complications.

There is a clear requirement, not only to do more studies in this area, but also to appropriately educate clinicians who treat patients with persistent low back pain as to this new major advance.

Marc's musings

'Persistent Post-Surgical Pain in a General Population: Prevalence and Predictors in the Tromso Study', Pain, Vol 153, 2012 pp1390 – 1396 Johansen et al

This paper comes from Norway as a population survey of 13,000 people of whom 2,000 patients had had surgery between three months and three years preceding the survey and 18% of these had persistent post-surgical pain. Interestingly, the odds ratio for decreased sensation in the operative area was 2.7 for then leading to persistent pain and the odds ratio was 6.3 if there was heightened sensitivity to sensation in the pain area for leading to persistent pain.

Comment: This gives us a good population grounded response that approximately one in five patients will have persistent post-surgical pain and we know that if there is abnormality of sensory processing, this puts the patient at great risk of subsequent development of post-surgical persistent pain. Clearly, the condition of persistent post-surgical pain is more common than either the population or the medical profession would generally believe or allude to and clearly should be a component of any decision making process and discussion with patients.



Dr Marc Russo

MBBS, DA (UK),
FANZCA, FFPMANZCA
Specialist Pain
Medicine Physician

Marc's Recent Appointments

Co Convener of Pain Section of
the International Neuromodulation
Society Scientific meeting Berlin
June 2013

Member of FPM ASM Scientific
Committee 2014

Deputy Chair NSW
Committee FPM

Board member Hunter Post
Graduate Medical Institute

P: 4985 1800

F: 4940 3022

E: marcr@hunterpainclinic.com.au

**Broadmeadow
(head office)**
8:00am - 6:00pm
Monday - Friday

Kanwal
7:30am - 12:30pm
Fortnightly - Monday

Erina
8:00am - 1:00pm
Fortnightly - Monday

Nelson Bay
1:00pm - 5:00pm
Monthly - Thursday

Muswellbrook
8:30am - 12:30pm
Monthly - Thursday

Singleton
2:00pm - 4:00pm
Monthly - Thursday

PROGRESS
IN PAIN
MANAGEMENT
MEDICATION
FINALLY!

What's new in pain management medication

I am pleased to announce some progress in pain management medication finally! The first is that, after many years of consideration, the Federal Government has agreed to Pregabalin (Lyrica) being funded by the PBS. The indication is for neuropathic pain refractory to other measures and it now means that patients can obtain this important medication on the PBS. One simply needs to write on the Authority Script pad, 'Streamline 4175' for your patient to obtain this. This is a gratifying outcome and only nine years late!

In addition, there is some new medication to discuss. The first of these is Tapentadol which is the first of a new class of agents which is a combined mu opioid and noradrenaline reuptake inhibitor. It is used where there is evidence of neuropathic pain and, in particular, where there is evidence of both neuropathic pain and surface hypersensitivity or allodynia such as

patients who cannot bear light touch or clothes on the pain area. The major use of it has been in management of the pain in post-herpetic neuralgia, although it has found use in other conditions as well. It comes in a pack of 30 and, again, unfortunately is not on the PBS.

The other agent we have is the 5% Lignocaine transdermal patch, (Versatis), which is applied for 12 hours a day on a daily basis directly over a pain site where there is evidence of neuropathic pain and, in particular, where there is evidence of both neuropathic pain and surface hypersensitivity or allodynia such as patients who cannot bear light touch or clothes on the pain area. The major use of it has been in management of the pain in post-herpetic neuralgia, although it has found use in other conditions as well. It comes in a pack of 30 and, again, unfortunately is not on the PBS.

Hunter Pain Clinic supporting locally and overseas

Chronic pain Australia

painaustralia™
working to prevent and manage pain

The Hunter Pain Clinic donated to the ongoing support of Pain Australia in the implementation of the National Pain Strategy facilitating the work with governments, healthcare professionals and consumers to ensure better access to pain management is achieved.

Lesley Brydon from Pain Australia was invited to present to Hunter Specialist Medical Centre clinicians on the status of Chronic Pain in Australia - exploring accessibility to support services, the increase in incidents and the associated cost of managing long term chronic pain.

The forum provided participants with an opportunity to discuss critical issues with Lesley at a National level; and was very well received by all who attended.

HMRI

Research into pain management, medicine and treatment is being undertaken by a specialised group of clinicians lead by Professor Robert Callister.

The Hunter Pain Clinic has funded a scholarship for - Melissa Walsh, a research student majoring in pain management. Melissa has recently been to New Orleans investigating options and opportunities to further advance pain medicine and has already written and contributed to a number of publications in support of this field.

Melissa has also been invited in 2013 to present to the Hunter Pain Clinic's clinicians and discuss her research topics.



Hunter clinical research

Who are we?

Hunter Clinical Research was established by Dr Marc Russo in 2005 to work in conjunction with Hunter Pain



Clinic to assist in the improvement and development of new pharmaceuticals, medical devices and treatment methods relating to the treatment of pain and pain-related complications. In recent years HCR has expanded and now readily undertakes studies in general clinical areas such as influenza vaccines.

What do we do?

HCR undertakes ethics approved clinical trials managed by a dedicated team of clinicians and clinical trial co-ordinators adhering at all times to the highest standards and with a commitment to total patient care.

HCR participates in Phase I to Phase IV Clinical Research into treatments for conditions such as Degenerative Disc Disease, Post-herpetic Neuralgia, Diabetic Peripheral Neuropathy, Osteoarthritis, Opioid Induced Constipation, Soft Tissue Injury, Neuropathic Pain Following Trauma and Chronic Low Back Pain.

Device implant trials are also currently being undertaken including the first in the world, Dorsal Root Ganglion Spinal cord Implant in the treatment of chronic pain in 2011. HCR is currently working in collaboration with the John Hunter Hospital Cardiology team in a trial using a spinal cord stimulator implant in the treatment of Heart Failure. Thus far showing very positive results including great improvements in Quality of Life as reported by the participants.

As stand out success for the HCR team was a "first in Man study" involving an intradiscal injection in the treatment of Degenerative Disc Disease. Not

only did HCR join the first patient in the world to this study but also was responsible for contributing the most patients in the world with 24 patients enrolled. Participants in this study are currently being followed up as they reach the two year post injection milestone.

How do we find participants?

HCR has access to a well established database of patients who have indicated they would like to be approached about clinical trial participation. In addition, print advertising is a successful method of communicating the opportunity for clinical trial participation to the wider community. At times Seminars are held with local physicians and Health care professionals in an attempt to collaboratively contribute to ongoing research. This approach was very well received by local Endocrinologists and Diabetic Specialist, Diabetic Nurses and podiatrist who all showed great commitment to their patients and a readiness to actively seek out options beyond those currently available treatments.

HCR enjoys a very sound reputation within the industry and is constantly approached by Sponsors around the globe to participate in cutting edge research. We are well known for our ability to not only recruit well and conduct quality research but also retention of our participants is a well known stand out. Retention is directly attributed to good and careful care of participants and it is the HCR team that make this happen.

Meet the HCR team

NURSE PRACTITIONER:

Toni McCallum-Pardy

CLINICAL TRIAL COORDINATORS:

Paula Abrego; Sally Whitaker

RESEARCH ADMINISTRATION:

Karen Brennan-Kyte; Riley Carter;

Tiana Laurie

Innervate Pain Management



'Learning to live with pain'

We welcome Dr Mike Shelley as the new Clinical Director and Jody Kerr Program Coordinator to our team.

We believe Innervate Pain Management is unique in having five psychologists dedicated to assisting patients with persistent pain and returning them to the workforce. We believe no other pain management group has this number of psychologists dedicated to this outcome.

Service Director/ Health Psychologist
Dr Michael Shelley BPsych (Hons) PhD

Dr Michael Shelley is a registered Health Psychologist and has worked as Manger and Senior Psychologist for pain and rehabilitation services in Townsville, Wide Bay and the Gold Coast over the last 14 years. He has special interests in Persistent Pain, Psychobiology of Health, PTSD and Stress. Mike facilitates the Innervate Pain Program and provides individual psychological support for Innervate clients.

Program Coordinator/ Psychologist
Jody Kerr BA (Psych) Grad Dip. Psych

Jody Kerr is a registered psychologist who was worked in the pain field both as a psychologist and coordinator of the Intervene Program – a multidisciplinary pain management program run in conjunction with the Royal North Shore Pain Clinic and the NSW coal mining industry. Prior to this Jody worked in occupational rehabilitation where she specialised in facilitating return to work – both to pre injury duties as well as for different job / different employer cases. Jody has experience providing onsite training to industry and is an accredited Mental Health First Aid Trainer. She is a registered provider of psychological services under the WorkCover system, as well as having accreditation to provide Medicare funded services under the GP Better Access Scheme.

We welcome direct referrals to the Innervate Pain Management team for those Work Cover patients who require an evaluation or their input



HUNTER PAIN CLINIC LOCATIONS

Head Office - Newcastle

Hunter Specialist Medical Centre
91 Chatham St
Broadmeadow NSW 2292
Ph 02 4985 1800
Fax 02 4940 0322
admin@hunterpainclinic.com.au
hunterpainclinic.com.au

Erina

Central Coast Orthopaedic Rooms
Ground Floor, Erina Fair
Eastern Road
Erina NSW 2250

Kanwal

Suite 3, Block A
Kanwal Medical Centre
654 Pacific Highway
Kanwal NSW 2259

Singleton

Singleton District Hospital
Cnr Boonal Street & Dangar Road
Singleton NSW 2330

Hamilton Day Surgery Centre

76 Jenner Parade
Hamilton South NSW 2303

Nelson Bay Specialist Rooms

33 Stockton Street
Nelson Bay NSW 2315

Muswellbrook

Brook Medical Centre
64 Brook Street
Muswellbrook NSW 2333

**FOR BOOKINGS AND
ENQUIRIES PLEASE CONTACT
THE NEWCASTLE HEAD OFFICE
PH: 4985 1800
MON - FRI 8AM - 6PM**

From the practice manager

During the past 12 months the Hunter Pain Clinic has experienced exciting growth in the number of referrals to the clinic, paying testimony to the quality of services being provided in the area of chronic pain to the community in the Hunter.

This is achieved within a collaborative environment with specialised group of clinicians, by means of a holistic approach, involving inpatient and outpatient programs including procedural, pharmacological, physical and psychological interventions.

While my involvement at the Hunter Pain Clinic as Practice Manager is only in its infancy, I have had the unique opportunity to observe first-hand the commitment and dedication our team invests in our patients every day ensuring optimal outcomes are achieved. It is a passion for patient care and respect for advances in pain management that fortifies the ongoing successes at the Hunter Pain Clinic.

Lead by Dr Marc Russo, a Specialist Pain Medicine Physician with 14 years' experience, it is our total objective to ensure the patient's confidence is fostered and improved health outcomes are accomplished. Since inception in 1999 we have cared for over 16,000 pain patients and will continue to offer state of the art multidisciplinary care.

- Kay Gray, Practice Manager

New clinics

The growth of the Hunter Pain Clinic has provided an opportunity for expansion into rural and remote locations in the Hunter ensuring essential services to the wider community are available. Dr Russo is now conducting monthly clinics in the Upper Hunter (Muswellbrook / Singleton) and Port Stephens (Nelson Bay) area, complimenting the existing services in Broadmeadow and weekly clinics on the Central Coast (Erina and Kanwal). The

convenience of these local clinics to the general community and referring Doctors, has been very well received maintaining continuity for pain patients.

Telehealth

'Telehealth' is a government initiative aiming to remove some of the barriers to accessing medical services for Australians who have difficulty travelling to a specialist or live in rural and remote areas. Telehealth has been successfully adopted by Dr Russo and well received by referring GPs and patients. This form of patient / doctor consultation is convenient, practical and immediate - removing the stressors related to long distance travel for the pain patient.

Healthshare

Moving into the high-tech world of cloud-based applications, self-referral and online health support, Dr Russo has joined with the growing number of Specialists and General Practitioners who extend themselves and their services to online health support.

Healthshare is an 'Australian national health initiative designed to provide better access to health expertise and improve the quality of health information online. The goal is to build Australia's leading interactive health network where Australians go to for quality health information and community support'. Healthshare works via a question and answer service for all community members to obtain information to health-related questions from qualified experts.

Dr Russo has posted his profile on Healthshare and nominated his areas of specialty. He provides weekly responses to questions posed to him regarding any or most pain conditions whereby supporting the community via another path. Community members also have the option to request an appointment with Dr Russo from this site.

PLEASE NOTE: This newsletter is for general information purposes only. The views expressed in this newsletter are not necessarily those of Hunter Pain Clinic. Hunter Pain Clinic has taken all reasonable measures to ensure that the material contained in this newsletter is correct at time of printing. However, Hunter Pain Clinic gives no warranty and accepts no responsibility for the accuracy or the completeness of the material. Readers are advised not to rely solely on this information when making any decision. Hunter Pain Clinic reserves the right at any time to make changes as it deems necessary.

Dr Russo is pleased to offer a number of presentations on pain management. If you would like to arrange an education meeting at your practice, please contact the office on 02 4985 1800.