

PainWEEK®

101

A Guide and Suggested Conference Agenda

Monday/9.3

6:00p–8:00p

LEVEL 4 NOLITA 3

Please note that PAINWeek 101 is not certified for credit.

This guide can be used by itself or in conjunction with the live PAINWeek 101 session. The PAINWeek 101 live session will be led by PAINWeek veterans, faculty, staff, and representatives from the CE/CME provider. No preregistration is necessary.

PAINWeek 101 Live Session

Monday, September 3
6:00p – 8:00p
Level 4/Nolita 3

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Introduction

PAINWeek 101 was developed for first-time attendees and all others wanting to get the most from their PAINWeek experience. This guide can be used independently or in tandem with the live session.

Onsite Registration

Welcome to PAINWeek! Now in its 12th year, PAINWeek is the nation's largest pain conference for frontline practitioners. Over 1000 of your colleagues from many disciplines and specialties are attending this year's conference—proof of the level of interest in this critical healthcare issue and of the value of PAINWeek in addressing the concern.

The registration desk for PAINWeek 2018 is located in the Belmont Commons on Level 4 of The Cosmopolitan. The desk is open each day of the conference, on the following schedule:

Registration Desk

Monday/9.3 **3:00p – 7:00p**

Tuesday/9.4 **6:30a – 6:30p**

Wednesday/9.5* **6:30a – 6:30p**

Thursday/9.6 **7:00a – 6:30p**

Friday/9.7 **7:00a – 5:00p**

Saturday/9.8 **8:00a – 12:00p**

***Note: The registration desk will be open with limited staff during the Welcome Reception.**

Global Education Group CME Desk Hours

Monday/9.3 **4:00p – 6:00p**

Tuesday/9.4 **6:30a – 12:00p / 1:30p – 6:00p**

Wednesday/9.5 **6:30a – 12:30p / 1:30p – 5:30p**

Thursday/9.6 **6:30a – 12:00p / 1:30p – 6:30p**

Friday/9.7 **6:30a – 12:00p / 1:30p – 6:00p**

Saturday/9.8 **6:30a – 12:00p / 1:30p – 3:00p**

TIP—If you plan to check in to the hotel on Monday, take advantage of the Monday onsite check-in. Sessions start at **7:00a on Tuesday**; beat the crowd and be ready to go!

The PAINWeek OnDemand Content Library

Unlike many other conferences, PAINWeek provides a number of concurrent sessions during each time period. This means that you can customize your learning experience, but also means that much more content is available than you can personally attend.

You can, however, experience ALL of the PAINWeek sessions—including those you don't get to attend while onsite! Purchase the PAINWeek OnDemand Online Content Package for \$299 to access all 120+ hours of content online (slides and synced audio). Package price increases to \$1299 after the conference. Stop by the Level 3 registration desk to purchase PAINWeek OnDemand.

Note: Due to copyright restrictions and other factors, certain sessions may not be available online. This should not affect more than 5% of the total agenda. Online slide content is certified for CE/CME credit.

What's at PAINWeek?

The Curriculum: An Overview

The PAINWeek curriculum offers our attendees over 120 hours of continuing medical education. Over the 5 days of the conference, most people can earn up to 39.75 credit hours. A suggested schedule for first-time attendees (PAINWeek 101: A Suggested Conference Agenda) has been compiled for your reference. You'll find it at the back of this guide and on our website.

The CE/CME core curriculum is organized into over 20 tracks/session codes covering the following fields of interest:

ACU	Acute Pain Management
AHS	American Headache Society
APP	Advanced Practice Provider
APS	American Pain Society
BHV	Behavioral Pain Management
CBN	Medical Cannabinoids
CPS	Chronic Pain Syndromes
ENC	Encore Presentations
INT	Interventional Pain Management
INTG	Integrative Pain Management
IPPS	International Pelvic Pain Society
MAS	Master Class
MDL	Medical/Legal
NRO	Neurology
PEF	Pain Educators Forum
PHM	Pharmacotherapy
POS*	Poster Sessions/Podium Presentations
PTH	Physical Therapy
SIS	Special Interest Session
WRK	Workshop (requires separate registration fee)

*Not certified for credit

Special Programs

As you design your individual conference schedule, you'll want to be aware of the following NEW elements in the core curriculum. Detailed descriptions may be found in your red program book.

- **Special full-day programs**
 - American Headache Society (AHS)
 - American Pain Society (APS)
 - International Pelvic Pain Society (IPPS)

- **Special Interest Session (sis) track:** of the 30+ session offerings, many topics are new to PAINWeek and include:
 - **SIS-01** Brain Based Biomarkers for Pain: Objective Measures of Pain or a Journey Down the Rabbit Hole?
 - **SIS-02** The Emperor's New Clothes: Multimodal Engagement & Improving Access to Care
 - **SIS-03** Involuntary Tapers: Legal, Ethical, and Clinical Concerns
 - **SIS-06** Full-Metal Jacket: Examining the Psychedelic Side of Ketamine
 - **SIS-08** The Other Opioid Crisis: Fentanyl and Heroin
 - **SIS-09** The Yin and the Yang of Pain Research: Matching Disease Mechanisms With Interventions
 - **SIS-10** From Here to Infirmity
 - **SIS-11** Year of the Locusts: The Impact of the CDC Guidelines on Practitioners and Patients
 - **SIS-13** Dangerous Liaisons: Regimens, Regimes, and Rapprochements
 - **SIS-14** Do As I Say! Facilitating Treatment Adherence in Pain Medicine
 - **SIS-16** Pain Management at Ground Zero
 - **SIS-20** The Medical Stasi: When the Best of Intentions Lead to Unexpected Outcomes
 - **SIS-21** The Right Drug, the Right Patient, the Right Time
 - **SIS-22** The Intersection of Law Enforcement and Healthcare: Increased Utilization of PDMPs
 - **SIS-23** IV Naloxone Infusion: A Hidden Gem
 - **SIS-26** Bridges to Babylon: Assessing & Managing Comorbidities in Chronic Pain Patients
 - **SIS-27** Fudin vs Gudin: Debate on 4 HOT Topics!
 - **SIS-28** Nontraditional Law Enforcement Solutions to Misuse, Abuse, and Diversion of Opioids
 - **SIS-30** Pain Management Strategies for the Geriatric Population: How to Live in Your Discomfort Zone Without Opioids
 - **SIS-31** Ketamine in the Acute Care Setting: What's Old is New Again

Satellite Events

Meals are not included in your conference registration; however, commercially supported programs serving breakfast, lunch, and afternoon refreshments are available throughout the week.

Satellite events are commercially supported activities that complement the PAINWeek curriculum. Satellite events include both certified (SYM) and noncertified programs (PDM). Session descriptions for certified activities, faculty disclosures, and protocol for obtaining CE/CME credit will be provided by individual event organizers. Please contact the organizers for further details. There are no fees to attend any of these educational activities. Satellite events are open to all PAINWeek healthcare professional registrants. Some satellite events require preregistration and will be listed in their course description.

Visit <https://www.painweek.org/attendees/symposia-satellite-events.html> to learn more and register.

Please plan on arriving at the door no later than 20 minutes prior to start time to ensure a seat. A limited number of meals or refreshments will be served where indicated.

Special Events

Be sure to make note of the following SPECIAL events scheduled throughout the duration of the conference:

- Keynote Address: Wednesday 9/5, at 5:45p, Level 4/Mont-Royal Ballroom
 - **Mistaken Identities: Addict? Clinician? Drug Dealer? Manufacturer?** will be delivered by Jennifer Bolen, JD; Michael Clark, MD, MPH, MBA; Jay Joshi, MD, and Kevin Zacharoff, MD, FACIP, FACP, FAAP, and **IS CERTIFIED FOR CREDIT!**
- Welcome Reception: Wednesday 9/5, 7:00p, following the Keynote Address
 - Meet fellow attendees, faculty, and exhibitors in the Exhibit Hall, Level 4/Belmont Ballroom
- Poster Session and Reception: Thursday 9/6, at 6:30p, Level 2/Condesa Commons
 - To enrich the attendee experience, we offer poster sessions to share the latest information from current research and clinical findings
- Podium Presentations: Friday 9/7, 7:00a – 7:50p
- Exhibit Hall Closing Reception and Prize Drawing, Friday 9/7, at 3:30p

The Exhibit Hall and Poster Session/Hours

As you plan your PAINWeek experience don't forget to leave time in your schedule for several visits to the Exhibit Hall. You'll find approximately 100 exhibits with representatives ready to demonstrate their latest products and offer information on the most advanced equipment, supplies, and services for your practice. Morning and afternoon breaks are built into the conference schedule, and these are good times to visit.

The Exhibit Hall is open:

Wednesday 9.5	Thursday 9.6	Friday 9.7
Welcome Reception 7:00p – 9:00p	Exhibits 10:00a – 12:30p 2:30p – 5:00p	Exhibits 10:00a – 12:30p 3:30p – 4:30p Closing Reception

The poster session is located on Level 2/Condesa Commons. Posters are available for viewing beginning at 3:00p on Wednesday 9/5 until 12:00p on Saturday 9/8. The poster reception is Thursday 9/6, 6:30p – 8:30p.

Getting Around PAINWeek

The Conference

Conference activities will take place primarily on Levels 3 and 4. Level 2 activities include the scientific poster session and reception. You will find floor maps of the conference facilities in your red program book. There is also interactive directional signage to assist in locating specific areas and rooms. Electronic displays located outside each conference room will detail the scheduled activities for that space. Please watch for last-minute schedule changes by monitoring these boards.

The Cosmopolitan

The Cosmopolitan of Las Vegas offers an abundance of amenities for PAINWeek attendees. Visit www.cosmopolitanoflasvegas.com to read about the Restaurant Collection (under Dine & Drink tab) and other features of the resort that you will want to check out during your PAINWeek experience.

The City

The Cosmopolitan is conveniently located next to Bellagio and CityCenter and is a short cab ride from McCarran International Airport (approximate cab fare \$15).

An alternative to the Restaurant Collection is just across Las Vegas Boulevard at the food court, located in the Miracle Mile Shops. Many other dining and entertainment options are also available. Check out the nearby Walgreen's, which has a large selection of groceries for your convenience.

The Coffee

Coffee, a popular feature of PAINWeek, providing that essential morning ingredient—CAFFEINE—is available at convenient locations throughout the conference space. We thank our coffee sponsors for underwriting this amenity, and we're sure you will, too!

Getting Updates

To get late-breaking news, reminders, session or room changes, follow us on Twitter at twitter.com/PAINWeek.

PAINWeek Mobile

PAINWeek 2018 is mobile! Access the event app to your smartphone, tablet, or laptop by downloading it from iTunes or Google Play or visiting m.painweek.org. The mobile app will allow you to view session schedules and create your own agenda, learn about exhibitors and sponsors, view floor maps, and much more. If you have any questions about accessing the app, please visit the PAINWeek staff at the Level 4 registration desk.

Note: If you have downloaded the app from 2017 or earlier, please delete it and download the new one.

Obtaining Credit for CE/CME Session Attendance

PAINWeek is provided by Global Education Group, accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education. You'll find Accreditation Statements by specialty in your white CME program book. A representative of Global Education Group will be in attendance at PAINWeek 101 and will be onsite throughout the conference. Please direct your questions on this topic at the conclusion of the 101 session, or at your convenience at the Global Education desk, located opposite the conference registration area on Level 4, outside of the Exhibit Hall (Belmont Ballroom).

In order to receive credit, participants must attend the session and complete the online credit application at painweek.org and evaluation form by **Friday 9/28**. No applications for credit will be processed after this date.

Participants can only claim the hours they were actually in attendance. Statements of credit and certificates of attendance are available to print upon completion of online forms.

CE/CME Information for Pharmacy Learners

Instructions for Credit—In order to receive credit, pharmacist participants must attend an entire session and complete the online credit application and evaluation form. An NABP number and date of birth must have been provided during registration to obtain credit. If you did not previously provide this, please stop at the CME desk, and they can update your records. **Please bring this information with you to the conference for use while completing your evaluations.**

If you still need to **create an NABP e-Profile and obtain an ID number, please visit:**

nabp.net/
OR
store.nabp.net/OA_HTML/xxnabpibeGblLogin.jsp

Notification of successful completion of sessions will be communicated by Global Education Group to the ACPE CPE Monitor system, where all pharmacy learners' credits are stored. Learner errors providing NABP numbers and/or DOB will result in unsuccessful reporting of credits to the CPE Monitor system. These credits will not be recorded. Ensuring records are accurate and complete will be the responsibility of the individual learner.

Do I need to attend everything on the schedule?

No, and with 3 to 5 offerings in each time slot, it would be impossible to do so. In the 5 days of the conference, PAINWeek offers many different types of programming and sessions totaling over 120+ hours of CE/CME credit. It is important to plan your personal curriculum to best suit your individual practice and educational needs. If there are sessions being presented concurrently that you would like to experience, you can purchase access to the recorded package (slides and synced audio) of most CE/CME sessions for \$299 at the conference registration area. (Package price increases to \$1299 after the conference.) Please note that PDM sessions and SYM sessions will not be recorded.

Do I need to preregister for any sessions?

Yes, only the following sessions require preregistration and **separate** registration fee.

- **WRK-01** Cannabis and Cannabinoids: Kissing Cousins or Good Cop/Bad Cop?
- **WRK-02** Patient Centered Opioid Reduction
- **WRK-03** Working With Buprenorphine and Methadone: Lipstick on the Pig?
Or Mama's Got a Brand New Bag?
- **WRK-03** Palliative Care Bootcamp: You're in the Army Now!

Once you have registered for PAINWeek, you are free to attend any other sessions you wish. There is no preregistration required.

EXCEPTIONS: Meal symposia and PDM programs, about which you may have received information in the mail, tote bag, or room drop. All meal symposia and PDM programs are listed online at conference.painweek.org/attendees/symposia-satellite-events or in the program book. Because there is limited seating for these meal activities, we recommend that you arrive early in front of the activity room.

How will I request/receive my CE/CME credit?

You can do this from your own laptop or at home. In order to receive credit, participants must attend the session and complete the online credit application at painweek.org and evaluation form by **Friday 9/28**. No applications for credit will be processed after this date.

Tip: Keeping notes and key thoughts about each session and faculty speaker during the conference will help you if you decide to do your evaluations and credit requests at a later date.

PAINWeek 101: A Suggested Conference Agenda

Global Education Group, program faculty, and PAINWeek staff have developed a recommended conference agenda for first-time attendees and those wanting to maximize their PAINWeek experience. This agenda is designed to offer the broadest possible exposure to the various tracks, faculty, and symposia that are featured at this year's PAINWeek. Keep in mind these are only suggested sessions and you are encouraged to attend any session that best fits your professional and educational needs. Please refer to the program book for a full list of sessions.

Check the red program guide and conference app for satellite events presented 8:30a – 9:30a; 12:15p – 1:30p; and 3:40p – 4:30p.

Tuesday 9/4

BHV-01 **The Carrot and the Stick: Values Based Interdisciplinary Pain Management**
Corinne Cooley, DPT, OCS • Heather Poupore-King, PHD

Tuesday 9.4 7:00a – 7:50a

Level 3. **Gracia 1**

Current practice in the outpatient setting tends to utilize pain psychology and movement based interventions such as exercise, physical therapy, or yoga as adjuncts to care, and are often delivered separately to the patient. Healthcare providers are aware of the benefits of psychological therapies and physical therapies for patients with chronic pain; however, there is often a gap in understanding how to implement psychological therapies or movement interventions. In this session we describe empirically validated psychological flexibility interventions and functionally based exercise program outcomes. Outpatient programs that include psychological and movement interventions within the framework of improving quality of life and pain reduction are hard to implement when a person is solely seeking pain reduction. Furthermore, interdisciplinary care is often limited to inpatient programs or restricted to Workers Compensation. This course will explore the role of pain psychology and physical therapy in reducing disability in patients with chronic pain, the fundamental elements and delivery methods of acceptance and commitment therapy (ACT), pain biology education, exercise, and improved chronic pain acceptance. The speakers will cover a novel program developed at Stanford, the role of the pain psychologist and the physical therapist, and outcomes/ data on pain, disability, chronic pain acceptance, and PROMIS measures from the 6 week ACT+PT program.

Check the red program guide and conference app for satellite events presented 8:30a – 9:30a.

SIS-01 **Brain Based Biomarkers for Pain:**
Objective Measures of Pain or a Journey Down the Rabbit Hole?
Sean C. Mackey, MD, PHD

Tuesday 9.4 9:40a – 10:30a

Level 3. **Gracia 3**

Using functional magnetic resonance imaging (fMRI) techniques, we have been able to open windows to the brain, to noninvasively study its structure and function. Pain processing within the central nervous system (CNS), brain and spinal cord, and how it is disrupted in chronic pain has been increasingly characterized using neuroimaging. However, to date, fMRI has provided minimal direct clinical application for pain. We believe that will soon change. Furthermore, the use of more sophisticated analysis techniques is providing us with greater mechanistic understanding of the role of the brain in pain. The purpose of this course is to provide an overview of recent advances in the development of brain based biomarkers for pain that hold the potential for advancing the goal of precision pain management: finding the specific treatment for the specific person with the specific painful condition. We expect that brain based biomarkers will be used to help predict those who develop chronic pain or persistent opioid

use after surgery, as well as for prognosis to identify who will respond to a particular treatment. The topic of brain based biomarkers has generated much controversy over the past several years in the media, legal community, and even in our own scientific community. We have recently published a consensus statement from the International Association for the Study of Pain that will be reviewed. We hope to engender good discussion and help attendees understand that no single region within the CNS is responsible for the brain representation of acute or chronic pain. Also to be discussed is how machine learning is a new and powerful technology allowing for a whole-brain identification of altered brain structure and function in chronic pain. It may ultimately help to develop brain based biomarkers of pain and advance the goal of precision pain management.

BHV-03 **The Psychological Science of Pain Relief and Opioid Reduction**

Beth Darnall, PhD

Tuesday 9.4 11:10a – 12:00p

Level 4. **Nolita 1**

In this session the science of the intersection between psychological factors, pain, and relief will be reviewed. Nocebo and pain catastrophizing will be highlighted as therapeutic targets for pain control, opioid analgesia, and enhanced treatment response. Attendees will learn about cutting edge research that is leading to patient centered pain treatment, and precision pain care via targeted interventions.

Note: Be sure to attend this session if you plan to attend WRK-02, The Patient Centered Opioid Reduction workshop.

Check the red program guide and conference app for satellite events presented 12:15p – 1:30p.

SIS-03 **Involuntary Tapers: Legal, Ethical, and Clinical Concerns**

Douglas L. Gourlay, MD, MSC, FRCPC, FASAM • Stephen J. Ziegler, PhD, JD

Tuesday 9.4 2:40p – 3:30p

Level 4. **Mont-Royal Ballroom**

On March 15, 2016, the Centers for Disease Control and Prevention released their guideline with recommendations for primary care clinicians who prescribe opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Although most of the recommendations were supported by weak or very weak evidence, Recommendation #7 stated that "clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids" if the harms outweigh the benefits. At least a year after the release of the CDC guideline, several states have implemented dosage triggers, ceilings, and involuntary tapers, and some healthcare professionals have reportedly subjected their patients to involuntary tapers because they believed the CDC guideline required it. Consequently, this session will explore the ethical, legal, and clinical concerns and potential harms associated with the involuntary tapering of patients on long-term opioid therapy as a result of a state law, regulation, or out of fear of regulatory sanction by the healthcare provider.

Check the red program guide and conference app for satellite events presented 3:40p – 4:30p.

CPS-04 **Mirror, Mirror on the Wall:**

Graded Motor Imagery to Treat Complex Regional Pain Syndrome

Michael M. Bottros, MD

Tuesday 9.4 4:40p – 5:30p

Level 3. **Gracia 3**

Complex regional pain syndrome (CRPS) is a painful condition localized to a limb or body region, typically in response to trauma or surgery. Although several contributing mechanisms of CRPS have been described, the exact pathophysiology of the condition

is not completely known. Graded motor imagery (GMI) is a comprehensive program aimed at sequentially activating motor cortical networks of the disordered limb to improve neural reorganization. GMI includes phases of progressive sensory-motor restructuring beginning with laterality training, guided imagery, and ultimately leading to mirror therapy. In this lecture, leading mechanisms for the development of CRPS will be discussed, along with the role of reorganization of the somatosensory cortex. In addition, treatment algorithms will be included along with medications, injections, and a thorough review of GMI and its outcomes.

CPS-05 **Pain from Head to Toe: The Challenge of Multiple Comorbidities**
Charles E. Argoff, MD, CPE

Tuesday 9.4 5:40p – 6:30p

Level 3.**Gracia 3**

Perhaps underrecognized and/or incompletely addressed when evaluating and treating a person in pain: the multiple painful conditions that a person may be experiencing concurrently and the multiple medical conditions that a person experiencing chronic pain may be diagnosed with. Without such recognition, the person in pain may neither be optimally evaluated nor treated. This course will examine this conundrum and provide practical advice.

Wednesday 9/5

ACU-01 **The Role of Acute Care in the Opioid Epidemic**
Chad M. Brummett, MD

Wednesday 9.5 7:00a – 7:50a

Level 4.**Nolita 1**

Michigan OPEN—the Opioid Prescribing Engagement Network—was founded to develop a preventive approach to the opioid epidemic in the state through a focus on reducing acute care prescribing (surgery, dentistry, emergency medicine, and trauma). Addressing opioid prescribing during the acute care period among those patients not using opioids has the greatest potential to reduce the number of new chronic opioid users and minimize unintended distribution of prescription opioids into communities. Through a partnership with statewide, physician-led networks, Michigan OPEN is collecting data and identifying and disseminating best practices in acute care opioid prescribing to providers around the state. This session will describe the unique platform and approach of Michigan OPEN, launched under the leadership of 3 University of Michigan (UM) physicians with support from the Michigan Department of Health and Human Services, Blue Cross Blue Shield of Michigan (BCBSM) Value Partnerships, and the Institute for Healthcare Policy and Innovation at UM. The presenters will describe the program's approach to understanding the impact of acute care prescribing in the opioid epidemic, as well as successes in changing prescribing practices in response to our data findings.

Check the red program guide and conference app for satellite events presented 8:30a – 9:30a.

PEF-02 **Pain Pathways Made Simple**
David M. Glick, DC, DAIPM, CPE, FASPE

Wednesday 9.5 9:40a – 10:30a

Level 4.**Nolita 1**

In order to successfully clinically manage pain, it is essential to begin with an understanding of the underlying mechanisms responsible for its generation. A skillful approach based upon better knowledge concerning the anatomical structures, pathways, and events that result in pain is more likely to lead to effective clinical management of pain. This discussion will include an overview of medication classes typically

considered for pain and the pathways they affect.

Note: An encore will be presented on 9/7; see ENC-01.

SIS-06 **Full Metal Jacket: Examining the Psychedelic Side of Ketamine**
R. Norman Harden, MD

Wednesday 9.5 11:10a – 12:00p

Level 4. **Nolita 3**

Ketamine is abused as a club drug due to its potent hallucinogenic properties. What we know of the drug's adverse events/side effects/toxicity in high dose and frequent use come from this cohort of abusers, with most of the data coming from Japan. We will examine the neurocognitive effects (euphoria, visual, and auditory hallucinations) that are desired by abusers, but correspond to "adverse events" (dysphoria, frightening hallucinations) in the clinical context. We will also examine the cultural framework of abuse and qualitative sociological impact of the drug used in the context of a club drug. Finally, we will examine the toxicity of high dose chronic use as a caution to frequent infusion in certain clinical situations.

Note: An encore will be presented on 9/8; see ENC-02.

Check the red program guide and conference app for satellite events presented 12:15p – 1:30p.

SIS-08 **The Other Opioid Crisis: Fentanyl and Heroin**
Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

Wednesday 9.5 1:40p – 2:30p

Level 4. **Mont-Royal Ballroom**

There is a significant amount of media, political, and public attention paid to the opioid crisis/opioid epidemic in the United States. With the seemingly ever-increasing number of opioid related overdoses and fatalities, there has been a feverish push by stakeholders to diminish the amount of opioids prescribed in order to help stem these worrisome trends. Unfortunately, there may be a lack of focus regarding the true definition and characterization of the opioid epidemic. There may also be a rush to judgment about the role of appropriately prescribed opioid analgesics in the addiction crisis we face today. This presentation will discuss the roles and statistics of both prescription and illicit opioids—namely fentanyl and heroin—in today's "opioid overdose epidemic" with the intention of clarifying important differences and similarities between these competing epidemics including concerns and clinical considerations specific to each of them. Additionally, this program will examine and identify how these medications and drugs share potentially tragic adverse effect profiles in many cases. However, it is important for clinicians to make sure that appropriate chronic pain patients who may be candidates for opioid analgesic therapy aren't penalized, and still get the treatment they deserve.

IPPS-03 **Fear & Loathing in the Bedroom: A Savage Journey Into Sexual Pain**
Meryl J. Alappattu, PT, DPT, PHD

Wednesday 9.5 2:40p – 3:30p

Level 3. **Gracia 1**

When sexual pain strikes, the impact goes beyond pain during intercourse. Painful sex is associated with significant cognitive, emotional, and physical consequences that affect women even outside the bedroom. This common condition, affecting nearly 45% of older women and 34% of younger women, is linked to local (ie, pelvic) and widespread pain sensitivity, in addition to other areas of bodily pain. Sexual pain is also associated with significant intercourse related distress, including fear and anxiety which may be present before, during, or after vaginal penetration. Unfortunately, this topic remains taboo among patients and providers—patients often suffer in silence for years before

receiving treatment from a provider with knowledge of sexual pain. This presentation will cover the proposed mechanisms of sexual pain and how this type of pain impacts sexual and physical function, partner dynamics, and health related quality of life. Participants will learn the key components of a musculoskeletal pelvic examination for sexual pain, how to screen for sexual pain, and how to engage other providers to provide the multidisciplinary care warranted for managing this condition.

Check the red program guide and conference app for satellite events presented 3:40p – 4:30p.

PEF-05 **Clinical Pearls: Unraveling the Secrets of Imaging Studies**
David M. Glick, DC, DAIPM, CPE, FASPE

Wednesday 9.5 4:40p – 5:30p

Level 4. **Nolita 1**

Diagnostic testing is an integral component for the differential diagnosis. In routine clinical practice there has been a tendency for clinical examinations to become more cursory, largely influenced by increasing demands on a practitioner's time and the patient's expectations of technological advances. The end result may arguably lead to an overreliance on technology for basic clinical diagnosis. This session is meant to provide a review or, for some, an introduction to basic structural and functional studies used for the diagnosis of pain related problems. Attention will also be given to the limitations of such studies and the importance of establishing clinical relevance to their findings. Factors that adversely affect clinical management potentially resulting in failed treatment will be discussed, as well as best practices when utilizing such studies to help enhance clinical outcomes for treatment.

KEY-01 **Keynote: Mistaken Identities: Addict? Clinician? Drug Dealer? Manufacturer?**

Jennifer Bolen, JD • Michael R. Clark, MD, MPH, MBA • Jay Joshi, MD • Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

Wednesday 9.5 5:45p – 7:00p

Level 4. **Mont-Royal Ballroom**

Who amongst the many types of clinicians in the pain management community hasn't felt the weight of the ongoing battle for balance in pain management and the use of opioid therapy? Clinicians deserve to have their questions answered and yet, to get these answers and avoid mistaken identities, clinicians must commit to changing the conversation with patients, payers, and peers. This session will address these issues and more and focus on reframing the questions with a call to action: reframe, reboot, and recommit to quality pain care.

Note: This session is available for CE/CME credit.

Thursday 9/6

APP-01 **Practicing Multidisciplinary Pain Management in the Community Setting**
Theresa Mallick-Searle, MS, NP-BC, ANP-BC

Thursday 9.6 7:00a – 7:50a

Level 3. **Gracia 3**

Increasingly widespread acceptance of the biopsychosocial model in chronic pain management, along with the relatively modest performance of monotherapies in clinical trials, has led to increased research into the effectiveness of multidisciplinary care. The greatest challenges to practicing multidisciplinary pain management in the community setting include cost, access, provider education, and patient acceptance. This presentation will explore the importance of multidisciplinary pain management, provide easy access to resources, and empower the community provider to practice comprehensive pain management for improved outcomes with some of their most challenging of patients.

Check the red program guide and conference app for satellite events presented 8:30a – 9:30a.

SIS-11 **Year of the Locusts:** The Impact of the CDC Guidelines on Practitioners and Patients
Robert L. Barkin, MBA, PHARMD, FCP, DAPM • Gary W. Jay, MD, FAAPM, FACFEI

Thursday 9.6 9:40a – 11:00a

Level 4. **Nolita 1**

The CDC guidelines have caused controversy and spurred heated discussion. Produced with a paucity of evidence based medicine, they were never evaluated and iterated in the manner of more appropriate guidelines. In this course, we will examine the guidelines and their effect on practitioners—primary care physicians, pain specialists, etc—and chronic pain noncancer patients as well as some chronic cancer patients. Many functioning patients have had their opioid dosages diminished, either in concert with their physician or forcibly, without any say in the matter. This, along with a marked reduction in the amount of legal opioid medications that can be produced, has led to significant unintended consequences: practitioners are leaving the field; some refuse to even prescribe opioids, mostly due to fear of overregulation; once-functional patients are being abandoned by the medical field; patients are searching for something to return them to functionality, which can lead to overdose and death, particularly from heroin and illicit fentanyl. Indeed, the opioid crisis has now become the heroin and fentanyl crisis. During this presentation, solutions, and the changes necessary to bring them about, will be discussed.

NRO-02 **The Not So Silent Scream:** Managing Pain in Demyelinating Disorders
Charles E. Argoff, MD, CPE

Thursday 9.6 11:10a – 12:00p

Level 3. **Gracia 1**

Multiple sclerosis may be the most common demyelinating disorder clinicians are likely to encounter. The fact that nearly 50% of patients diagnosed with multiple sclerosis will experience moderate to severe chronic pain is often underappreciated and not addressed. This course will describe the multiple chronic painful conditions that may affect people diagnosed with multiple sclerosis as well as other less common demyelinating disorders. Emphasis will be placed on practical approaches to recognizing the condition, and treatment.

Check the red program guide and conference app for satellite events presented 12:15p – 1:30p.

SIS-14 **Do As I Say!** Facilitating Treatment Adherence in Pain Medicine
Martin D. Cheatle, PHD

Thursday 9.6 1:40p – 2:30p

Level 4. **Nolita 1**

Surveys of healthcare providers indicate that one of the most distressing features of clinical practice is that of patient nonadherence. Its incidence in pain medicine is concerning: over 50% of patients with chronic noncancer pain are nonadherent with their prescribed exercise treatment and up to 62% of patients with chronic noncancer pain are nonadherent to psychopharmacological treatment. Nonadherence is a critical issue, not only because it undermines treatment effectiveness, but because it can waste limited resources and be dangerous, especially regarding medications. Although promoting adherence is an important component of clinical practice, unfortunately it's rarely taught in medical, nursing, or dental school. This presentation will review the ethical considerations and current models and predictors of adherence in pain care and provide practical tools to improve adherence to medication management, exercise, nutrition, and weight loss.

MDL-02 **Embrace Changes and Prevent Overdose:**
A Basic Blueprint for Legal Risk Mitigation and Response
Jennifer Bolen, JD
Thursday 9.6 2:40p – 3:30p Level 4.**Mont-Royal Ballroom**

Overdose—a small word that packs a major punch, and a big reason for many recent legal regulatory changes in controlled substance prescribing and pain management. Too many physicians and allied healthcare practitioners are caught unawares by the legal issues surrounding overdose events, fatal and nonfatal. Often, prescribers are the last to learn about an overdose event and, worse yet, fail to take action once notified. Through a series of case examples, attendees will learn how to develop and implement overdose event policies and protocols. Attendees will receive copies of sample policies and protocols and learn how to tailor them to their respective practices and state licensing board framework. Professional licensing board and criminal cases involving overdose events do not usually end well for the prescriber, but there is much the prescriber can do proactively to signal his/her intent to get things right. While prescribers cannot control what their patients do once they leave the medical office, they are responsible for establishing a safe framework for opioid prescribing, including a proper response when something goes wrong.

Check the red program guide and conference app for satellite events presented 3:40 pm – 4:30 pm

APP-03 **Preventing Burnout: Caring for the Clinician & Promoting Wellness**
Ravi Prasad, PHD
Thursday 9.6 4:40p – 5:30p Level 3.**Gracia 3**

Burnout, a phenomenon closely linked with depression and characterized by emotional exhaustion, depersonalization, and reduced self-efficacy, has increased at a disproportionate rate in physicians compared to the general US working population. While interventions have been developed to address factors that contribute to burnout among practicing physicians, there is a strong need to focus on prevention for all clinicians involved in the delivery of healthcare services. This presentation will provide information about burnout statistics, factors that contribute to it, and ways it can be prevented. Pathways to developing a work-life balance and promoting self-wellness will also be reviewed, as will a novel resident and fellow wellness program developed at Stanford University.

NRO-04 **The Pompatus of Pain: Living Through Postherpetic Neuralgia**
Gary W. Jay, MD, FAAPM, FACFEI
Thursday 9.6 5:40p – 6:30p Level 3.**Gracia 1**

Postherpetic neuralgia is a not uncommon problem found typically in the aging patient, although it can also be found in younger patients. We will discuss the clinical picture as well as the pathophysiology of postherpetic neuralgia and describe appropriate treatment protocols for this problem which, if chronic, can be a major life impediment.

Friday 9/7

APS-01 **The Knee Bone's Connected to the...Peripheral and Central Mechanisms in Knee Osteoarthritis**
Roger B. Fillingim, PHD
Friday 9.7 7:00a – 7:50a Level 4.**Nolita 3**

Musculoskeletal (MSK) pain conditions are the leading cause of disability worldwide, and this year's American Pain Society track will explore the latest evidence addressing measurement, mechanisms, and management of MSK pain conditions. Among the most prevalent MSK pain conditions is knee osteoarthritis (OA), which is the leading cause of pain and disability among older adults. A brief overview of peripheral mechanisms and treatments, along with the epidemiology and clinical characteristics of knee OA, will be discussed in this course. Knee OA has historically been viewed as a regional pain condition driven by peripheral input due to arthritis changes in the knee joint. Accordingly, treatments have primarily focused on targeting peripheral changes. However, burgeoning evidence suggests that central pain processing is substantively altered among knee OA sufferers, raising the possibility that peripherally focused treatments may be ineffective for some proportion of these patients. Findings from studies using quantitative sensory testing and neuroimaging to examine central mechanisms related to knee OA will be presented. Because knee OA appears to disproportionately affect specific population groups, with African Americans at increased risk for OA related pain and disability, findings regarding ethnic group differences in OA pain and associated contributing factors will be discussed. The session will conclude with a summary of findings and recommendations to adopt a biopsychosocial approach to assessment and treatment of knee OA.

Check the red program guide and conference app for satellite events presented 8:30a – 9:30a.

PHM-02 **Opioid Conversion Calculations**

Mary Lynn McPherson, PHARM D, MA, BCPS, CPE

Friday 9.7 9:40a – 10:30a

Level 3.**Gracia 3**

A perennial PAINWeek favorite returns! Many patients receiving opioids will need to be switched from one to another during therapy, or at least from one dosage formulation or route of administration to another. During this session, practitioners learn to recognize clinical situations in which opioid switching would be appropriate. Attendees will also work on a problem set designed to sharpen their skills in opioid conversion calculation.

Note: Dr. McPherson will be conducting a book signing at the conclusion of this program.

CBN-01 **Reefer Madness Revisited: Taking the Insanity Out of Medical Cannabinoids**

Michael E. Schatman, PH D, CPE, DASPE

Friday 9.7 11:10a – 12:00p

Level 4.**Nolita 1**

Medical and recreational marijuana are sources of great confusion to patients and clinicians alike. A culture of "neuromysticism" around medical marijuana has arisen, leaving patients and clinicians muddled regarding what constitutes "medical" marijuana. This is due in part to the poor quality of the available research on safety and efficacy, which is due, in turn, to the restrictive scheduling of the drug. This lecture will focus on what we know, and what we don't know, about the efficacy and safety of medical cannabinoids. Specific recommendations regarding the safest and most effective use of medical marijuana as part of a pain management armamentarium will be provided.

Check the red program guide and conference app for satellite events presented 12:15p – 1:30p.

PHM-03 **Thug Drugs**

Mark Garofoli, PHARM D, MBA, BCGP, CPE

Friday 9.7 1:40p – 2:30p

Level 3.**Gracia 1**

Throughout the course of history, mankind has experienced heightened effects from natural sources, and even delved into creating or modifying substances to the same

accord. In our society we have a very "objective" classification of materials based on generally accepted medical use and propensity to become habit forming. However, as one can recall with ethyl alcohol (such as beer, wine, and hard liquor), a substance may never actually chemically change, yet can move across legal classifications. How does that happen? Well, join our discussion to learn how numerous illicit substances have similar, if not the same, mechanisms of action as legal prescription medications readily available today. One may even walk away with a few pointers from "street chemists" that are not easily available in any of our professional textbooks.

SIS-25 **Benzodiazepines and "Z" Drugs for Pain Patients:**

The Problem of Prolonged Withdrawal Syndrome

Joseph V. Pergolizzi, Jr, MD • Robert B. Raffa, PhD • Steven L. Wright, MD, FAAP, FASAM

Friday 9.7 2:40p – 3:30p

Level 4. **Nolita 1**

Benzodiazepines and "Z" drugs are frequently coprescribed to pain patients. They were developed for legitimate medical needs, but unbridled success and application has led to serious problems, some of which are known. The potential extreme duration of the withdrawal syndrome, however, is virtually unknown by providers and regulators. Patients suffer, not knowing the symptoms have a cause and not having medical professionals to turn to for help. They may become "difficult" patients, marginalized, or told that their symptoms are psychological. Paradoxically, the simplicity and success of GABA-A receptor knowledge has distracted from studying other pharmacology of these drugs. A glaring example is the almost universal lack of awareness of peripheral benzodiazepine receptors. Despite the higher risk, benzodiazepines have not been increased in scheduling per the DEA's Controlled Substances Act. This course will address the unmet and largely unrecognized medical need of overprescription, dependence, and withdrawal, and discuss actionable change to improve the knowledge, attitudes, preemptions, and practices of stakeholders.

Check the red program guide and conference app for satellite events presented 3:40p – 4:30p.

SIS-27 **Fudin vs Gudín:** Debate on 4 HOT Topics!

Jeffrey Fudin, BS, PHARM D, DAAPM, FCCP, FASHP • Jeffrey A. Gudín, MD

Friday 9.7 4:40p – 5:30p

Level 4. **Nolita 1**

Topics to be deliberated, with direct audience participation: defending high-dose opioids; Kratom or bait 'em; universal opioid monitoring for cancer patients; TIRF legality for noncancer pain; and medical marijuana and driving. Fudin and Gudín will argue one side but may have to switch their position at the sound of the buzzer, as they debate limiting daily morphine equivalent doses. What about Kratom? It has gained much popularity as a natural food product to mitigate withdrawal from opioids, reduce pain, and improve energy and mood. Fudin and Gudín will battle it out and expose the good, the bad, and ugly. Do patients diagnosed with cancer get a "free pass"? Gudín says "Let cancer patients be" and Fudin says "What's good for the goose is good for the gander." Then there's off-label use of TIRF for acute breakthrough pain in patients with complex chronic pain syndromes that require chronic long-term opioid treatments. Both Fudin and Gudín have defended or attacked this practice in court cases as expert witnesses. DUI charges, in some states, are defended by showing that the driver was entitled to use a prescription medication while driving, but marijuana is always excluded from this exception. Medical marijuana users must be aware of the rules they are expected to follow when they consider driving after its use. The Fudin-Gudín team will deliberate this topic with the audience. Come share your opinions with these experts!

Saturday 9/8

Note: Presentations start 1 hour later on Saturday, and there are no satellite events scheduled.

PHM-07 **What's All the "GABA" About?** Pregabalin and Gabapentin Abuse

Abigail T. Brooks, PHARMD, BCPS • Courtney M. Kominek, PHARMD, BCPS, CPE

Saturday 9.8 8:30a – 9:20a

Level 3.**Gracia 3**

The gabapentinoids are a popular class of medications among prescribers for use in chronic pain and various other neurological conditions. In fact, prescription rates for both gabapentin and pregabalin have increased in the United States and other countries in recent years. However, these medications have a street value to a newer niche of users, including patients taking them at mega doses to enhance the effects of other psychotropic drugs, and others taking them to manage or mitigate opioid withdrawal symptoms and possibly even opioid cravings. While pregabalin is already classified as a controlled substance, gabapentin does not yet carry this classification in most states. In response to rising abuse, various states and regulatory bodies are considering changes to enhance patient safety and protect the provider's license. Learn what changes you should make to your practice, if any, in light of the growing abuse of gabapentinoids and how to identify patients who are potentially abusing these medications.

PTH-01 **Change the Narrative for Improved Outcomes—Words Matter in Pain Care**

Kathryn A. Schopmeyer, PT, DPT, CPE

Saturday 9.8 9:40a – 10:30a

Level 4.**Nolita 3**

Clinicians have a responsibility to educate and reassure patients who live with pain so they can overcome barriers, such as fear of movement, and re-engage in healthy behaviors. Despite the progressive embrace of a biopsychosocial framework in pain care, most patients conceptualize their persisting pain symptoms as an isolated biomechanical/structural problem. Words such as degeneration, wear and tear, unstable, and impingement have an emotive impact, and can negatively affect a patient's self-efficacy, which sabotages individual functional outcomes. Clinicians have a significant influence over the beliefs of their patients, and words used in clinical interactions can deeply shape health beliefs. This course will provide arguments in favor of using words that promote health, resilience, and adaptability rather than descriptors consistent with destruction and injury. Research to support an alternate approach when discussing pain with patients will be presented, and practical alternative narratives will be offered.

PHM-09 **Are Bootleg Fentanyls the New Pill Mills?**

Jeffrey Fudin, BS, PHARMD, DAAPM, FCCP, FASHP

Saturday 9.8 11:10a – 12:00p

Level 3.**Gracia 3**

The number of deaths from prescription opioids from 2014 to 2016 were essentially unchanged, but deaths from illicit fentanyl derivatives over the same time period increased by almost 650%. Between 2010 and 2015, we know that by county, prescribed morphine equivalent daily dose (MEDD) per capita decreased by about 50% and remained stable in about 30%. We also know that during the same time span, overall opioid prescribing rates by county decreased about 50% and remained stable at 34%. Additionally, between 2010 and 2015, the average daily MEDD per prescription within the U.S. decreased overall by 72% in all counties; it remained unchanged in 26% of counties; and increased in only 2% of counties. Heroin related deaths have skyrocketed over the last 2 years and, in certain states, up to 70% of the presumed heroin related deaths in fact are attributable to heroin laced with illicit carfentanil or similar ultrahigh-potent

derivatives. The CDC has often lumped aggregated data for opioids into various reports without consideration of combined prescription related opioids that were obtained illegally and used in combination with illicit opioids plus or minus other sedative hypnotics including alcohol. This data has unfortunately mushroomed into lay press (false) claims that prescription opioids are synonymous with the devil. This session will provide an overview of the data, separate fact from fiction, and provide a comprehensive overview of illicit fentanyl derivatives, relative potencies, and dangers. Participants will gather the necessary information to intelligently separate alternative facts from the real facts as they relate to opioid related deaths.

PHM-11

To Dream the Impossible Dream:

Acute Pain Management for Patients on Buprenorphine

Maria C. Foy, PHARM.D, BCPS, CPE • Tanya J. Uritsky, PHARM.D, BCPS

Saturday 9.8 2:00p – 2:50p

Level 3. **Gracia 3**

With our current climate of opioid overuse and increasing opioid related deaths, alternatives to pure mu opioids are necessary. Buprenorphine, an important weapon in the arsenal for management of substance use disorder, is now rising in popularity as an opioid option for chronic pain. Evidence has demonstrated efficacy for various chronic pain conditions with less risk of adverse effects, such as the development of tolerance and respiratory depression. With increasing utilization, patients on chronic buprenorphine therapy are now more frequently being admitted to hospitals with severe acute pain due to surgery or trauma. A partial opioid agonist, buprenorphine has unique pharmacokinetic properties that differ from pure mu opioid agonists. Challenges with pain control can occur when acute pain treatment with a pure opioid is used in patients receiving buprenorphine due to its strong affinity to the mu receptor. This session will review the unique characteristics of buprenorphine and offer options for treatment of severe acute pain in patients receiving buprenorphine therapy.

SIS-31

Ketamine in the Acute Care Setting: What's Old is New Again

Charles Louy, MD, PHD • Chona Melvin, DNPC, MSN, RN, FNP-C

Saturday 9.8 3:00p – 3:50p

Level 3. **Gracia 3**

Ketamine, initially developed and still used as an anesthetic, is finding its way in other applications, including acute and chronic pain management and treatment of psychiatric conditions. In spite of the evidence regarding the beneficial effects of ketamine, many healthcare providers, including anesthesiologists, are reticent and even opposed to using it in their practice. At the other end of the spectrum, ketamine clinics are attracting more and more cash paying patients to undergo continuous infusions of IV ketamine. So what is the evidence for and against the use of ketamine? After covering the most recent literature, we will review the use of ketamine and present our experiences at Cedars-Sinai Medical Center in Los Angeles, including the creation of ketamine infusion protocol, hydromorphone-ketamine and morphine-ketamine patient controlled analgesia (PCA). We will discuss the barriers that confronted us, and how we overcame them. We will also present typical patients who we've treated, and conclude with future directions, such as our recent implementation of pure ketamine PCAs.

KEYNOTE

WED. SEPT. 5 5:45P
MONT-ROYAL BALLROOM

Certified for credit



**addict?
clinician?
drug dealer?
manufacturer?**

MISTAKEN IDENTITIES

**jennifer bolen
michael clark
jay joshi
kevin zacharoff**



