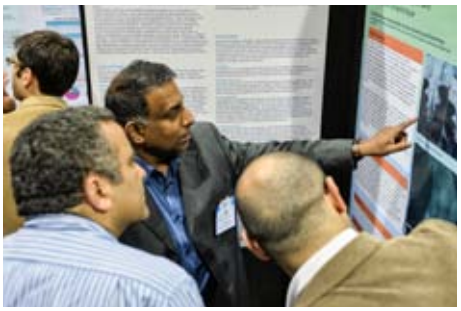

THE BRITISH PAIN SOCIETY

Programme

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Annual Scientific Meeting
21–23 April 2015, Glasgow

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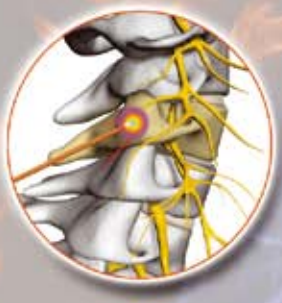

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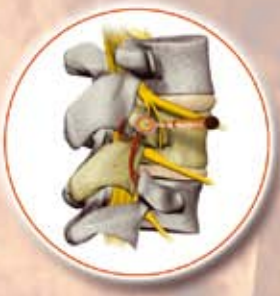

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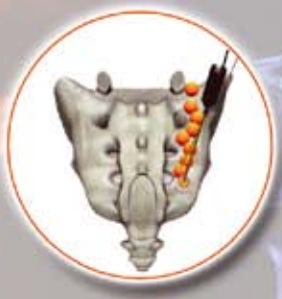

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Contents

Welcome from the President of the British Pain Society

Doctor William Campbell

It is my great pleasure to welcome you all to this, the 48th Annual Scientific Meeting of the British Pain Society. It is always a pleasure to be in Glasgow and use the magnificent facilities of the SECC. We have a very similar format to that of last year, but having acted upon last year's feedback we trust that you will find this year even better. The Scientific Programme Committee, led by Professor Kate Seers, has organised an excellent meeting with expert speakers in pain from Canada and Europe, as well as our local UK talent.

I am sure that you will have important take home messages from this meeting. We have a packed agenda which includes, pain in children as well as the elderly, acute pain becoming chronic, neuropathic pain, pain in primary care, the appropriate use of opioids, education, psychology, low back pain management and concluding with a special presentation by Professor Dame Carol Black – "The Painful Workplace".

There are two satellite meetings – one on Tuesday afternoon and one on Wednesday afternoon. There are also many exhibitors – please visit as many as possible – they have been very supportive of this meeting.

Join us on Wednesday night for the BPS party at the Òran Mór, where we can relax together, chat with past contacts and make new ones.

All members of the Society's Secretariat have contributed to the smooth organisation of this meeting – we appreciate that. Thank you all for attending this meeting and supporting the Society.

Acknowledgements

The British Pain Society wishes to extend thanks to Glasgow City Marketing Bureau and Visit Scotland for providing subvention support towards organising the 2015 ASM.

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The British Pain Society also wishes to extend thanks to The Rt Hon The Lord Provost of Glasgow for supporting the Annual BPS party at Òran Mór.

Welcome from the Chair of the Scientific Programme Committee

Professor Kate Seers

Welcome to the 2015 British Pain Society Annual Scientific Meeting.

I hope you enjoy our strong multidisciplinary programme, and take the opportunity to network, catch up with colleagues and meet new people.

We have built on the success of previous years, and all your helpful feedback from last year has been read carefully and taken into account. We have excellent speakers from North America, Europe and the UK. In addition to our plenary speakers, we have a really diverse range of parallel sessions and a large number of high quality posters. Please do spend time talking to poster presenters. This year, we have grouped together the posters which were scored most highly, and you will be able to sign up to poster tours of these posters with judges who will pick the top five posters. New this year is a "people's choice" poster – you will have a sticker to put on the poster you think is best, and the poster with the most stickers wins a prize. Following very positive feedback, we have kept the plenary session where the trainees/students who submitted the most highly rated posters give a short oral presentation of their poster. Please do go along to support them and spot some stars of the future.

I would like to thank the Scientific Programme Committee for all their hard work and support. They have been very generous with their time and expertise, and it's been fun working together. A special thank-you to my predecessor, Professor Gary Macfarlane for his expertise as Chair over the previous three years. He kindly stayed on the Scientific Programme Committee and has provided much wise advice. . Thank you also to the BPS Secretariat for all their hard work, good humour and support.

We really welcome your feedback on the meeting, and if you have any suggestions for plenary speakers you would like to hear next year, please do let me know.

It is good to be back in Glasgow, enjoy the meeting!

The Scientific Programme Committee

Chair
Professor Kate Seers
Members
Dr Heather Cameron
Professor Gary Macfarlane
Professor David Walsh
Dr Lesley Colvin
Professor Candy McCabe
Professor Roger Knaggs
Dr Sandrine Geranton
Professor Stephen Morley
Ex-Officio Members
Dr Andrew Baranowski
Dr William Campbell
Mrs Rikke Susgaard-Vigon

Faculty Listing	
Dr Angie Alamgir	Psychology Lead, Bart's Pain Services, Barts Health NHS Trust, London
Dr Hugh Antrobus	Consultant, Anaesthesia & Pain Medicine, South Warwickshire NHS Foundation Trust, Warwick Hospital
Dr Carsten Bantel	MD, PhD, FRCA, FFPMRCA, Consultant in Pain Medicine and Anaesthetics Klinik für Anästhesiologie, Intensiv-, Notfallmedizin und Schmerztherapie Fakulty VI, Carl von Ossietzky University Oldenburg, European Medical School Oldenburg-Groningen, Germany
Dr G. Baranidharan	Consultant in Anaesthesia and Pain Medicine, Leeds Teaching Hospitals NHS Trust Honorary Clinical Associate Professor, University of Leeds
Dr Andrew P Baranowski	Consultant and Hon Senior Lecturer in Pain Medicine, The National Hospital for Neurology and Neurosurgery, Queen Square. University College London Hospitals Foundation Trust
Dr Chris Barker	Clinical Lead, Community Pain Service, Southport & Ormskirk NHS Trust
Mr Neil Berry	Consultant Clinical Psychologist in Pain Management, Hythe Hospital, Southampton
Mrs Hilary Birrell	Head of Community Chronic Pain Service, Kent Community Health NHS Foundation Trust
Professor Dame Carol Black	Expert Adviser on Health and Work, Department of Health England/Public Health England
Mrs Roseanna Brady	Health Psychology Practitioner, Health Psychology Service, Milton Keynes Hospital NHS Foundation Trust
Dr Emma Briggs	Lecturer/King's Fellow, Florence Nightingale Faculty of Nursing & Midwifery, King's College London
Revd.Professor Michelle Briggs	Co-Director Centre for Pain Research, Institute of Health and Wellbeing, Leeds Beckett University, Leeds
Dr Mindy Cairns	Post-Doctoral Research Fellow and Chartered Physiotherapist, Department of Allied Health Professions and Midwifery, School of Health and Social Work, University of Hertfordshire
Professor Bernie Carter	Professor of Children's Nursing, School of Health, University of Central Lancashire, Preston/ Director of the Children's Nursing Research Unit at Alder Hey Children's NHSFT, Liverpool
Professor Carolyn Chew-Graham	Professor of General Practice Research, Research Institute, Primary Care and Health Sciences, Keele University, Staffordshire
Dr Susan Childs	Consultant Clinical Psychologist, Pain Management / Gen. Surgery, The Chelsea & Westminster Hospital
Mr Antony Chuter	FRCGP (hons.); Chair of the British Pain Society Patient Liaison Committee; Chair of Pain UK
Dr Frances Cole	Pain Rehabilitation Specialist, GP and CBT Therapist, Leeds West CCG, Leeds
Dr Beverly Collett	Emeritus Consultant in Pain Medicine, University Hospitals of Leicester
Dr Lesley Colvin	Consultant/ Hon Reader in Anaesthesia and Pain Medicine Dept of Anaesthesia, Critical Care & Pain Medicine, University of Edinburgh/ Western General Hospital
Mrs Meherzin Das	Clinical Lead, Consultant Clinical Psychologist, Dorset Community Pain Service, Dorset HealthCare University NHS Foundation Trust
Mrs Emma Davies	Advanced Pharmacy Practitioner in Pain Management, Abertawe Bro Morgannwg University Health Board, Wales
Mrs Sarah Dennison	National Controlled Drugs Manager, Care Quality Commission
Ms Sheena Derry	Senior Research Associate, Pain Research, Nuffield Department of Clinical Neurosciences, University of Oxford
Dr Lorenzo Fabrizi	MRC Research Fellow, Dept of Neuroscience, Physiology and Pharmacology, University College London
Professor Marie Fallon	St Columba's Hospice, Chair of Palliative Medicine, Edinburgh Cancer Research Centre, University of Edinburgh
Dr Paul Farquhar-Smith	Consultant in Pain Medicine and Anaesthetics, Department of Anaesthetics, The Royal Marsden NHS Foundation Trust, London
Dr Sandrine Géranton	Senior Research Fellow, Department of Cell and Developmental Biology, University College London
Mr Robin Graham	MA, Laughter Consultant, Feelgood Communities CIC
Mrs Geraldine Granath	Patient Liaison Committee member, British Pain Society
Professor Per Hansson	MD, DMSci, DDS, Dept of Pain Management & Research, Oslo University Hospital, Oslo, Norway and Dept. of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden
Dr Jake Hard	FRCGP, GP working in the South Gloucester Prison Cluster
Dr Ollie Hart	GP partner, and Commissioning lead, Sloan Medical Centre, Sheffield CCG
Dr Gordon J Hendry	Lecturer in Musculoskeletal Rehabilitation, Institute of Applied Health Research and School of Health and Life Sciences, Glasgow Caledonian University
Mr Gary Hennessey	Head of Training, Breathworks CIC, Manchester
Professor George Ikkos	Director, Royal Society of Medicine Psychiatry in Dialogue with Neuroscience Medicine and Society Programme, London
Dr Louise Jeynes	Lead Pain Consultant, West Suffolk Hospital, Cambridge University Teaching Hospitals Trust, Bury St Edmunds, Suffolk
Dr Martin Johnson	Medical Director, Retroscreen Virology Ltd., London
Dr Christopher Kane	NIHR Academic Clinical Fellow in Palliative Medicine, Leeds Institute of Health Sciences, University of Leeds
Mr Giles Kellner	Director, DWF LLP

Faculty Listing	
Dr Bianca Kuehler	Speciality Doctor in Pain Medicine, Department of Pain Management, Chelsea and Westminster Hospital Foundation Trust
Mr Richard Lowes	Partner, BLB Solicitors, Bath
Dr Andrea Magides	Consultant Anaesthetist, Torbay Hospital, South Devon Healthcare Trust
Dr Kathryn R. Martin	Lecturer in Epidemiology, Epidemiology Group, University of Aberdeen
Dr Vivek Mehta	Consultant in Pain Medicine & Honorary Senior Lecturer Queen Mary University, St Bartholomew's Hospital, Barts Health NHS Trust, London
Dr Winston de Mello	Consultant in Pain Medicine, Pain Clinic, University Hospital of South Manchester
Mr Peter Moore	Co-author/Trainer, Pain Toolkit
Dr Rajesh Munglani	Pain Consultant, Cambridge
Dr David Nunns	Consultant Gynaecological Oncologist, Department of Gynaecology, Nottingham University Hospitals Joint Chair / Clinical Lead Chronic Pain Payment by Results Expert Working Group Co-opted member NHS England Specialised Pain Services CRG
Professor Turo Nurmikko	Professor in Pain Relief, Neuroscience Research Centre, the Walton Centre NHS Foundation Trust, Liverpool
Dr Ola Olukoga	Consultant in Anaesthesia and Pain Management, Queen Elizabeth Hospital, Gateshead
Dr Sue Peacock	Consultant Health Psychologist / Head of Health Psychology Service, Milton Keynes Hospital NHS Foundation Trust
Professor Tamar Pincus	Department of Psychology, Royal Holloway University of London
Dr Jane Quinlan	Consultant in Anaesthesia and Pain Management, Nuffield Department of Clinical Neurosciences, Oxford University Hospitals Trust
Professor Andrew Rice	Professor of Pain Research, Imperial College London and Hon. Consultant in Pain Medicine, Chelsea and Westminster Hospital, London
Dr Jody Riskowski	Lecturer in Musculoskeletal Health, Institute for Applied Health Research, Glasgow Caledonian University
Dr Mark Rockett	Consultant in Anaesthesia and Pain Medicine, Derriford Hospital, Plymouth
Professor Karen Rodham	Professor of Health Psychology, Staffordshire University
Dr Emily Sena	Senior Postdoctoral Researcher, Centre for Clinical Brain Sciences, University of Edinburgh
Mrs Danijela Serbic	Teaching Associate, Psychology, Royal Holloway University of London
Dr Jordi Serra	Consultant, Neurophysiology, King's College London
Dr Rebekah Shallcross	Research Associate, Centre for Women's Mental Health, Institute of Brain Behaviour and Mental Health, University of Manchester
Dr Manohar Sharma	Consultant in Pain Medicine, the Walton Centre, Liverpool
Dr Joan Simons	Assistant Head of Department, Faculty of Health and Social Care, the Open University
Dr Cathy Stannard	Consultant in Pain Medicine, Frenchay Hospital, Bristol
Professor Athula Sumathipala	Professor of Psychiatry, Research Institute for Primary Care and Health Sciences, Faculty of Health, Keele University, Staffordshire
Ms Carol Sweet	Clinical Specialist Physiotherapist in Chronic Pain, Department of Pain Management, Chelsea and Westminster Hospital NHS Foundation Trust, London
Dr Ann Taylor	Reader, Department of Anaesthetics, Intensive Care and Pain Medicine, Cardiff University
Dr Simon Thomson	Consultant in Pain Medicine and Neuromodulation, Basildon and Thurrock University Hospitals and Addenbrookes Hospital, Cambridge
Mrs Dorothy Tomes	Laughter Volunteer, Feelgood Communities CIC
Dr Alison Twycross	Head of Department for Children's Nursing and Reader in Children's Pain Management, London South Bank University
Professor Martin Underwood	Director, Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick
Professor Lene Vase	MSO, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark
Professor David A. Walsh	Director, Arthritis Research UK Pain Centre, Academic Rheumatology, University of Nottingham
Dr Katie Warnaby	Senior Research Scientist, Department of Clinical Neurosciences, University of Oxford
Ms Christine Waters	Senior Clinical Nurse Specialist, Suffolk GP Federation
Dr Judy Watt-Watson	RN MSc PhD, Professor Emeritus, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Pat Wall Lecture; Plenary Session 1: Neuropathic pain(s): implications of heterogeneity for translation, clinical assessment and prescribing

Professor Andrew Rice (London)

Andrew S.C. Rice is Professor of Pain Research at Imperial College London, where he has developed an international reputation for translational research in neuropathic pain. He received his medical degree from St. Mary's Hospital Medical School in 1982 and his research doctorate from St. Thomas' Hospital Medical School (UMDS) in 1991. He underwent his specialist clinical training mainly in Oxford and at St Thomas' Hospital. He is an Honorary Consultant in Pain Medicine at Chelsea and Westminster Hospital, where he provides a specialised clinical service for patients suffering from neuropathic pain; in particular as relating to infectious disease and peripheral nerve injury. His research activity covers both laboratory and clinical research, with a particular interest in neuropathic pain in the context of infectious disease (HIV, leprosy and herpes zoster) and peripheral nerve trauma. He is Principal Investigator of the Wellcome Trust funded London Pain Consortium of which he was Administrative Director 2008-12. He is the academic lead for the animal models work package of the EU Innovative Medicines Initiative "EUROPAIN". Since 2005 he has held a number of leadership positions within the International Association for the Study of Pain Special Interest Group on Neuropathic Pain (NeuPSIG) and was Chair 2012-14. He has served on the British Pain Society Council (2003-6; 2014 -), was a member of the Founding Board of the Faculty of Pain Medicine at the Royal College of Anaesthetists and a Regional Advisor for the Faculty (2003-9). He is an author of more than 130 scientific publications (Hirsch citation index 32) and sits on the editorial boards of, amongst others, Pain and Public Library of Science–Medicine. He has published regularly in Pain and in other notable journals including: The Lancet, Brain, J. Neuroscience, New England Journal of Medicine, PLoS - Medicine, Nature Clinical Practice-Neurology and the British Medical Journal. He conceived and is lead editor of the four volume "Textbook of Clinical Pain Management", now in its second edition. He was the Michael Cousins lecturer at the Australian and New Zealand College of Anaesthetists in 2009; Covino Lecturer at Harvard University in 2008; a plenary lecturer at the 10th World Congress of Pain. In 2010, the Neuropathy Trust recognised his contributions to patients by the award of the Dawn Ind Memorial Chalice.

Neuropathic pain(s): implications of heterogeneity for translation, clinical assessment and prescribing

Although a multiplicity of distinct diseases may precipitate neuropathic pain (NP) and it has a variety of clinical presentations, NP is often regarded as a homogenous entity. This lecture will argue that elucidation of NP heterogeneity will advance translation and impact on everyday clinical practice, especially in the domain of personalised prescribing.

Until recently the vast majority of pre-clinical NP research used animal models of nerve trauma, conversely clinical trials usually recruited polyneuropathy or post herpetic neuralgia patients. With the advent of more clinically-relevant NP animal models and ethologically-relevant outcome measures, it is clear that many of the gene expression and biochemical "signatures" described as pathognomonic in nerve trauma, are not necessarily features of other NP-associated conditions and this heterogeneity is assuming increasing importance.

This heterogeneity extends to drug responses in clinical trials where meta-analyses reveal condition-associated heterogeneity of responses to both drugs and placebo, with clear implications for generalisability and clinical guidelines development.

An additional level of clinical complexity comes with the heterogeneity of symptom, endogenous pain modulation and sensory profiles within diseases, by which patients with the same underlying disease may display different individual profiles. Conversely, communality of profiles are shared across diseases. The importance of individual patient profiling is revealed in clinical efficacy trials in which randomisation was stratified by patient profile and important profile-specific drug responses were reported. Taking into account such heterogeneities of NP will draw us closer to personalised prescribing in NP.

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Plenary Session 2: Pain education challenges and strategies – making it work

Dr Judy Watt-Watson (Toronto, Canada)

Dr Judy Watt-Watson is a Professor Emeritus at the University of Toronto L.S. Bloomberg Faculty of Nursing; executive member of the UofT Centre for the Study of Pain (UTCSP); Faculty Associate at the University Health Network; Associate Scientific Staff member of Department of Medicine, Mount Sinai Hospital, and a Senior Fellow of Massey College. She is Past-President of the Canadian Pain Society and Associate Editor, Pain Research & Management. Her involvement in the IASP Pain Education Initiatives Working Group including as past chair of their interprofessional pain curriculum subgroup, and as a co-founder of the IASP Education Special Interest Group reflect her commitment to better patient care through collaborative practice. Her work has helped to identify gaps in Canadian Health Science Faculty pain curricula and she was the inaugural chair of the UTCSP Interfaculty Pain Curriculum involving six Health Science Faculties. Her research has focused on a) establishing pain prevalence and related risk factors, particularly for cardiac surgical patients, b) interventions involving health professionals and patients, and c) digital pain education resources, with funding from the Canadian Institutes of Health Research and The Heart & Stroke Foundation. Her many presentations and publications including a book reflect this body of work.

Pain education challenges and strategies – making it work

Despite the need to improve pain management practices worldwide, recent evidence reveals the continuing lack of pain content in health science curricula. The improvement of pain curricula is essential if we are to change the current ineffective practices related to pain prevention and management. An important question for all educators is whether our graduates are sufficiently competent in pain knowledge and skills to give appropriate and safe pain care.

Comprehensive pain assessment and management are multidimensional and require collaboration that reflects competencies in pain knowledge and skill attained by all health professionals. Increasingly, we are recognising that ensuring quality care outcomes requires an evaluation of competencies relevant to clinical contexts and not just the accumulation and dissemination of best evidence.

Specific challenges addressing the education deficit will be discussed that involve curriculum priorities and resources, faculty qualifications, patient involvement, opportunities for interprofessional learning, and regulatory system requirements. Recent innovative advances in curriculum resources, core pain competencies, and interprofessional learning models can be useful to support approaches to advocating for pain education. Moreover, strategies will be discussed that can foster change in pain education both in formal curricula and in clinical care settings.

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References: 1. Grunenthal Ltd. Versatis® Summary of Product Characteristics. **2.** Baron F *et al. Curr Med Res Opin* 2009; 25(7): 1663–1676. **3.** Grünenthal data on file. Source: CSD Patient Data, Cegedim Strategic Data UK Ltd, Dec 2011.

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Plenary Session 3: Degrees of difference and connection: exploring the experience of pain in the lives of children and adults

Professor Bernie Carter (Central Lancashire)

Bernie is Professor of Children's Nursing at the University of Central Lancashire and Director of the Children's Nursing Research Unit (CNRU), Alder Hey Children's NHS Foundation Trust. She is also Clinical Professor at the University of Tasmania.

Bernie's research focuses on the lives of children and their families whose lives have been disrupted by pain, life-limiting/life-threatening illness, disability and disadvantage. Her research is often narrative and arts/activities-based and she is committed to ensuring that children can engage in research and contribute their perspectives.

She is a Fellow of the Royal College of Nursing in recognition of her contribution to children's pain and she is Chair of the RCN Pain in Children and Young People Group. She has been a core member of the APA working group that developed 'Good Practice in Postoperative and Procedural Pain Management'. She is the Editor-In-Chief of the Journal of Child Health Care.

Degrees of difference and connection: exploring the experience of pain in the lives of children and adults

Human beings naturally coalesce in clusters of like-minded souls. Pain practitioners, researchers, policy makers and patients are no different. It often seems that practitioners and researchers working in child and adult pain are occupying different landmasses, on opposite sides of a huge continental rift. Whilst we occasionally and accidentally make contact with each other, we believe, for the most part, that what happens 'over there' is nothing to do what is happening 'over here'.

We are drawn to specialities, sub-specialities and sub-sub-specialities; as a result the tracks we work within can become deeper and deeper. We can know more and more about a specific specialist area but be unaware of what is happening in other areas, which intuitively feel different or unrelated to our own clinical or research 'gaze'. Whilst specialisation is important for progress and the pursuit of knowledge, and has brought enormous benefit to patients, it can also limit our horizons.

Rather than being limited by the depth of these tracks or 'mindlines', the landscape of pain requires us to transcend many of these horizons and engage in more diverse and eclectic 'communities of practice' or 'cognitive networks'. Indeed, many patient groups excel at this; they often have a powerful gaze, unrestrained by disciplinary boundaries and are adept at absorbing information from across specialities and experiences.

In this paper my intention is to explore some of the things that connect those of us working in children's pain and adults' pain, including the fact that good management of children's pain lays foundations for their pain management as adults. I will also examine those things that create degrees of difference, such as the wealth of knowledge children's practitioners have in terms of psychological preparation of children for potentially painful procedures.

The paper will draw on the literature and evidence relating to pain stories, expression and meaning in pain. I will also consider how a better understanding of pain on both 'landmasses' should bring benefits to children, adults and their families creating more of a sense of us working on a unified Pangaea.

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St. Jude Eon C Sell Sheet (2009)

Plenary Session 4: Pain and psychiatry: body, brain, mind, self and clinical practice

Professor George Ikkos (London)

George Ikkos is a Consultant Psychiatrist in Liaison Psychiatry at Royal National Orthopaedic Hospital NHS and Wellington Hospitals HCA, Honorary Visiting Research Professor London South Bank University, Treasurer Association of Clinical Professors of Psychiatry, former Treasurer Royal College of Psychiatrists (2005-2010) and former Chair of the Academy of Medical Royal Colleges Treasurers' Committee. He was the first President of the Royal Society of Medicine Section of Pain Medicine (2010- 11) and President Royal Society of Medicine Section of Psychiatry (2012-13). In 2014 he was elected Honorary Fellow of the Royal College of Psychiatrists.

George is Director of the "Psychiatry in Dialogue with Neuroscience, Medicine and Society" programme of the Royal Society of Medicine Section of Psychiatry, Deputy Editor of the Royal College of Psychiatrists' journal "BJPsych International" and joint editor of "Psychiatry's Contract with Society: Concepts, Controversies and Consequences" (Oxford University Press, 2010). Clinical interests include psychiatric and psychological aspects of Chronic Pain, Joint Hypermobility Syndrome and the Complex Regional Pain Syndrome and he is the Royal College of Psychiatrists representative on the Royal College of Physicians led multidisciplinary guidelines group on the identification and management of CRPS.

Pain and psychiatry: body, brain, mind, self and clinical practice

Emotion is an area of central clinical concern to both pain medicine and psychiatry (1). It is also the area where body, brain, mind and self in relation to others and society come together in live action (2).

Understanding the relation between body and mind has often challenged the general public, philosophers, scientists, physicians and psychiatrists alike (3, 4, 5 and 6). A contemporary response to this confusion has been to reduce understanding of the latter to the former. However, a full understanding of the living person as a vital psychosomatic unity depends on understanding the integration of meaning and physical reality with each other, giving due weight to each (2, 7).

The bodily expression of distress secondary to social and psychological factors has long been known, though incompletely understood (8). Importantly the WHO physical-mental comorbidity survey has confirmed the high levels of comorbidity between a variety of actual physical disorders and chronic pain on the one hand and mood and anxiety disorders and addictions on the other(9); other evidence perhaps also suggests possible comorbidity between pain with personality disorders (10). Such findings complement the well-established knowledge of increased prevalence of mental disorder in populations of patients with medically unexplained physical symptoms.

In recent years, major developments in the neurophysiological understanding of brain function and emotion have highlighted the importance of "meaning" in influencing the function of Intrinsic Communicating Networks (ICN), which give valence to our sense of self and interaction with our physical and social environment and have profound effects on feeling, thinking, brain and body states, behaviour and relationships (11, 12). Complementing these developments are others in evolutionary anthropology and psychology highlighting the deeply social origins of the human brain and intentional nature of human beings (13, 14). The natural state of the brain is to be with people, form joint intentions and cooperate (15).

Research has also highlighted the importance of Descending Cortical and Spinal Pathways in modulating pain and their substantive overlap with neural mood and anxiety pathways. We are thus beginning to understand the psychophysiological pathways that underlie the impact of culture, families and relations on body states, including on pain (7,16, 17 and 18).

Service design, team composition, practitioner skills and clinical practice need to reflect these developments as well as evolving evidence of clinical effectiveness, including the effectiveness of psychological and psychiatric treatments and services (19, 20, 21, 22). As well as treating fear and catastrophising and mood disorders in pain populations, it is important to treat effectively anxiety disorders (24), in view

of their high prevalence in the general population and comorbidity with pain and the often realised potential of pain and anxiety fuelling each other.

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Essential Websites

1. www.britishpainsociety.org
2. www.iasp-pain.com
3. www.rcpsych.ac.uk/healthadvice/atozindex.aspx The Royal College of Psychiatrists great collection of leaflets on mental (including medically unexplained physical symptoms) health for patients and their carers
4. http://www.rcpsych.ac.uk/mentalhealthinfo/improvingphysicalandmh.aspx The Royal College of Psychiatrists great collection of leaflets on mental (including medically unexplained physical symptoms) health for patients and their carers
5. www.neurosymptoms.com An excellent website on dissociative/functional neurological symptoms put together by Dr Stone, Neurologist
6. https://videos.rsm.ac.uk/specialties/pain-medicine-videos The Royal Society of Medicine Pain Medicine Section Videos

Plenary Session 5: Harm and how we understand it

Ms Sheena Derry (Oxford)

Sheena Derry graduated in Zoology at Oxford and spent the first part of her working life in the laboratory, primarily with Prof Sir David Weatherall's molecular haematology group working on globin chain synthesis and thalassemia. After a break to start a family, she switched to office-based research and became involved with EBM, working on adverse events in Clinical Pharmacology, then on pain and analgesia in the Pain Research Unit at the Churchill Hospital with Professor Henry McQuay and Andrew Moore. She has published well over 100 systematic reviews (mostly Cochrane reviews), and has contributed to many other methodological papers.

Her main research interests are around making clinical trials more relevant to clinical practice, for example by determining which outcomes are meaningful to patients and how these should be measured, and in the way trial data are analysed, for example using different imputation methods for missing data. She also enjoys teaching and mentoring new review authors. She is a member of the Cochrane Pain, Palliative, and Supportive Care Group editorial board and the Cochrane Adverse Events Methods Group.

Harm and how we understand it

Bad things happen to us all of the time. Some, such as stroke, are worse than others, such as headache. It's against this background of things happening that we must try to assess the potential harm of the interventions we give to patients.

Most of the information we have about harm associated with medical interventions comes from adverse events reported in clinical trials, but interpreting data from trials can be difficult. Different study designs are needed to tell us about events that are common and reversible, or rare and irreversible, and to judge causality. There are frequently deficiencies in the quality and quantity of information reported. Systematic review has the potential to help, but even when impeccably done, it remains dependent on the quality of the primary studies.

Communicating information about potential harms to clinicians, patients, relatives, and policy makers is challenging. There are issues, for example, around health literacy and numeracy, and our understanding of different risk formats. Should we use relative or absolute measures, and numbers or words or pictures (graphs)? How much information is useful, and how much might just confuse?

Potential to cause harm must always be put into context, balanced against the potential benefit, the potential harm of not treating, and of course, the values of the individual patient. An example of how information about specific risks can be presented, in context and using a mixture of words, numbers and graphics, will be demonstrated. Patients will commonly trade significant risks of substantial harm for substantial benefit or cure, while people frequently ignore well-known risks in their everyday lives.

Plenary Session 6: Abnormal peripheral nociceptors in fibromyalgia: cause or epiphenomenon?

Dr Jordi Serra (London/Barcelona, Spain)

Dr Jordi Serra received his medical degree from the Universitat de Barcelona and completed his residency in Neurology at Hospital de Bellvitge, Barcelona, in 1992. He spent three years as a postdoctoral fellow at the Neuromuscular Unit of Good Samaritan Hospital and Oregon Health Sciences University in Portland, Oregon, USA, where he specialised in the study, diagnosis, and treatment of neuropathic pain patients. Dr Serra has authored many scientific journal articles, and book chapters. He also serves as a reviewer for several scientific journals and is a member of the Taxonomy Task Force of the International Association for the Study of Pain.

Dr Serra has produced pioneering work on the recording of abnormal activity in pain fibres using microneurography, both in animals and in neuropathic pain patients. The method offers a fully translational approach to develop new pain drugs acting on the peripheral nervous system and also in the early detection of neurotoxicity.

In 2005, he co-founded Neuroscience Technologies, a biomedical company with expertise in human pain neurophysiology that helps the pharmaceutical and biotechnology industries in assessing their new analgesic compounds with the use of objective biomarkers of spontaneous pain. Neuroscience Technologies is the only SME of Europain, a project funded by the EU Innovative Medicines Initiative (IMI), since 2009. Dr Serra serves as Consultant in Clinical Neurophysiology at King's College Hospital in London.

Abnormal peripheral nociceptors in fibromyalgia: cause or epiphenomenon?

Since the American College of Rheumatology proposed diagnostic criteria for fibromyalgia syndrome (FMS) it has been increasingly recognised as a common condition. It is not known whether all fibromyalgia syndrome patients share a common aetiology and pathophysiological mechanism, or if it is just a syndromic description. Since no obvious abnormalities could be detected in peripheral tissues that could account for the painful symptoms, the concept of altered central processing of nociceptive information has dominated the literature on the pathophysiology of FMS. Diagnosing FMS is primarily based on clinical assessment.

However, there are compelling findings clearly indicating that some of the FMS patients may in fact harbour peripheral nerve damage. Although finding a reduction in the density of intraepidermal nerve fibres is one of the gold-standard for the diagnosis of small fibre neuropathy, it provides no information on the pathogenesis of the painful symptoms. The possibility that diseased peripheral nociceptors may be the source of pain in FMS patients had not been adequately explored in the past.

It is known that some patients with FMS express positive sensory symptoms, such as paresthesias, dysesthesias and different types of pain, in many ways similar to those expressed by patients with peripheral neuropathies. As opposed to negative sensory phenomena whose electrophysiological correlate can be readily measured through conventional laboratory methods, the study of positive sensory phenomena is problematic. Microneurography allows recording from individual unmyelinated C fibres, both in humans and in animals. It is now possible to identify different functional subclasses of sensory afferents based on discrete electrophysiological properties of their membranes. Particularly important for the study of neuropathic pain is the recording from mechano-sensitive as well as mechano-insensitive (or silent) C-nociceptors. Different abnormalities have been identified in neuropathic pain patients and in animal models of nerve injury, particularly spontaneous impulse generation and peripheral sensitisation to mechanical, heat and cold stimuli.

Using microneurography, we tested whether C nociceptor function in FMS patients was normal. It has been possible to demonstrate a clear dysfunction of C nociceptors in a large proportion of FMS patients, suggesting that some of them may harbour small fibre nerve damage. Our findings strongly support the notion that finding abnormal C nociceptor function in the form of spontaneous activity or peripheral sensitisation in a patient with widespread pain compatible with FMS may become an objective biomarker for this syndrome.

Plenary Session 7: 25 years of acute pain services: how far have we come and where do we need to go?

Dr Jane Quinlan (Oxford)

Jane Quinlan studied medicine in London and trained in anaesthesia at St Thomas's and St Bartholomew's hospitals before moving to Oxford. She is now a consultant in anaesthesia and pain management at the Oxford University Hospitals Trust where she is Trust Lead for Pain, and is an honorary senior clinical lecturer at the University of Oxford. She is secretary of the Acute Pain Special Interest Group (APSIG) for the International Association for the Study of Pain and past chair of APSIG of the British Pain Society.

She is currently researching factors contributing to chronic post-surgical pain following hernia repair or caesarean section with OxPPOPS, the Oxford Persisting Post-Operative Pain Study. She is on the editorial board of the British Journal of Pain, is a reviewer for Pain and the International Journal of Obstetric Anesthesia and is a section editor and author for e-Pain, the E-learning for Pain Management project.

25 years of acute pain services: how far have we come and where do we need to go?

In 1990 a joint working party from the Royal College of Surgeons and the College of Anaesthetists published a report entitled "Pain after Surgery" to address the inadequate treatment of post-operative pain and to make recommendations for its improvement.

In the ensuing 25 years there has been a strengthening in co-operation between surgeons, pain teams and anaesthetists to provide a more holistic model of post-operative recovery; the development of new local anaesthetic techniques and a few new drugs; changes (both good and bad) in attitude to opioids; and expansion of the acute pain service into areas outside surgery. All of this has developed in parallel with a wealth of pain research to inform best analgesic practice.

Have these developments allowed us to achieve the goals laid out by the 1990 report? Good pain management is an important indicator of quality care, but a proportion of hospital inpatients continue to describe moderate or severe pain on patient experience surveys. Expertise and skill mix has increased within acute pain services, such that the increasingly complex patients they see receive high quality care. However, the majority of hospital patients will not be seen by an acute pain team during their stay, so how can we teach and reinforce good practice in pain management with an ever-shifting cohort of junior doctors and the changes in nursing workforce?

Plenary Session 8: Prize Paper presentations

The impact of dysmenorrhea on young people's health-related quality of life (poster no. 112)
Polly Langdon, Cynthia Graham, Christina Liossi

The role of β-arrestin2 in opioid receptor signalling in pain and reward (poster no. 41)
Fiona Bull, Lisa Wright, Wendy Walwyn, Tim Hales

Self-compassion, chronic pain and pain-related social difficulty (poster no.120)
Fiona Purdie, Stephen Morley

Chronic pelvic pain among women of reproductive and post-reproductive age (poster no. 33)
Abimbola A Ayorinde, Siladitya Bhattacharya, Gary J Macfarlane

Sex-dependent regulation of rat C-fibre activity-dependent slowing in inflammatory pain (poster no. 44)
Allen Dickie, Barry McCormick, Veny Lukito, Carole Torsney

Plenary Session 9: Neuropathic pain matters

Professor Per Hansson (Oslo, Norway)

Per Hansson (PH) is an MD (1986), DDS (1979) and DMSci (1985), all degrees obtained from Karolinska Institutet, Stockholm, Sweden. He is a specialist in neurology (1992) and pain relief (1996). The doctoral degree is in pain physiology. PH is since 2000 professor of clinical pain research at Karolinska Institutet, Dept. of Molecular Medicine & Surgery, and since December of 2013 a full time senior physician at Dept. of Pain Management & Research, Oslo University Hospital, Oslo. PH has since 1992 (to 2014) headed the Neuropathic Pain Unit at Karolinska University Hospital and been the representative of Neurology in the multidisciplinary pain group at that hospital.

PH has published more than 150 original articles and reviews/book chapters, has been an invited speaker at numerous (100+) international scientific meetings. In addition, he has served as editor for 2 books published by the IASP. PHs research focus is since 25 years directed towards neuropathic pain, endogenous pain controlling systems and quantitative sensory testing. He has been the main tutor of 6 PhD pain-related projects (1996-2011) and co-supervisor of four. PH is involved in international collaborations and production of diagnostic-, treatment- and methodology guidelines within the International Association for the Study of Pain and the European Academy of Neurology. He has served as external reviewer of INSERM (Paris), the Wellcome Foundation (London) and the German Neuropathic Pain Network. PH has been the president of SASP (2004-2006), scientific secretary of EFIC (2008-2011) and scientific advisor to the Swedish Medical Agency 2000-2004.

Neuropathic pain matters

The area of neuropathic pain has witnessed an unprecedented development during the last few decades. Information has accumulated on pathophysiological mechanisms, clinical phenomenology and treatment strategies, carrying hope to the many suffering patients. Still, we struggle with a number of hurdles and a few of them will be highlighted during this presentation:

-Over the last few years we have been able to employ a neuropathic pain identification algorithm (Treede et al. 2008) to aid in the clinical every day work-up and in research. Adhering to such an algorithm has also enabled us to further identify difficulties in classifying neuropathic pains and the algorithm is currently re-visited for refinement by a task force of NeuPSIG. Still, there are subpopulations of patients that do not fit easily with the algorithm, e.g., when pain is distributed only in part of the innervation territory of an injured nerve or has a patch distribution after stroke or spinal cord injury. In addition, it is timely to address the possibility of deep somatic and visceral neuropathic pain, previously not embraced by the algorithm since sensory aberrations wouldn't be found in the skin. Available questionnaires aimed at identifying neuropathic pain were not included in the published algorithm, a potential possibility for an updated version if such measures are found to be useful. Currently accessible questionnaires have not proven to be optimal across etiologies.

-Evidenced by multiple publications, clinicians tend to trivialise translational aspects of pain related phenomena born out of animal models such as primary afferent-induced "central sensitisation" (CS), which may run the risk, in a worst case scenario, of hindering progress in the pain management area (Hansson 2014). Adding to the confusion and without a scientific foundation, CS has by some authors been suggested to be a frequent protruding characteristic of neuropathic pain conditions that can be detected and quantified by pain questionnaires. Another caveat, which may negatively affect the successful development of our understanding and treatment of neuropathic pain is the incorrect use of patient-communicated percepts such as allodynia and hyperalgesia (www.iasp-pain.org) in the animal behavioural model setting. Such labelling errors may even partly explain our failures in translational pain medicine in that they may direct pain related research down the wrong avenues (Hansson & Bouhassira 2015). It is in the interest of our patients that the employed nomenclature when discussing translational aspects of neuropathic pain should be treated as carefully as our research.

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Plenary Session 10: The painful workplace

Professor Dame Carol Black (Cambridge)

Professor Dame Carol Black DBE, MD, FRCP, MACP, FMedSci is Principal of Newnham College Cambridge, Expert Adviser on Health and Work to the Department of Health, England, Chair of the Nuffield Trust, and Chair of the Governance Board of the Centre for Workforce Intelligence. In November 2011 she completed as Co-Chair an independent review for the UK Government of sickness absence in Britain, to which the Government has recently responded.

Prof. Black is a past-President of the Royal College of Physicians, of the Academy of Medical Royal Colleges, and of the British Lung Foundation. The Centre she established at the Royal Free Hospital in London is internationally renowned for research and treatment of connective tissue diseases such as scleroderma.

The painful workplace

The lecture will consider the effects of painful conditions on the lives of people of working age and ways in which those effects can be ameliorated.

The underlying principles for dealing with the causes, consequences and management of pain during working life are no different from those we should observe for anyone, whatever the condition and whatever their age and status. But the particular circumstances of working life and the personal and employment needs that must be met bring particular considerations into clinical and employment management. Corresponding demands are placed upon affected individuals in the part they must play.

Effective approaches to bring pain under control, make it tolerable, and enable the fullest possible working life depend on skilled clinicians in a range of specialties, not in isolation but with the close collaboration of employers and their occupational health services. But however well these agencies work together, without the keen, informed participation of each patient - employee, the results will fall short.

The lecture will remind us all that pain is not experienced in isolation from life activities or inactivity. Neither is it solely a physical problem, there is always an emotional element. Everything we do might influence the experience of pain and the consequences – some activities making it worse, some making it better. Some activities are made intolerable, others can be undertaken with pleasure and reward, despite the persistence of pain. Pain will trouble us to varying degrees depending on our mental state. Moreover, pain as we know can influence that mental state. These factors mean that the first challenge in managing pain is to guide, encourage and support the sufferer with all the participants working together.

Particular note will be made of the second most common cause of sickness absence which is musculoskeletal disorders. Their effects are often exacerbated or sustained by associated mental distress, with depression and anxiety. Collaborative strategies and organisational arrangements are needed to overcome or at least alleviate these problems. Often there must be acceptance of pain, importantly with recognition that enhanced physical activity is not something to be endured but rather an essential part of coming to terms and rejecting unnecessary curtailment of activity that can still be enjoyed and rewarding.

Programme Outline and Room Allocation

Time	Event	Room
Tuesday 21st April		
08:30-18:00	Registration Desk open	Hall 1
08:30-18:00	Technical Exhibition and Poster Exhibition open	Hall 2
09:50-10:00	Welcome by the BPS President & the Chair of the Scientific Programme Committee	Lomond Auditorium
10:00-10:40	Plenary Session 1 – Pat Wall Lecture	Lomond Auditorium
10:40-11:10	Coffee Break, Technical Exhibition and Poster Exhibition	Hall 2
11:10-12:40	Parallel Sessions A1-A6	
Parallel Sessions A1-A6	A1: Pharmacological treatment of neuropathic pain	Alsh 1+2
	A2: Engaging patients and professionals in pain education (Pain Education SIG)	Dochart 1
	A3: Opioids prescribing resource: the story to date	Carron 1+2
	A4: Supported self-management: primary goal or last resort?	Boisdale 1
	A5: Dealing with diagnostic uncertainty	Boisdale 2
	A6: Understanding where children and parents are coming from: the use of traditional and arts-based approaches of data collection	Dochart 2
12:40-13:40	Lunch, Technical Exhibition and Poster Exhibition	Hall 2
13:40-15:10	Parallel Sessions B1-B6	
Parallel Sessions B1-B6	B1: Managing cultural diversity in chronic pain services	Dochart 1
	B2: Debate: "Should we be adopting novel pain interventions based on controlled trials only?" (Interventional Pain Medicine SIG)	Boisdale 1
	B3: Changing pain management from the inside: the Pain in Secure Environments initiative	Dochart 2
	B4: Primary care pain tools – evidence & consensus (Primary & Community Care SIG)	Boisdale 2
	B5: Improving opioid management through shared decision making	Carron 1+2
	B6: CBT, CAT, CFT, ACT– weaving together psychological therapies: in the management of chronic pain	Alsh 1+2
15:10-15:35	Coffee Break, Technical Exhibition, Poster Exhibition	Hall 2
15:35-16:15	Plenary Session 2	Lomond Auditorium
16:25-17:35	Grunenthal Ltd. Satellite Symposium	Lomond Auditorium
17:45-18:45	SIG Business Meetings	
SIG Business Meetings	Pain Education SIG	Boisdale 2
	Interventional Pain Medicine SIG	Lomond Auditorium
	Primary & Community Care SIG	Boisdale 1
	Medico-Legal SIG	Carron 1
	Information & Communication Technology SIG	Alsh 1+2
	Pain in Developing Countries SIG	Dochart 1
	Headache SIG	Dochart 2
	Clinical Information SIG	Carron 2
Wednesday 22nd April		
08:30-18:30	Registration Desk open	Hall 1
08:30-17:30	Technical Exhibition and Poster Exhibition open	Hall 2
09:15-09:55	Plenary Session 3	Lomond Auditorium
10:00-10:45	Poster Viewing Session and Poster Tours	Hall 2

Programme Outline and Room Allocation		
Time	Event	Room
10:45-11:00	Coffee Break, Technical Exhibition and Poster Exhibition	Hall 2
11:00-12:30	Parallel Sessions C1-C6	
Parallel Sessions C1-C6	C1: The issue of ethics when producing medical reports (Medico-legal SIG)	Boisdale 2
	C2: Cancer related bone pain	Carron 1+2
	C3: Vulvodynia: a gynaecological enigma?	Boisdale 1
	C4: The difficulties of assessing pain in children who cannot express themselves	Dochart 1
	C5: Commissioning in England – an update	Alsh 1+2
	C6: Therapeutic Laughter – for health, happiness, managing stress: Is it a good medicine, let alone the best? (Patient Liaison Committee)	Dochart 2
12:30-13:30	Lunch, Technical Exhibition and Poster Exhibition	Hall 2
12:40-13:30	SIG Chairs Meeting; BPS Executive Officers, and Ken Obbard	Boisdale 1
13:30-14:10	Plenary Session 4	Lomond Auditorium
14:10-14:50	Plenary Session 5	Lomond Auditorium
14:50-15:15	Coffee Break, Technical Exhibition, Poster Exhibition	Hall 2
15:15-16:25	RB Pharmaceuticals Ltd., a subsidiary of Indivior PLC Satellite Symposium	Alsh 1+2
16:30-17:10	Plenary Session 6	Lomond Auditorium
17:15-18:30	Annual General Meeting – BPS Members only	Carron 1+2
19:15-01:00	Annual BPS Party at Òran Mór	Òran Mór
Thursday 23rd April		
08:30-16:00	Registration Desk open	Hall 1
08:30-15:00	Technical Exhibition and Poster Exhibition open	Hall 2
09:15-09:55	Plenary Session 7	Lomond Auditorium
09:55-11:10	Plenary Session 8 – Prize Paper Presentations	Lomond Auditorium
11:10-11:35	Coffee Break, Technical Exhibition, Poster Exhibition	Hall 2
11:35-13:05	Parallel Sessions D1-D6	
Parallel Sessions D1-D6	D1: Chronic post-surgical pain (Acute Pain SIG & Neuropathic Pain SIG)	Alsh 1+2
	D2: Identifying the mechanism of action: neuromodulation	Boisdale 2
	D3: Foot pain	Dochart 1
	D4: Pros and cons of encouraging people in pain to take risks if they are afraid of falling	**Session withdrawn**
	D5: Researching the effectiveness of facet joint injections	Boisdale 1
	D6: What health psychology can add to pain management	Carron 1+2
13:05-13:50	Lunch, Technical Exhibition and Poster Exhibition	Hall 2
13:50-14:35	Plenary Session 9 + Poster Awards	Lomond Auditorium
14:35-15:15	Plenary Session 10 – BPS Lecture	Lomond Auditorium
15:25-16:25	SIG Business Meetings	
SIG Business Meetings	Acute Pain SIG	Alsh 1+2
	Neuropathic Pain SIG	Boisdale 2
	Philosophy & Ethics SIG	Dochart 1
	Pain in Children SIG	Dochart 2

The Scientific Programme

Tuesday 21st April

09:50-10:00 Welcome

Dr William Campbell, President of the British Pain Society
Professor Kate Seers, Chair of the Scientific Programme Committee
Room Allocation: Lomond Auditorium

10:00-10:40 Pat Wall Lecture - Plenary Session 1

Neuropathic pain(s): implications of heterogeneity for translation, clinical assessment and prescribing
Professor Andrew Rice
Dr William Campbell, Chair
Room Allocation: Lomond Auditorium

10:40-11:10 Coffee Break, Technical and Poster Exhibition in Hall 2

11:10-12:40 Parallel Sessions A1-A6

A1: Pharmacological treatment of neuropathic pain
Professor Andrew Rice, Chair

- NeuPSIG 2014 guidelines for the treatment of neuropathic pain: systematic review and meta-analysis, Professor Andrew Rice
- Publication bias: detection and measurement of impact in clinical trials of neuropathic pain, Dr Emily Sena
- Placebo effects in clinical trials of neuropathic pain, Dr Lene Vase

Room Allocation: Alsh 1+2

A2: Engaging patients and professionals in pain education (Pain Education SIG)
Dr Emma Briggs, Chair

- Introduction: Patient education- opportunities, challenges and scenarios
- Facilitated discussion: Patient education skills and competencies, Dr Emma Briggs
- Patients as co-educators and impact of simulated patient scenarios, Ms Geraldine Granath & Professor Michelle Briggs

Room Allocation: Dochart 1

A3: Opioid prescribing resource: the story to date
Professor Roger Knaggs & Dr Cathy Stannard, Co-chairs

- Why we need an opioid prescribing resource, Mrs Sarah Dennison
- Opioid prescribing resource: stakeholders and scope, Dr Cathy Stannard
- Using the opioid prescribing resource, Professor Roger Knaggs

Room Allocation: Carron 1+2

A4: Supported self-management: primary goal or last resort?
Dr Ollie Hart, Chair

- "If I was Prince Charles they'd have sorted this by now", Mr Neil Berry
- Promoting meaningful self-management with limited time, Mr Pete Moore
- Mindfulness - primary intervention AND last resort, Mr Gary Hennessey

Room Allocation: Boisdale 1

A5: Dealing with diagnostic uncertainty
Professor Tamar Pincus, Chair

- The impact of diagnostic uncertainty on patients' outcomes in low back pain, Mrs Danijela Serbic
- Dealing with uncertainty in primary care, Professor Carolyn Chew-Graham
- Using CBT to manage uncertainty, Professor Athula Sumathipala

Room Allocation: Boisdale 2

A6: Understanding where children and parents are coming from: the use of traditional and arts-based approaches of data collection
Dr Alison Twycross, Chair

- "It hurts, but….": can using collage, art and stories help generate a deeper appreciation of children's experiences of pain? Professor Bernie Carter
- "Does it have to be this way?": Parents' perspectives on their children's pain, Dr Joan Simons
- Children's and parents' perceptions of postoperative pain management: A study using interviews and questionnaires, Dr Alison Twycross

Room Allocation: Dochart 2

12:40-13:40 Lunch, Technical and Poster Exhibition in Hall 2

12:40-13:40 'Meet Council' –an opportunity for new and prospective members to meet the Council and discuss the work of the Society - meet at the BPS stand in the Exhibition Hall. (during lunch)

13:40-15:10 Parallel Sessions B1-B6

B1: Managing cultural diversity in chronic pain services
Dr Bianca Kuehler, Chair

- "East meets west": a comparison of pain services across London, Dr Angie Alamgir
- Improving the service provision and attendance rates for Arabic speaking women: a brief interpreted pain management programme, Ms Carol Sweet
- Services for victims of torture: providing a multidisciplinary pain assessment clinic at the Chelsea and Westminster Hospital, Dr Susan Childs/Dr Bianca Kuehler

Room Allocation: Dochart 1

B2: Debate: "Should we be adopting novel pain interventions based on controlled trials only?" (Interventional Pain Medicine SIG)
Dr Manohar Sharma, Chair

- Challenges of testing novel pain interventions, Dr Manohar Sharma
- "Should we be adopting novel pain interventions based on controlled trials only?" YES; Professor Turo Nurmikko
- "Should we be adopting novel pain interventions based on controlled trials only?" NO; Dr Rajesh Munglani

Room Allocation: Boisdale 1

B3: Changing pain management from the inside: the Pain in Secure Environments initiative
Dr Cathy Stannard, Chair

- The problem of pain in prisons: a policy perspective, Mr Kieran Lynch
- Pain in secure environments: getting guidance into practice, Dr Cathy Stannard
- What we have learned from developing pain services in prisons, Dr Jake Hard

Room Allocation: Dochart 2

B4: Primary care pain tools – evidence & consensus (Primary & Community Care SIG)
Dr Chris Barker, Chair

- Primary care pain tools – patient perspective, Ms Geraldine Granath
- Primary care pain tools – how? Dr Ann Taylor
- Primary care pain tools – you, Dr Martin Johnson

Room Allocation: Boisdale 2

continued on page 28

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Adverse events should also be reported to Teva UK Limited on 0207 540 7117 or medinfo@tevauk.com

Please refer to the Summary of Product Characteristics (SmPC) for full details of Prescribing Information

Effentora 100 micrograms, 200 micrograms, 400 micrograms, 600 micrograms, 800 micrograms fentanyl buccal tablet Abbreviated Prescribing Information:

Presentation: Each buccal tablet contains 100, 200, 400, 600 and 800 micrograms fentanyl (as citrate). **Indications:** Effentora is indicated for the treatment of breakthrough pain (BTP) in adults with cancer who are already receiving maintenance opioid therapy for chronic cancer pain. BTP is a transitory exacerbation of pain that occurs on a background of otherwise controlled persistent pain. Patients receiving maintenance opioid therapy are those who are taking at least 60mg of oral morphine daily, at least 25 micrograms of transdermal fentanyl per hour, at least 30mg of oxycodone daily, at least 8mg of oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer. **Dosage and administration:** See SmPC for full information. Patients should remove the tablet from the blister unit and immediately place the entire Effentora tablet in the buccal cavity (near a molar between the cheek and gum). Effentora should be placed and retained within the buccal cavity for a period sufficient to allow disintegration of the tablet which usually takes approximately 14-25 minutes. Alternatively, the tablet could be placed sublingually (see Section 5.2). After 30 minutes, if remnants from the Effentora tablet remain, they may be swallowed with a glass of water. *Adults:* Treatment should be initiated by and remain under the guidance of a physician experienced in the management of opioid therapy in cancer patients. Effentora should be individually titrated to an "effective" dose that provides adequate analgesia and minimises undesirable effects. Patients should be carefully monitored until an effective dose is reached. The initial dose of Effentora should be 100 micrograms, titrating upwards as necessary through the range of available tablets strengths (100, 200, 400, 600, 800 micrograms). Due to different absorption profiles, switching must not be done at a 1:1 ratio. If switching from another oral fentanyl citrate product, independent dose titration with Effentora is required as bioavailability between products differs significantly. However, in these patients, a starting dose higher than 100 micrograms may be considered during titration, if adequate analgesia is not obtained within 30 minutes after the start of administration of a single tablet, a second Effentora tablet of the same strength may be used. If treatment of a BTP episode requires more than one tablet, an increase in dose to the next higher available strength should be considered to treat the next BTP episode. During titration, multiple tablets may be used: up to four 100 micrograms or up to four 200 micrograms tablets may be used to treat a single episode of BTP during dose titration according to the following schedule. If the initial 100 micrograms tablet is not efficacious, the patient can be instructed to treat the next episode of BTP with two 100 micrograms tablets. If a single 200 micrograms tablet of Effentora (or two 100 micrograms tablets) is not considered to be efficacious, the patient can be instructed to use two 200 micrograms tablets (or four 100 micrograms tablets) to treat the next episode of BTP. For titration to 600 micrograms and 800 micrograms, tablets of 200 micrograms should be used. *Children:* The safety and efficacy of Effentora in children aged 0 to 18 years have not been established. No data available. *Elderly:* In clinical studies patients older than 65 years tended to titrate to a lower effective dose than younger patients. It is recommended that increased caution should be exercised in titrating the dose of Effentora in elderly patients. *Hepatic or renal impairment:* Effentora should be administered with caution to patients with moderate or severe hepatic or renal impairment (see Section 4.4). *Patients with xerostomia:* Patients experiencing xerostomia are advised to drink water to moisten the buccal cavity prior to administration of Effentora. If this recommendation does not result in an appropriate effervescence, then a switch of therapy may be advised. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Patients without maintenance opioid therapy, severe respiratory depression or severe obstructive lung conditions. Treatment of acute pain other than breakthrough pain. **Precautions and warnings:** Keep all tablets out of the sight and reach of children. It is imperative that patients be monitored closely by health professionals during the titration process. It is important that the long acting opioid treatment used to treat the patient's persistent pain has been stabilised before Effentora therapy begins and that the patient continues to be treated with the long acting opioid treatment whilst taking Effentora. There is a risk of clinically significant respiratory depression associated with the use of fentanyl. Improper patient selection (*e.g.* use in patients without maintenance opioid therapy) and/or improper dosing have resulted in fatal outcome with Effentora as well as with other fentanyl products. Particular caution should be used when titrating Effentora in patients with non-severe chronic obstructive pulmonary disease or other medical conditions predisposing them to respiratory depression. Extreme caution should be taken with patients who may be particularly susceptible to the intracranial effects of CO_2 retention, such as those with evidence of increased

TEVA Pain Care

EFFENTORA fentanyl buccal tablet

intracranial pressure or impaired consciousness. Effentora may produce bradycardia and should be used with caution in patients with previous or pre-existing bradyarrhythmias. Careful consideration should be given to patients with hypovolaemia and hypotension. Special care should be taken by patients on a controlled sodium diet. Anaphylaxis and hypersensitivity have been reported in association with the use of oral transmucosal fentanyl products. **Interactions:** Potential interactions may occur when Effentora is given concurrently with agents that affect CYP3A4 activity. Agents that induce 3A4 activity may reduce the efficacy of Effentora. Strong CYP3A4 inhibitors or moderate CYP3A4 inhibitors may result in increased fentanyl plasma concentrations; potentially causing serious adverse drug reactions including fatal respiratory depression (refer to the SmPC for a full list). Effentora is not recommended for use in patients who have received Monoamine Oxidase Inhibitors (MAOIs) within 14 days. The concomitant use of partial opioid agonists/antagonists is not recommended. Coadministration of fentanyl with a serotoninergic agent including Selective Serotonin Re-uptake Inhibitors (SSRIs), Serotonin Norepinephrine Re-uptake Inhibitors (SNRIs) and MAOIs may increase the risk of serotonin syndrome, a potentially life-threatening condition. **Pregnancy and lactation:** Effentora should not be used in pregnancy unless clearly necessary. Following long-term treatment, fentanyl may cause withdrawal in the new-born infant. It is advised not to use fentanyl during labour and delivery (including Caesarean section) because fentanyl passes through the placenta and may cause respiratory depression in the foetus. If Effentora is administered, an antidote for the child should be readily available. Fentanyl should not be used by breastfeeding women and breastfeeding should not be restarted until at least 48 hours after the last administration of fentanyl. **Effects on ability to drive and use machines:** No studies of the effects on the ability to drive and use machines have been performed. However, opioid analgesics impair the mental and/or physical ability required for the performance of potentially dangerous tasks (*e.g.* driving a car or operating machinery). Patients should be advised not to drive or operate machinery if they experience somnolence, dizziness, or visual disturbance while taking Effentora and not to drive or operate machinery until they know how they react. **Adverse reactions:** Typical opioid adverse reactions are to be expected with Effentora. Frequently, these will cease or decrease in intensity with continued use of the medicinal product, as the patient is titrated to the most appropriate dose. However, the most serious adverse reactions are respiratory depression (potentially leading to apnoea or respiratory arrest), circulatory depression, hypotension and shock and hypersensitivity, and all patients should be closely monitored for these. The following adverse reactions have been reported with Effentora during clinical studies and post marketing experience. *Very Common:* Dizziness and headache, nausea and vomiting, application site reactions including bleeding, pain, ulcer, irritation, paraesthesia, anaesthesia, erythema, oedema, swelling and vesicles. *Common:* Fall, weight decrease, tachycardia, anaemia, neutropenia, dysgeusia, somnolence, lethargy, tremor, sedation, hypoaesthesia, migraine, dyspnoea, pharyngolaryngeal pain, constipation, stomatitis, dry mouth, diarrhoea, abdominal pain, gastrooesophageal reflux disease, stomach discomfort, dyspepsia, toothache, pruritus, hyperhidrosis, rash, myalgia, back pain, anorexia, oral candidiasis, hypotension, hypertension, peripheral oedema, fatigue, asthenia, drug withdrawal syndrome, chills, depression, anxiety, confusional state and insomnia. Consult the Summary of Product Characteristics in relation to other side effects. **Overdose:** The most serious significant effects being altered mental status, loss of consciousness, hypotension, respiratory depression, respiratory distress, and respiratory failure, which have resulted in death. Immediate management of opioid overdose includes removal of the Effentora buccal tablet, if still in the mouth, ensuring a patent airway, physical and verbal stimulation of the patient, assessment of the level of consciousness, ventilatory and circulatory status, and assisted ventilation (ventilatory support) if necessary. For treatment of overdose (accidental ingestion) in the opioid-naive person, intravenous access should be obtained and naloxone or other opioid antagonists should be employed as clinically indicated. The duration of respiratory depression following overdose may be longer than the effects of the opioid antagonist's action (*e.g.* the half-life of naloxone ranges from 30 to 81 minutes) and repeated administration may be necessary. For treatment of overdose in opioid-maintained patients, intravenous access should be obtained. The judicious use of naloxone or another opioid antagonist may be warranted in some instances, but it is associated with the risk of precipitating an acute withdrawal syndrome. **Price:** Effentora all strengths (4 pack) £19.96. Effentora all strengths (28 pack) £139.72. **Legal category:** CD (Sch2) POM.
Marketing Authorisation Number: EU/1/08/441/001-010. **Marketing Authorisation Holder:** Teva Pharma B.V., Computerweg 10, 3542DR Utrecht, Netherlands.
Job Code: UK/MED/14/0065.
Date of Preparation: September 2014.

Teva UK Limited Ridings Point, Whistler Drive, Castleford, WF10 5HX
T: 01977 628500 F: 01977 628799 www.tevauk.com

UK/PNC/13/0016(2)
Date of Preparation: October 2014

B5: Improving opioid management through shared decision making
Mrs Emma Davies, Chair

- Opioids in chronic non-malignant pain: are patients really informed? Dr Louise Jeynes
- Are all shared decisions created equally?: Tailoring SDM to your patient, Dr Ollie Hart
- Opioid Treatment Agreements (OTA): A real-world perspective, Ms Christine Waters

Room Allocation: Carron 1+2

B6: CBT, CAT, CFT, ACT– weaving together psychological therapies: in the management of chronic pain
Mrs Meherzin Das, Chair

- Cognitive analytic therapy and acceptance and commitment therapy – when the past, present and future collide, Mrs Meherzin Das
- Understanding compassionate approaches that enable emotional and physiological changes to reduce distressing pain, Dr Frances Cole
- CBT for pain: panacea for the masses? Professor Tamar Pincus

Room Allocation: Alsh 1+2

15:10-15:35 Coffee Break, Technical and Poster Exhibition in Hall 2

15:35-16:15 Plenary Session 2
Pain education challenges and strategies – making it work
Dr Judy Watt-Watson
Dr Ollie Hart, Chair
Room Allocation: Lomond Auditorium

16:25-17:35 Satellite Symposium – see page 32 for further information
Room Allocation: Lomond Auditorium

17:45-18:45 SIG Business Meetings – see list of meetings on page 46

Wednesday 22nd April

09:15-09:55 Plenary Session 3
Degrees of difference and connection: exploring the experience of pain in the lives of children and adults
Professor Bernie Carter
Dr John Goddard, Chair
Room Allocation: Lomond Auditorium

10:00-10:45 Poster Viewing Session - poster judging and tours
Members of the Scientific Programme Committee will be judging the submissions and there will be prizes for the five best presented posters (see page 44 for further information).
Room Allocation: Hall 2

10:45-11:00 Coffee Break, Technical and Poster Exhibition in Hall 2

11:00-12:30 Parallel Sessions C1-C6

C1: The issue of ethics when producing medical reports (Medico-Legal SIG)
Dr Kevin Markham, Chair

- Impartiality when producing medical reports. What does it mean? Dr Kevin Markham
- Instructing a medical expert in pain management. What does the claimant solicitor want? Mr Richard Lowes
- Instructing a medical expert in pain management. What does the defendant solicitor require? Mr Giles Kellner

Room Allocation: Boisdale 2

C2: Cancer related bone pain
Professor Marie Fallon, Chair

- Mechanisms of cancer induced bone pain-translation to the clinic, Dr Lesley Colvin
- Treatment strategies for cancer induced bone pain, Dr Chris Kane
- Interventions for cancer induced bone pain, Dr Paul Farquhar-Smith

Room Allocation: Carron 1+2

C3: Vulvodynia: a gynaecological enigma?
Dr Winston de Mello, Chair

- Vulvodynia-"sorry its not my problem!" Mr David Nunns
- Women's experiences of vulvodynia: What do we know? Dr Rebekah Shallcross
- How can a pain clinic help patients with vulvodynia? Dr Winston de Mello

Room Allocation: Boisdale 1

C4: The difficulties of assessing pain in children who cannot express themselves
Dr Sandrine Geranton, Chair

- Do those with Rett syndrome feel pain differently? A basic scientist point of view, Dr Sandrine Geranton
- 'My child is like a Rubik's cube': the challenges for parents and professionals in assessing the pain of children with profound cognitive impairment, Professor Bernie Carter
- Developing novel multimodal methods of pain assessment in preverbal infants, Dr Lorenzo Fabrizi

Room Allocation: Dochart 1

C5: Commissioning in England – an update
Dr Andrew Baranowski, Chair

- Commissioning a community pain management service - the commissioning pitfalls, Ms Hilary Birrell
- Codes used for pain management and MDT - how to optimise recognition through renumeration for work undertaken, Dr Ola Olukoga
- The NHS England back and radicular pain Pathfinder Project - NHS England's view as to what should be commissioned, Dr Beverly Collett

Room Allocation: Alsh 1+2

C6: Therapeutic Laughter – for health, happiness, managing stress: Is it a good medicine, let alone the best? (Patient Liaison Committee)
Mr Antony Chuter, Chair

- Participatory laughing. Ha bloody ha. Mr Robin Graham
- A patient's experience of laughter, yoga helping with pain, Ms Dorothy Tomes

Room Allocation: Dochart 2

12:30-13:30 Lunch, Technical and Poster Exhibition in Hall 2

13:30-14:10 Plenary Session 4
Pain and psychiatry: body, brain, mind, self and clinical practice
Professor George Ikkos
Mr Neil Berry, Chair
Room Allocation: Lomond Auditorium

14:10-14:50 Plenary Session 5
Harm and how we understand it
Ms Sheena Derry
Dr Martin Johnson, Chair
Room Allocation: Lomond Auditorium

14:50-15:15 Coffee Break: Technical and Poster Exhibition in Hall 2

15:15-16:25 Satellite Symposium – see page 33 for further information
Room Allocation: Alsh 1+2

16:30-17:10 Plenary Session 6

Abnormal peripheral nociceptors in fibromyalgia: cause or epiphenomenon?
Dr Jordi Serra
Dr Heather Cameron, Chair
Room Allocation: Lomond Auditorium

17:15-18:30 British Pain Society Annual General Meeting - members only
Room Allocation: Carron 1+2

Thursday 23rd April

09:15-09:55 Plenary Session 7

25 years of acute pain services: how far have we come and where do we need to go?
Dr Jane Quinlan
Professor Sam Eldabe, Chair
Room Allocation: Lomond Auditorium

09:55-11:10 Plenary Session 8 – Prize Paper Presentations

Presentations of the top 5 posters from students and trainees

- The impact of dysmenorrhea on young people's health-related quality of life (poster no. 112) Polly Langdon, Cynthia Graham, Christina Liossi
- The role of β-arrestin2 in opioid receptor signalling in pain and reward (poster no. 41) Fiona Bull, Lisa Wright, Wendy Walwyn, Tim Hales
- Self-compassion, chronic pain and pain-related social difficulty (poster no.120) Fiona Purdie, Stephen Morley
- Chronic pelvic pain among women of reproductive and post-productive age (poster no. 33) Abimbola A Ayorinde, Siladitya Bhattacharya, Gary J Macfarlane
- Sex-dependent regulation of rat C-fibre activity-dependent slowing in inflammatory pain (poster no. 44) Allen Dickie, Barry McCormick, Veny Lukito, Carole Torsney

Room Allocation: Lomond Auditorium

11:10-11:35 Coffee Break, Technical and Poster Exhibition in Hall 2

11:35-13:05 Parallel Sessions D1-D6

D1: Chronic post-surgical pain (Acute Pain SIG & Neuropathic Pain SIG)
Dr Andrea Magides, Chair

- Acute post-surgical neuropathic pain. What is it? How common is it and what can be done about it?, Dr Mark Rockett
- Incidence and risk factors for chronic post-operative pain: a research perspective, Dr Katie Warnaby
- Strategies of prevention of persistent post-surgical pain: the role of peri-operative anti-neuropathics, Dr Carsten Bantel

Room Allocation: Alsh 1+2

D2: Identifying the mechanism of action: neuromodulation
Dr Simon Thomson, Chair

- Mechanism of action for spinal cord stimulation, Dr G Baranidharan
- Does frequency effect clinical outcomes of neurostimulation?, Dr Simon Thomson
- Can we alter sensitisation after neuromodulation, Dr Vivek Mehta

Room Allocation: Boisdale 2

D3: Foot pain
Dr Kathryn R. Martin, Chair

- The epidemiology of foot pain, Dr Jody Riskowski
- Clinical care and treatment of foot pain, Dr Gordon Hendry
- Next steps in foot pain research, Dr Kathryn R. Martin

Room Allocation: Dochart 1

D4: SESSSION WITHDRAWN
(Pros and cons of encouraging people in pain to take risks if they are afraid of falling)

D5: Researching the effectiveness of facet joint injections
Professor David Walsh, Chair

- Setting the scene; what might be the right research questions, and what outcome are we looking for? Professor Martin Underwood
- Who has facet joint pain and how should they be treated without injections? Dr Melinda Cairns
- What exactly is a facet joint injection? Dr Hugh Antrobus

Room Allocation: Boisdale 1

D6: What health psychology can add to pain management
Professor Karen Rodham, Chair

- Behaviour change in chronic pain – applying a health psychology approach, Mrs Roseanna Brady
- Coping with complex regional pain syndrome: the role of health psychology, Professor Karen Rodham
- Health psychology in action and beyond, Dr Sue Peacock

Room Allocation: Carron 1+2

13:05-13:50 Lunch, Technical and Poster Exhibition in Hall 2

13:50-14:35 Plenary Session 9 + Poster Prize Awards
Neuropathic pain matters
Professor Per Hansson
Dr Andrew Baranowski, Chair
Room Allocation: Lomond Auditorium

14:35-15:15 British Pain Society Lecture - Plenary Session 10
The painful workplace
Professor Dame Carol Black
Dr William Campbell, Chair
Room Allocation: Lomond Auditorium

15:25-16:25 SIG Business Meetings – see list of meetings on page 46

16:25 Meeting closes

Grünenthal Ltd. Satellite Symposium

Tuesday 21st April 2015
16:25-17:35

refreshments will be served from 16:10

Lomond Auditorium

Has the classification of drugs for pain been overtaken by successive developments such as Palexia and novel targets? We present the case and a solution for a new mechanism-based system

Speakers:

Professor Antony Dickenson
Professor Richard Langford
Dr Paul Farquhar-Smith

This satellite symposium is open to all delegates and attendance is included in the registration fee.

RB Pharmaceuticals Ltd., a subsidiary of Indivior PLC. Satellite Symposium

Wednesday 22nd April 2015
15:15-16:25

Alsh 1+2

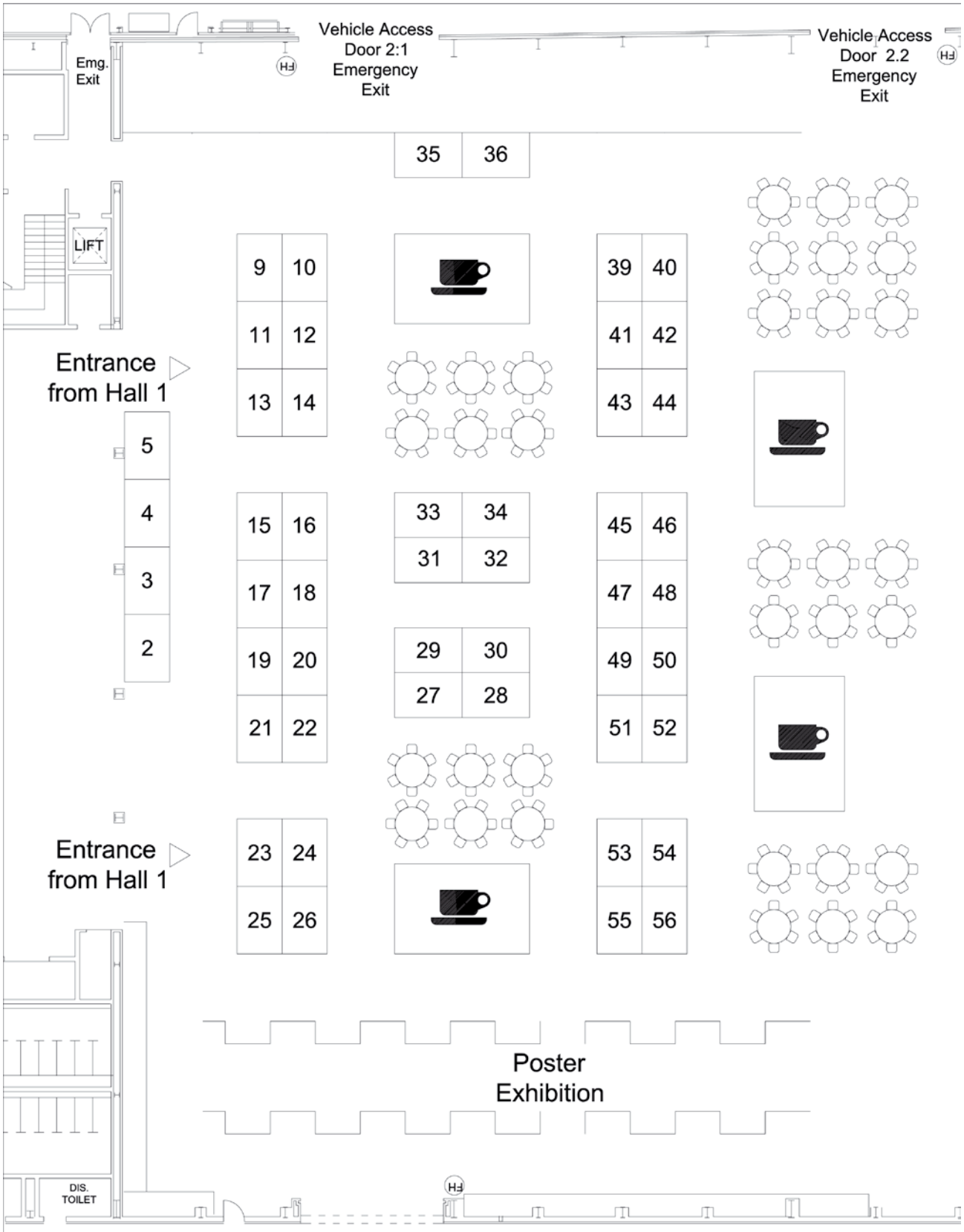
Current and emerging trends in opioid prescribing; opioid analgesic dependency and the role of the pain professional

Speaker:Prof. Oscar D'Agnone, MD, MRCPsych.

Chair/Speaker: Dr Arun Bhaskar, MBBS FRCA FFPMRCA FFICM FIPP
Consultant in Pain Medicine, Anaesthesia & Intensive Care

This satellite symposium is open to all delegates and attendance is included in the registration fee.

Technical Exhibition: Floor Plan and Exhibitor Stand List



BPS Annual Scientific Meeting 2015
SECC Hall 2

Company	Stand No
Actavis UK Ltd.	32
Adi-UK	46
Allergan Pharmaceuticals	9,10
Astellas Pharma Ltd.	53,54,55
Boston Scientific	47,49
Breathworks CIC	3
British Pain Society	48,50
British Society of Clinical Academic Hypnosis	56
BVM Medical	27,29
CME Medical UK Ltd.	23
DorsaVi Ltd.	28
Ethimedix	26
Fresenius Kabi Ltd.	35
Grünenthal Ltd.	15-22
Information Communication Technology SIG - 'have a go' stand	2
Kimberley Clark (Halyard Health)	31
Medtronic Ltd.	43
Mela Solutions Ltd.	24
Napp Pharmaceuticals Ltd.	33
Neurocentrx Pharma Ltd.	44
NeuroTherm Ltd./St. Jude Medical	51,52
Nevro Medical Ltd.	34
Optimus Medical Ltd.	41
Pain Concern	4
Pain Management Solutions	42
Pfizer Ltd.	39,40
Prostrakan Group PLC.	30
Qdem Pharmaceuticals	36
SAGE	45
Sandoz Ltd.	25
Teva UK Ltd.	11-14
University of Edinburgh	5

Technical Exhibition: Company Profiles

Actavis UK Ltd.

Actavis UK, as part of the Actavis Group, have been able to develop one of the broadest product portfolios and strongest pipelines in order to provide a constant flow of the latest generics for the NHS. Actavis UK manufacture over 5.5 billion tablets a year from our site in Barnstaple, Devon and supply over 16 million medicine packs a month to the UK

Adi-UK

The Advanced Digital Institute (Health) transforms health and care services using digital technologies through health consultancy focussing on digital/'smart' health and also its own Digital Health Assets. ADI Health is launching its PainSense service which includes a suite of digital apps to help patients self-manage. The Apps are integrated with NHS systems allowing healthcare professionals to adopt a digital pathway to monitor patient progress and deliver improved patient outcomes.

Allergan Pharmaceuticals

Founded in 1950, Allergan, Inc., with headquarters in Irvine, California, is a multi-specialty health care company that discovers, develops and commercializes innovative pharmaceuticals, biologics and medical devices that enable people to live life to its greatest potential – to see more clearly, move more freely, express themselves more fully. The Company employs approximately 8,000 people worldwide and operates state-of-the-art R&D facilities and world-class manufacturing plants. In addition to its discovery-to-development research organization, Allergan has global marketing and sales capabilities with a presence in more than 100 countries.

Astellas Pharma Ltd.

Astellas is one of the leading pharmaceutical companies in the world. As a young, forward thinking company with a rich heritage, Astellas is dedicated to improving people's lives through the introduction of innovative and reliable pharmaceutical products. In everything we do we are guided by our ethos of CHANGING TOMORROW to create a brighter future for all our stakeholders – above all for patients. In Europe, Astellas' strategic focus and core expertise lie in the therapy areas of Transplantation, Urology, Anti-Infectives, Pain Management and Dermatology. In addition, Astellas is committed to growing a strong presence in the field of Oncology.

Technical Exhibition: Company Profiles

Boston Scientific Ltd.

Boston Scientific is dedicated to transforming lives through innovative medical solutions that improve the health of patients around the world. We believe that only an innovation realized can improve health, change an outlook or transform a life. That's why we're committed to pioneering, innovating and advancing science.

Breathworks

Breathworks is a social enterprise specialising in mindfulness training and products for pain teams and healthcare professionals. We are internationally recognised leaders in the field of Mindfulness Based Pain Management (MBPM). Recent research evaluations of Breathworks training courses show statistically and clinically significant improvements for those in pain.

The British Pain Society

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK and has a membership of over 1,400. Our multidisciplinary nature is pivotal in making our society a uniquely relevant representative body on all matters relating to pain for the benefit of patients. www.britishpainsociety.org

British Society of Clinical and Academic Hypnosis

trains health care professionals in utilising hypnotic techniques as an adjunct to their pre-existing skills. Learn the language of non-hypnotic positive suggestion in addition to the art of hypnosis. Neuroimaging is shedding light on the nature and power of hypnotic suggestion. www.bscah.com

BVM Medical Ltd.

BVM Medical presents the Innovative Technology Award winning Halyard Health Cooled RF Pain Management System for treating chronic pain. In addition we also present the newest product to our pain management portfolio, the Metrum Cryosurgical Device for cryoanalgesia. Please visit our stand for a hands on demonstration.

Technical Exhibition: Company Profiles

CME Medical Ltd.

We are CME Medical -We believe in making clinical practice safer and more efficient. Our heritage is in developing specialist medical infusion devices and support that improve patient care in hospital, in the community and at home. We consistently explore new ways to support healthcare professionals with our pioneering approach to developing medical technology products, services and training.
Kincraig Business Park, Kincraig Road, Blackpool, FY2 0PJ
T: 01253 206700 | F: 01253 896648 |
customersupport@cmemedical.co.uk | www.cmemedical.co.uk

DorsaVi

DorsaVi Ltd. has developed innovative motion analysis device technologies for use in clinical practice, elite sports & occupational health and safety. Our technology enables many aspects of detailed human movement and position to be accurately captured, quantified and assessed outside a biomechanics lab, in both real-time and real situations for up to 24 hours.

Ethimedix

SmartBottle: Giving your patients freedom from pain wherever they are with without breaking skin. Ethimedix SmartBottle offers a unique and new approach to opioid administration without risk to the patient or the health care provider, tamper proof and non-invasive, offering patient autonomy and safety, and all this at the touch of a finger. Ethimedix SA is a Swiss based privately owned company with a mission to develop and provide state of the art medical devices for improved quality of life. www.ethimedix.com

Fresenius Kabi Ltd.

Fresenius Kabi is the leader in infusion therapy and clinical nutrition in Europe. It is focused on the therapy and care of critically and chronically ill patients in both the hospital and home environment. The company develops, manufactures and markets products that offer efficient clinical outcomes combined with a commitment to quality and patient safety. With a corporate philosophy of "Caring for Life" the company's goal is to improve the patient's quality of life.

Grünenthal Ltd.

Grünenthal is an independent, family-owned international research based pharmaceutical company with a focus on the treatment of pain. Grünenthal has affiliates in 25 countries worldwide, and its products treat patients in more than 100 countries.

Technical Exhibition: Company Profiles

BPS Information Communication & Technology SIG

'Have a go' at cutting edge web applications used in pain management. The BPS ICT SIG explores contemporary ways of using Information and Communication Technology in the service of pain management. Members of the SIG will be demonstrating different web applications and discussing key issues such as benefits, possible areas of application, challenges to implementation and future developments.
Pete Moore: Pain Toolkit App
Frances Cole: Pain Plan App
Bernie Carter: Mychildisinpain
Tamar Pincus: Gamification and pain
David Barrett: MyClinic4pain
Meherzin Das : www.dorsetpain.org.uk
Visit the ICT SIG stand and enter your information in a draw to win an iPad Air!

Kimberly-Clark Ltd./Halyard Health

Halyard Health is a medical technology company focused on advancing health and healthcare by delivering clinically-superior products and solutions in infection prevention, surgical solutions, respiratory health, digestive health, IV therapy and pain management. Halyard sells its recognized brands and products in more than 100 countries, and holds leading market positions in multiple categories across the portfolio. For more information, visit www.halyardhealth.com.

Medtronic Ltd.

Medtronic is the global leader in medical technology - alleviating pain, restoring health, and extending life for millions of people around the world. Neuromodulation offers innovative therapies for a range of conditions including chronic pain, movement disorders. Visit the Medtronic booth to see our latest technologies and advances in Neuromodulation.

Mela Solutions Ltd.

A leading specialist medical software company and pioneers in many fields of data collection including Acute, Chronic and Paediatric Pain Services. MedICUs Pain Services enables collection and analysis of patient information, their assessments and outcomes and aids standardised data collection.
Contact: Tel: 01753 480460 Email: sales@mela.co.uk
Website: www.mela.co.uk

Technical Exhibition: Company Profiles

Napp Pharmaceuticals Ltd.
Napp Pharmaceuticals Limited are a UK healthcare company committed to improving patient outcomes whilst ensuring the sustainability of healthcare. We believe in real world, value-based innovation; delivering high-quality medicines to the NHS that meet genuine needs and make a positive difference to patients' lives.

Neurocentrx Pharma Ltd.
Neurocentrx Pharma Ltd. is a UK based biotech start-up focused on developing and sourcing therapeutic products for pain management. We have an initial focus on cancer related pain in palliative and supportive care. We look to collaborate with clinical professionals, investors and researchers worldwide.
Contact: 0131 658 5159 / contact@neurocentrx.com

NeuroTherm Ltd./ St. Jude Medical
St. Jude Medical acquired NeuroTherm to further expand innovative therapy options to patients suffering from chronic pain. With innovative technologies like Burst stimulation for spinal cord stimulation and proprietary renal denervation technologies, St. Jude Medical has continued to build on the company's commitment towards advancing pain management solutions.

Nevro Medical Ltd.
HQ in Menlo Park, California, Nevro is a medical device company focused on providing innovative products that improve the quality of life of patients suffering from debilitating chronic pain. Nevro has developed and commercialized the Senza® spinal cord stimulation (SCS) system, an evidence-based neuromodulation platform for the treatment of chronic pain.

Optimus Medical Ltd.
Optimus Medical supply devices and accessories for the treatment of chronic pain. Our portfolio comprises radiofrequency systems, intrathecal drug delivery pumps and neuromodulation stimulators. We are the exclusive UK distributors for Cosman RF products, the Flowonix Prometra IDD system, and the StimWave Freedom Neuro spinal cord stimulators.

Technical Exhibition: Company Profiles

Pain Concern

Pain Concern provide information and support to people with pain and those who care for them, whether family, friends or healthcare professionals. Visit our website to find out more about what we do, including Airing Pain radio programme, Pain Matters magazine, our information helpline and our research and campaigning work.

Pain Management Solutions

We teach patients to manage pain through a multidisciplinary cognitive behavioral approach. This mitigates costs by reducing GP visits, reducing analgesia and injections, improving outcomes, bringing the prospect of discharge within six-months and lifting return-to-work rates, whilst allowing GPs to maintain control.

Pfizer Ltd.

At Pfizer, we apply science and our global resources to improve health and well-being at every stage of life. We strive to set the standard for quality, safety and value in the discovery, development and manufacturing of medicines. Our diversified portfolio includes medicines, vaccines and consumer healthcare products.

Prostrakan Group Plc.

ProStrakan Group Plc. is a rapidly growing specialty pharmaceutical company engaged in the development and commercialisation of prescription medicines for the treatment of unmet therapeutic needs in major markets. ProStrakan is a subsidiary of Kyowa Hakko Kirin Co., Ltd., the Japan-based global specialty pharmaceutical company. ProStrakan's head office is located in Galashiels in Scotland.

Qdem Pharmaceuticals

Qdem was established in April 2012 to supply high quality branded generic medicines to the NHS and other UK healthcare customers. Qdem recognises the need for the NHS to derive maximum value from all its purchasing decisions but without compromising the quality of patient care.

Technical Exhibition: Company Profiles

SAGE

Publishers of the British Journal of Pain (the Official Journal of the British Pain Society)
Founded 50 years ago by Sara Miller McCune to support the dissemination of usable knowledge and educate a global community, SAGE publishes more than 800 journals and over 800 new books each year, spanning a wide range of subject areas. A growing selection of library products includes archives, data, case studies, conference highlights and video. SAGE remains majority owned by our founder and after her lifetime will become owned by a charitable trust that secures the company's continued independence. Principal offices are located in Los Angeles, London, New Delhi, Singapore, Washington DC and Boston. www.sagepub.com

Sandoz Ltd.

Sandoz, the generic pharmaceuticals division of Novartis, is a worldwide leader in generics. With a history of more than 120 years, Sandoz is a trusted leader with a reputation for exceptional quality. Our strategic and customer-focused approach to developing, producing and marketing high-quality affordable medicines following the loss of patent protection, has successfully made us one of the two largest and most respected generics companies worldwide.

Teva UK Ltd.

We're Teva UK Limited, a leader in UK healthcare, supplying a wide range of medicines to the UK health service in a wide range of disease areas. We've been around for almost 80 years and supply more packs of medicines to the National Health Service than anyone else. We specialise in both generic and branded medicines. Our specialty products treat multiple sclerosis, Parkinson's disease, cancer, pain, and respiratory disorders like asthma. We're part of Teva Pharmaceutical Industries Ltd, one of the world's leading pharmaceutical companies.

University of Edinburgh

The University of Edinburgh is one of the world's top 20 universities with its qualifications recognised and valued internationally. The College of Medicine and Veterinary Medicine supports the training and supervision of postgraduate students across the fields of medical and veterinary sciences.

PALEXIA® SR DELIVERS STRONG PAIN RELIEF[1,2]

WHO IS YOUR NEXT PALEXIA® SR PATIENT?

Palexia® SR (tapentadol prolonged release) is indicated for the management of severe chronic pain in adults, which can be adequately managed only with opioid analgesics[3]

Tapentadol is a Controlled Drug, Schedule 2

Visit www.palexia.co.uk for more information

PALEXIA® SR

Tapentadol prolonged release

PALEXIA® SR Prescribing information.
Refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50 mg (white), 100 mg (pale yellow), 150 mg (pale pink), 200 mg (pale orange) and 250 mg (brownish red) prolonged-release tablets contain 50 mg, 100 mg, 150 mg, 200 mg and 250 mg of tapentadol (as hydrochloride) respectively. **Indication:** Palexia SR is indicated for the management of severe chronic pain in adults, which can be adequately managed only with opioid analgesics. **Dosage and method of administration:** Individualise according to severity of pain, the previous treatment experience and the ability to monitor the patient. Swallowed whole with sufficient liquid, not divided or chewed, with or without food. Initial dose 50 mg twice a day. Switching from other opioids may require higher initial doses. Titrate in increments of 50 mg twice a day every 3 days for adequate pain control. Total daily doses greater than 500 mg not recommended. *Discontinuation of treatment:* Taper dose gradually to prevent withdrawal symptoms. *Renal/hepatic impairment:* Not recommended in severe patients. Caution and dose adjustments with moderate hepatic impairment. *Elderly:* May need dose adjustments. *Children below 18 years:* Not recommended. **Contraindications:** Hypersensitivity to ingredients, suspected or having paralytic ileus, acute intoxication with alcohol, hypnotics, centrally acting analgesics or psychotropics. Not for use when mu-opioid receptor agonists are contraindicated (e.g. significant respiratory depression, acute or severe bronchial asthma or hypercapnia). **Special warnings and precautions:** At risk patients may require monitoring due to misuse, abuse, addiction or diversion. At high doses or in mu-opioid receptor agonist sensitive patients, dose-related respiratory depression may occur. Caution and monitoring required with impaired respiratory function. Should not use in patients susceptible to intracranial effects of carbon dioxide retention (e.g. increased intracranial pressure, impaired consciousness or coma). Use with caution in head injury, brain tumors, moderate hepatic impairment and biliary tract disease including acute pancreatitis. Not recommended if history of or at risk of seizures or severe renal or hepatic impairment. Care should be taken when combining with mixed mu-opioid agonists/antagonists (e.g. pentazocine, nalbuphine) or partial mu-opioid agonists (e.g. buprenorphine). Should not use with hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. **Interactions:** Use with benzodiazepines, barbiturates and opioid analgesics, antitussive drugs and substitutive treatments may enhance the risk of respiratory depression. Central nervous system (CNS) depressants (e.g. benzodiazepines, antipsychotics, H1-antihistamines, opioids, alcohol) can enhance the sedative effect and impair vigilance. Consider dose reduction with respiratory or CNS depressant agents. In isolated cases, there have been reports of serotonin syndrome in a temporal connection with the therapeutic use of tapentadol in combination with serotoninergic medicinal products (e.g. serotonin re-uptake inhibitors). Use with strong inhibitors of uridine diphosphate transferase isoenzymes (involved in glucuronidation) may increase systemic exposure of Palexia SR. Risk of decreased efficacy or risk of adverse events if starting or stopping concomitant drug administration of strong enzyme inducing drugs (e.g. rifampicin, phenobarbital, St John's Wort). Avoid use in patients who have taken monoamine oxidase inhibitors (MAOIs) within the last 14 days, due to cardiovascular events. **Pregnancy and lactation:** Use in pregnancy only if the potential benefit justifies the potential risk to the foetus. Not recommended during and immediately before labour and delivery. Do not use during breast feeding. **Driving and using machines:** May have major effect on ability to drive and use machines, especially at the beginning or change in treatment, in connection with alcohol or tranquilisers. **Undesirable effects:** *Very common (≥1/10):* dizziness, somnolence, headache, nausea constipation. *Common (≥1/100, <1/10):* decreased appetite, anxiety, depressed mood, sleep disorder, nervousness, restlessness, disturbance in attention, tremor, involuntary muscle contractions, flushing, dyspnoea, vomiting, diarrhoea, dyspepsia, pruritus, hyperhidrosis, rash, asthenia, fatigue, feeling of body temperature change, mucosal dryness, oedema. Other important undesirable effects observed in clinical trials and/or postmarketing: drug hypersensitivity, depressed level of consciousness *(uncommon ≥1/1000, <1/100)*, angioedema, anaphylaxis and anaphylactic shock, respiratory depression, convulsion *(rare ≥1/10,000, <1/1000)*. No evidence of increased risk of suicidal ideation or suicide with Palexia SR. Consult the SmPC for full details. **Overdose:** Seek specialist treatment (see SmPC). **Legal classification:** POM, CD (Schedule II). **Marketing Authorisation numbers, pack sizes and basic NHS cost:** 50 mg: PL 21727/0041, 28 pack (£12.46) and 56 pack (£24.91); 100 mg: PL 21727/0042, 56 pack (£49.82); 150 mg: PL 21727/0043, 56 pack (£74.73); 200 mg: PL 21727/0044, 56 pack (£99.64) and 250 mg: PL 21727/0045, 56 pack (£124.55). **Marketing Authorisation Holder:** Grünenthal Ltd, Regus Lakeside House, 1 Furzeground Way, Stockley Park East, Uxbridge, Middlesex, UB11 1BD, UK. **Date of preparation:** July 2014. UK/P14 0072a.

Adverse events should be reported. Reporting forms and information can be found at http://www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Grünenthal Ltd (telephone 0870 351 8960).

References:
1. Baron R *et al.* Effectiveness of tapentadol prolonged release (SR) versus oxycodone/naloxone PR for severe chronic low back pain with a neuropathic pain component. Poster presented at PAINWeek September 2014, Las Vegas, USA.
2. Lange B *et al.* Adv Ther 2010; 27 (6): 381-399.
3. Palexia SR, Summary of Product Characteristics.

Date of preparation: December 2014.
UK/P14 0110.

GRÜNENTHAL

Technical Exhibition

We are pleased to welcome 31 companies and organisations to this year's Technical Exhibition. The exhibition is made up of 47 stands and will take place in the Hall 2 at the SECC. As with previous years, the products on display will include drugs and equipment.

Exhibition Opening Times

Tuesday 21st April	08:30 – 18:00
Wednesday 22nd April	08:30 – 17:30
Thursday 23rd April	08:30 – 15:00

Poster Exhibition

The Poster Exhibition will be housed in Hall 2 alongside the Technical Exhibition throughout the duration of the Meeting and may be viewed at any time. Your delegate bag contains a poster abstracts book.

Authors whose work has been accepted for exhibition are expected to be available at their posters during the **Poster Viewing Session on Wednesday 22nd April 10:00-10:45**.

Authors should ensure their posters are taken down at the end of the Meeting between 13:00 and 14:00 on Thursday 23rd April. Posters not taken down at the close of the exhibition will be removed and the Society cannot be held responsible for their safe-keeping.

Prize Paper Presentations

The poster abstracts have been assessed on submission and authors of the 5 best trainee abstracts have been invited to present their work at the Poster Prize Presentations Session on Thursday 23rd April 09:55-11:10 in the Lomond Auditorium; please see page 19 for the list of presentations.

Best Presented Posters

The 11 highest rated poster abstracts have been selected and awarded a rosette. They will then be judged during the Poster Viewing Session on Wednesday 22nd April 10:00-10:45 by members of the Scientific Programme Committee and the top five best presented posters will be awarded £20 worth of Waterstones vouchers each.

New for 2015: People's choice award

People's choice best poster: Delegates will have the opportunity to select the poster they rate as the best one at the meeting. All delegates will be given one sticker when collecting their badge at the registration desk. Delegates will be asked to place the sticker beside the poster which they think is the best one by the end of Wednesday 22nd April. The poster with the most number of stickers will be awarded the 'People's choice' award. The Prize is a £20 Waterstones voucher and will be awarded along with the other poster awards following Plenary Session 9 on Thursday 23rd April.

Poster Tours

Poster tours will take place during the Poster Viewing Session on Wednesday 22nd April 10:00-10:45 and will be led by members of the Scientific Programme Committee. To attend a tour, please sign up at the registration desks. Places will be allocated on a first come first serve basis, and numbers are limited.

Annual BPS Party

Kindly supported by The Rt Hon The Lord Provost of Glasgow

Wednesday 22nd April, 19:15 – 01:00 at Òran Mór

The Annual BPS Party will take place in the breath-taking Auditorium at Òran Mór. The room offers a unique and atmospheric setting with its stained glass windows and ceiling mural by Alasdair Gray, one of Scotland's largest pieces of public art.

There will be the opportunity to participate (or watch) traditional Scottish ceilidh dancing which will be followed by a disco. The party is a great opportunity to unwind, network and catch up with fellow colleagues.

The ticket price includes entertainment, music, food, transport and two drinks vouchers. The drinks vouchers have been provided with your entry ticket when you collected your delegate badge at the registration desk. A cash bar (also taking cards) will be available once you have used your vouchers.

Admittance will be permitted to ticket holders only – please note that tickets **cannot** be purchased at the party venue. A limited number of tickets are available to purchase at the registration desk at £20 per person.

Transport: Coaches will be departing the SECC at 19:00 to take guests to Òran Mór. For those staying until the end, a coach will depart Òran Mòr at 01.15.

Address:
Òran Mór
Top of Byres Road
Glasgow
G12 8QX

Special Interest Groups (SIGs)

Special Interest Groups are an important element of the British Pain Society and their Parallel Sessions are scheduled as follows:

SIG	Parallel Session	Room allocation
Pain Education SIG	A2: Tuesday 21st April 11:10-12:40	Dochart 1
Interventional Pain Medicine SIG	B2: Tuesday 21st April 13:40-15:10	Boisdale 1
Primary & Community Care SIG	B4: Tuesday 21st April 13:40-15:10	Boisdale 2
Medico-Legal SIG	C1: Wednesday 22nd April 11:00-12:30	Boisdale 2
Acute Pain SIG & Neuropathic Pain SIG(joint parallel session)	D1: Thursday 23rd April 11:35-13:05	Alsh 1+2

Meetings

SIG Business Meetings

The following BPS SIGs will be holding business meetings for their members:

SIG	Meeting Time Slot	Room Allocation
Pain Education SIG	Tuesday 21st April 17:45-18:45	Boisdale 2
Interventional Pain Medicine SIG	Tuesday 21st April 17:45-18:45	Lomond Auditorium
Primary & Community Care SIG	Tuesday 21st April 17:45-18:45	Boisdale 1
Medico-Legal SIG	Tuesday 21st April 17:45-18:45	Carron 1
Information & Communication Technology SIG	Tuesday 21st April 17:45-18:45	Alsh 1+2
Pain in Developing Countries SIG	Tuesday 21st April 17:45-18:45	Dochart 1
Headache SIG	Tuesday 21st April 17:45-18:45	Dochart 2
Clinical Information SIG	Tuesday 21st April 17:45-18:45	Carron 2
Acute Pain SIG	Thursday 23rd April 15:25-16:25	Alsh 1+2
Neuropathic Pain SIG	Thursday 23rd April 15:25-16:25	Boisdale 2
Philosophy & Ethics SIG	Thursday 23rd April 15:25-16:25	Dochart 1
Pain in Children SIG	Thursday 23rd April 15:25-16:25	Dochart 2

Additional Meetings

Meeting	Meeting Time Slot	Room Allocation
'Meet Council' –for new and prospective members	Tuesday 21st April 12:50-13:40 (during lunch)	Hall 2, by the BPS stand
British Journal of Pain Editorial Board Meeting	Wednesday 22nd April 08:15-09:00	Boisdale 1
SIG Chairs Meeting, BPS Executive Officers, and Ken Obbard	Wednesday 22nd April 12:40-13:30 (during lunch)	Boisdale 1
Pain News Editorial Board Meeting	Wednesday 22nd April 12:40-13:30 (during lunch)	Boisdale 1
BPS Pain Business Meeting	Thursday 23rd April 13:05-13:50 (during lunch)	Boisdale 2
Council Meeting for Elected Council	Thursday 23rd April 15:30-16:30	Boisdale 1

Meeting Information

Registration

All delegates are asked to make their way to the registration desk located in Hall 1 at the SECC to sign the attendance register and to collect their name badge and delegate bag.

The registration desk will be open at the following times:

Tuesday 21st April	08:30 – 18:00
Wednesday 22nd April	08:30 – 18:30
Thursday 23rd April	08:30 – 16:00

Room Allocation

The plenary sessions will take place in the Lomond Auditorium. The parallel sessions will take place in the adjacent break-out rooms. Please see the scientific programme on pages 24-31 to find the allocated room for each session. Alternatively, you will find a quick-view table of rooms on page 22-23.

Badges

Badges must be worn at all times during the Meeting and act as proof of your entitlement to lunch and refreshments. Badges are colour coded as follows:

Blue	Participants	Green	Speakers
Yellow	Officers and Council Members of the British Pain Society	Red	Technical Exhibitors
Black	British Pain Society Secretariat/Meeting Assistants	Orange	Press
Grey	Miscellaneous		

In order to help us keep costs down for future meetings, please remember to hand in the badges at the registration desk before you leave the Meeting.

Delegate Bags

Each delegate bag should contain the following:

- Final Programme
- Poster abstract book
- Delegate list
- Pad & a pen
- A variety of other inserts and flyers

If any of these items are missing, please contact a member of the British Pain Society staff.

Evaluation Forms

In order to identify sessions and topics that have been of particular interest, all participants are asked to complete an online evaluation form. The evaluation form will be available following the meeting on our website on the following link: https://www.surveymonkey.com/s/ASM15

Please note that in order to be issued your certificate of attendance delegates must complete the online evaluation form.

Continuing Professional Development

Up to 15 CPD points can be awarded for the Meeting.

Certificates of Attendance

Certificates of attendance will only be issued once delegates have completed the online evaluation form. The certificates will be posted to delegates.

British Pain Society office at the SECC

A British Pain Society office will be set up at the SECC and will be located close to the Lomond Auditorium. British Pain Society staff can always be found at the registration desk during opening hours and should be

your first point of contact. Please note that the BPS office is not able to assist with photocopying; for this and other business services please use the venue's business centre located on the main concourse.

Wireless Internet Access

Wireless Internet access is available for delegates throughout the SECC for the duration of the conference. **to log on use 'bps2015asm' as your username and password - please ensure it is all in lower case.**

Catering

Tea/coffee breaks and lunch will be served in Hall 2 beside the Technical and Poster Exhibition at the times stated in the Scientific Programme.

Lunch – a lunch bag with a selection of items is included in the registration fee and will be served at the following times: 12:40-13:40 on Tuesday; 12:30-13:30 on Wednesday and 13:05-13:50 on Thursday in Hall 2.

Please note that if you are attending a lunch meeting, you must collect your lunch bag from the catering stations before proceeding to your meeting.

Notice Board

There will be a notice board in the registration area for messages. Delegates are asked to check the board on a regular basis.

Cloakroom

The cloakroom is located on the main concourse opposite the McColls newsagent and is complimentary to all delegates.

Mobile Phones

Please remember to keep mobile phones switched off or on silent during sessions.

First Aid

The Medical Centre is situated next to the information desk on the concourse and is obtainable on ext. 333. The SECC medical staff are required to treat all accidents, illness or injuries that occur within the venue.

Coffee Shop

The Clydebuilt restaurant is located on the main concourse and will be open from 8am every day during the Meeting. There is also McColls newsagent on the concourse.

Business Services

A Business Centre is located on the main concourse opposite the Clydebuilt restaurant. Its standard opening hours are 09:30-17:00 and services are chargeable.

Banking

An ATM machine is located outside the McColls newsagent on the main concourse.

Taxis

Taxis can be picked up at the dedicated taxi rank outside the SECC.

Parking

A multi storey car park (MSCP) is located on site at the SECC. It is located at 10 Stobcross Road, Glasgow, G3 8YW. On-site pay machines are located on level 2 (walkway level) and ground floor main foyer of the car park. Payment can be made by cash or credit/debit card. Visitors can either pre-pay after arrival or pay before exiting.

Tariffs in the MSCP Monday to Sunday are:

Stay	Cost
1 hour	£3.50
2-12 hours	£7.00
13 hours	£10.50
14-24 hours	£14.00

Useful telephone numbers, email addresses & websites

Useful telephone numbers, email addresses & websites		
The British Pain Society London Office (closed during the ASM) Office number at SECC	 0207 269 7840 0141 576 3164	www.britishpainsociety.org
Scottish Exhibition + Conference Centre (SECC)	0141 248 3000	www.secc.co.uk Exhibition Way Glasgow G3 8YW
Reservation Highway (accommodation booking)	0142 352 5577	admin@reservation-highway.co.uk
Visitor Information		
Glasgow City Marketing Bureau		www.peoplemakeglasgow.com
Visit Scotland	0845 859 1006	www.visitscotland.com
National Rail Enquiries	0845 748 4950	www.nationalrail.co.uk
National Express coach service	0871 781 8178	www.nationalexpress.com

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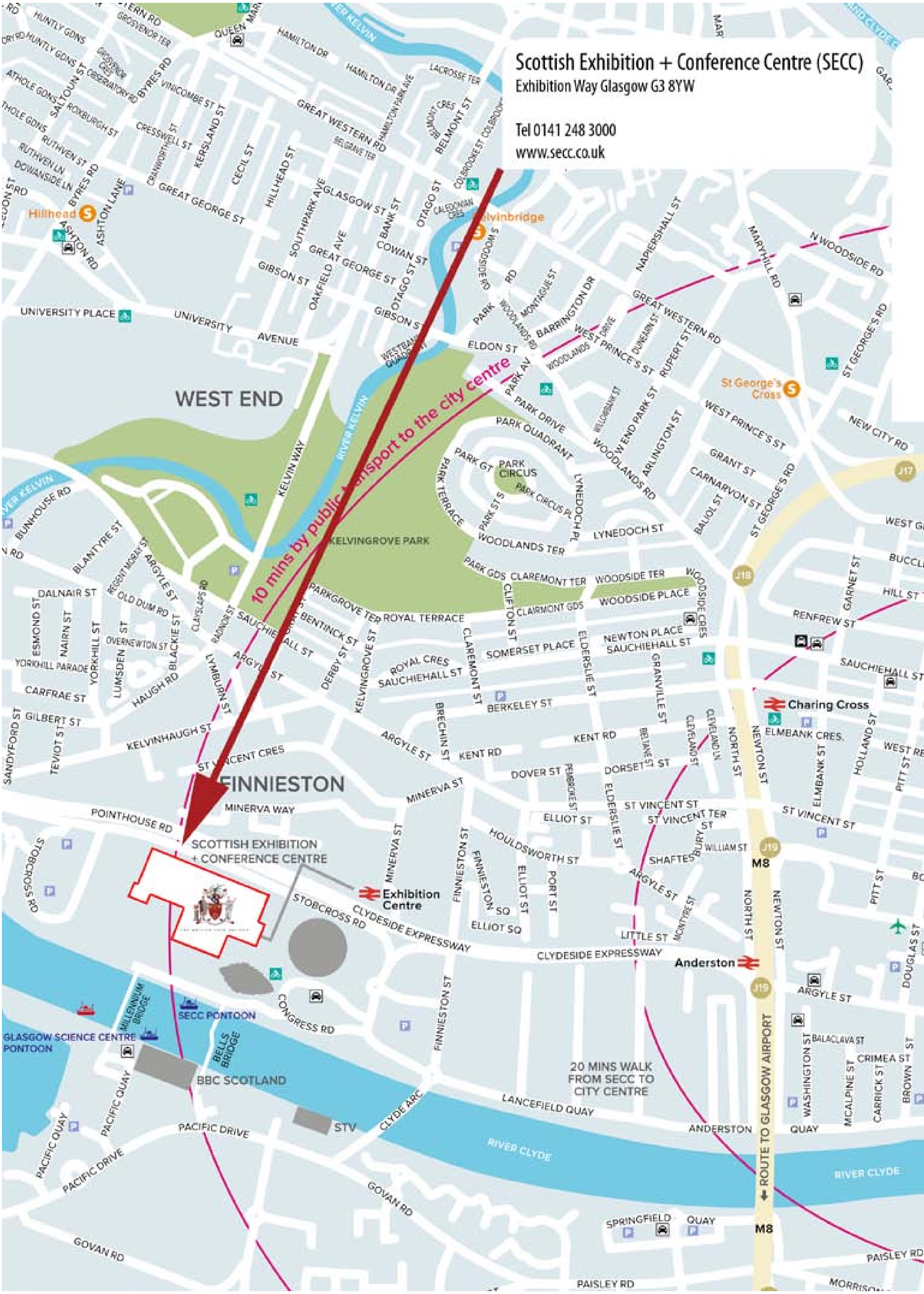
Fax: +44 (0)20 7831 0859
Email: meetings@britishpainsociety.org
Website: www.britishpainsociety.org

THE BRITISH PAIN SOCIETY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MILLENNIUM BRIDGE
BELLS BRIDGE
BBC SCOTLAND
STV
20 MINS WALK FROM SECC TO CITY CENTRE
RIVER CLYDE
RIVER KELVIN
CLYDESIDE EXPRESSWAY
ROUTE TO GLASGOW AIRPORT
M8
UNIVERSITY AVENUE
GREAT WESTERN RD
SAUCHIEHALL ST
ARGYLE ST
ST VINCENT ST
PARK CIRCUS
LANCEFIELD QUAY
PACIFIC DRIVE
GOVAN RD
PAISLEY RD

THE BRITISH PAIN SOCIETY

The British Pain Society

London Office (closed during the ASM) 0207 269 7840
Office number at SECC 0141 576 3164

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Don't forget to save the date to attend the British Pain Society's 49th ASM in

Harrogate

10-12 May 2016

Why you should attend:

- Network with colleagues
- Raise questions, partake in debates and discuss outcomes
- Meet with poster exhibitors and discuss their research
- Meet with technical exhibitors and hear about their products and services
- Discuss your own research

We look forward to seeing you in Harrogate.

The British Pain Society