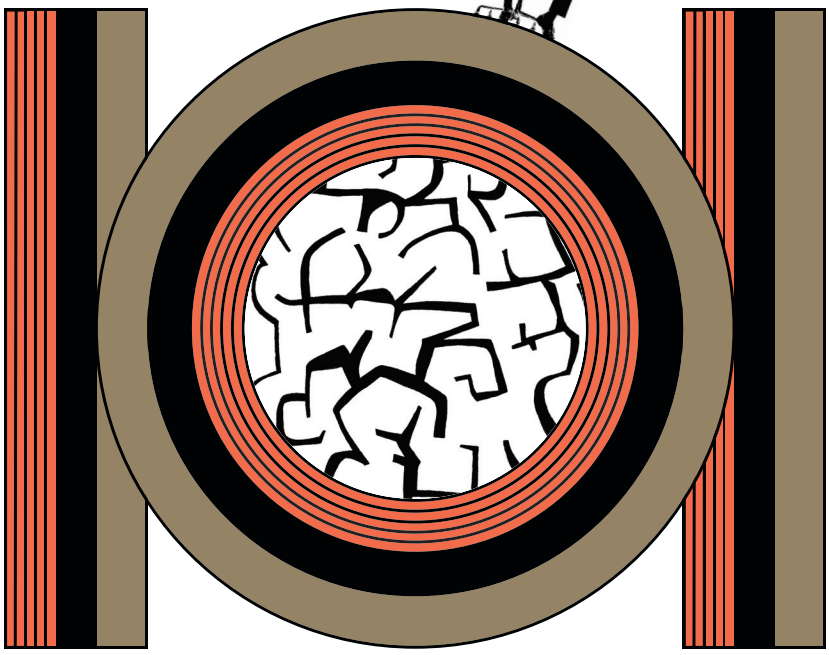
PAINWEEK



A Guide and Suggested Conference Agenda

Monday/9.2
6:00**p**–7:00**p**
LEVEL 4**Nolita3**

Not certified for credit

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 2
6:00p – 7:00p
Level 4/Nolita 3

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 13th year, PAINWeek is the largest US pain conference for frontline practitioners. Over 2000 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 2019 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:

Conference Registration Desk

Monday/9.2	3:00**p** – 7:00**p**	
Tuesday/9.3	6:30**a** – 6:30**p**	
Wednesday/9.4	6:30**a** – 6:30**p**	Limited staff during the Welcome Reception.
Thursday/9.5	7:00**a** – 6:30**p**	
Friday/9.6	7:00**a** – 5:00**p**	
Saturday/9.7	8:00**a** – 12:00**p**	

Global Education Group CME Desk Hours

Monday/9.2	4:00**p** – 6:00**p**
Tuesday/9.3	6:30**a** – 12:00**p** / 1:30**p** – 6:00**p**
Wednesday/9.4	6:30**a** – 12:30**p** / 1:30**p** – 5:30**p**
Thursday/9.5	6:30**a** – 12:00**p** / 1:30**p** – 6:30**p**
Friday/9.6	6:30**a** – 12:00**p** / 1:30**p** – 6:00**p**
Saturday/9.7	6:30**a** – 12:00**p** / 1:30**p** – 3:00**p**

TIP— If you plan to check in to the hotel on Monday, take advantage of the Monday onsite conference 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 App.

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
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
KEY Keynote
MAS Master Class
MDL Medical/Legal
MYO International Myopain Society
NRO Neurology
PAL Palliative Care
PEF Pain Educators Forum
PHM Pharmacotherapy
PMC Pain Management Coaching
POS* Scientific Poster Sessions/Podium Presentations
SIS Special Interest Session
VHA Veterans Health Administration
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 elements in the core curriculum. Detailed descriptions may be found in your red program book.

- **Special full-day programs**
  - American Headache Society
  - International Pelvic Pain Society
  - International Myopain Society

- **Special Interest Session (SIS) track:** of the 30+ session offerings, many topics are new to PAINWeek and include:
  - **SIS-02** The World According to Cannabinoids: Clinical and Research Updates
  - **SIS-03** The Gang that Couldn't Shoot Straight: Reconsidering the CDC Guideline
  - **SIS-04** Salt of the Earth: The Importance of Sodium Channels in Pain Management
  - **SIS-08** Malpractice for Dummies: Getting Sued and Surviving to Talk About It
  - **SIS-12** Tumbling Dice: Preventing a Benzodiazepine Crisis and Understanding Protracted Withdrawal Syndrome
  - **SIS-16** Buprenorphine: A Molecule for All Seasons
  - **SIS-17** The Static Pendulum: Pain, Drugs, and Ethics
  - **SIS-23** Deuces Wild: Fudin & Gudin Argue the New Rules of the Game
  - **SIS-31** Opioid Moderatism: Seeking Middle Ground

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 (PDM) programs. 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, as listed in their course description.

Visit https://www.painweek.org/conferences/painweek#satellite-events 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 at 5:45p, Level 4/Mont-Royal Ballroom
  - **Are the Monsters Coming to Main Street?** will be delivered by Jennifer Bolen, JD; Michael Clark, MD, MPH, MBA; and Kevin Zacharoff, MD, FACIP, FACPE, FAAP, and **IS CERTIFIED FOR CREDIT!**
- Welcome Reception: Wednesday at 6:45p, following the Keynote Address
  - Meet fellow attendees, faculty, and exhibitors in the Exhibit Hall, Level 4/Belmont Ballroom
- Scientific Poster Session and Reception: Thursday 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
- Scientific Poster/Podium Presentations: Friday at 10:40a-12:00p in the Expert Opinion Live area of the Exhibit Hall
- Exhibit Hall Closing Reception and Prize Drawing, Friday at 2:30p

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 9.4	Thursday 9.5	Friday 9.6
Welcome Reception 6:45p – 9:00p	Exhibits 10:00a – 12:30p 2:30p – 5:00p	Exhibits 10:00a – 12:30p 3:30p – 4:30p Closing Reception

The scientific poster session is located on Level 2/Condesa Commons. Posters are available for viewing beginning at 3:00p on Wednesday until 12:00p on Saturday. The poster reception is Thursday, 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, our App, or follow PAINWeek on Twitter.

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 Food & 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.

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.

Getting Updates

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

PAINWeek Mobile

PAINWeek 2019 is mobile! Access the event app on 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 2018 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 the red 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 **Monday 9/30**. 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.

FAQs

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 PAINWeek onDemand, 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 a **separate** registration fee.

- **WRK-01** Innovations in Pain Medicine Ultrasonography: Image Guidance, Diagnosis, and Emerging Applications
- **WRK-02** Hitting the Bullseye in Pain Management: Using All the Arrows in Your Quiver!
- **WRK-03** Rotate the Molecule! Rationalizing Excessive Opioid Prescribing with Buprenorphine

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

EXCEPTIONS: Meal symposia (SYM) 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 **Monday 9/30**. 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.

Note: Please check the satellite events meter board and conference app everyday for satellite events presented 8:30a – 9:30a; 12:30p – 1:30p, and 3:30p – 4:30p.

Tuesday 9/3

INT-01 **Injections, Nerve Blocks, Pumps, and Spinal Cord Stimulation**
Paul J. Christo MD, MBA

Tuesday 9.3 7:00a – 7:50a Level 4.**Nolita 1**

This presentation will highlight common procedures used for pain reduction, their evidence base, and a basic description of how each procedure is performed. We will primarily review epidural steroid injections, facet joint blocks and denervation, sacroiliac joint injections and denervation, myofascial pain, spinal cord stimulation, and intrathecal pumps.

SIS-02 **The World According to Cannabinoids:** Clinical and Research Updates
Theresa Mallick-Searle MS, NP-BC, ANP-BC • Ethan B. Russo MD

Tuesday 9.3 9:40a – 11:00a Level 4.**Mont-Royal Ballroom**

Despite the widespread acceptance of medicinal and recreational cannabis use internationally and domestically, marijuana remains federally illegal in the United States. For this reason, there are significant legal implications to clinical practice. Clinicians are unprepared to answer questions regarding legality or safety of cannabis use, and unprepared to counsel their patients on use or abstinence, particularly for pain management. This session will explore legal implications, discuss current science, and define the scope of the problem related to the need for education about risk and safety of counseling patients about cannabis use. Case examples representing real life will be presented.

SIS-03 **The Gang that Couldn't Shoot Straight:** Reconsidering the CDC Guideline
Gary W. Jay MD, FAAPM

Tuesday 9.3 10:40a – 12:00p Level 4.**Nolita 3**

After last year's talk about the CDC Guideline, a lot has begun to change, begrudgingly. While this is encouraging, there are still both medical and nonmedical people who don't want to see any changes in the weak to very weak (evidenced-based medicine) CDC Guideline, which has gone far from what it was supposed to be—recommendations for treatment in a primary care providers clinic. They have been "taken over, mandatorily" by a number of significant entities including CMS, various states, and more. Still, there appear to be political and nonpolitical but nonmedical mandated issues that continue to keep this "Guideline" in force. This presentation will discuss these issues and some possible reasons, both the positive and the negative, including forced tapering and increased suicides.

CPS-02 **Hanging By a Thread: Facial & Orofacial Pain**
Meredith Barad MD

Tuesday 9.3 11:10a – 12:00p Level 3.**Gracia 1**

Facial pain can be extremely debilitating for the patient, and the diagnosis can be extremely difficult for the provider. Facial pain often sends patients to many different subspecialties in search of a cure. This talk will review the diagnosis and treatment of the most common facial pain conditions including neuropathic pain syndromes, temporal mandibular dysfunction, and poorly understood disorders such as burning mouth syndrome and persistent idiopathic facial pain.

SIS-04 **Salt of the Earth:** The Importance of Sodium Channels in Pain Management
Michael R. Clark MD, MPH, MBA

Tuesday 9.3 1:40p – 2:30p Level 4.**Nolita 1**

Acute pain signaling has a key protective role and is highly evolutionarily conserved. Chronic pain, however, is maladaptive, occurring as a consequence of injury and disease, and is associated with sensitization of the somatosensory nervous system. Primary sensory neurons are involved in both of these processes, and the recent advances in understanding sensory transduction and human genetics are the focus of this review. Voltage-gated sodium channels (VGSCs) are important determinants of sensory neuron excitability: they are essential for the initial transduction of sensory stimuli, the electrogenesis of the action potential, and neurotransmitter release from sensory neuron terminals. Nav1.1, Nav1.6, Nav1.7, Nav1.8, and Nav1.9 are all expressed by adult sensory neurons. The biophysical characteristics of these channels, as well as their unique expression patterns within subtypes of sensory neurons, define their functional role in pain signaling. Changes in the expression of VGSCs, as well as posttranslational modifications, contribute to the sensitization of sensory neurons in chronic pain states. Furthermore, gene variants in Nav1.7, Nav1.8, and Nav1.9 have been linked to human Mendelian pain disorders and to common pain disorders such as small fiber neuropathy. Chronic pain affects 1 in 5 of the general population. Given the poor efficacy of current analgesics, the selective expression of particular VGSCs in sensory neurons makes these attractive targets for drug discovery. The increasing availability of gene sequencing, combined with structural modeling and electrophysiological analysis of gene variants, also provides the opportunity to better target existing therapies in a personalized manner.

SIS-06 **Chapter None:** Patient-Centered or Paper-Centered Pain Management?
Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Tuesday 9.3 2:40p – 3:30p Level 3.**Gracia 1**

Virtually all healthcare professionals have some degree of altruism and a strong desire to help patients in need. As healthcare continues to evolve, the burdens on clinicians change as well. While most of us have been taught that providing a "medical home" to patients along with shared decision-making is the most ethical way to provide effective healthcare, many are finding that other stakeholders may potentially derail those worthy intentions. While insurers are not often considered to be "regulatory agencies" by most, they indeed have become major players in determining the trajectory of everything from pain assessment to treatment planning and implementation to follow-up and monitoring. Many feel that insurance related paperwork and associated administrative burdens are contributing significantly to clinician burnout and ultimately having a negative impact on patient care. Additionally, navigating these challenges is not part of the standard curriculum of most educational training programs. This session will focus on these topics and the concept of "institutional iatrogenesis" and identify the challenges they present to healthcare providers, as well as strategies to manage them and minimize interference with our primary mission: caring for patients with pain.

CPS-03 **Neck and Upper Extremity Pain Syndromes**
David M. Glick DC, DAIPM, CPE, FASPE

Tuesday 9.3 4:40p – 5:30p Level 3.**Gracia 3**

There are many potential underlying causes for neck and upper extremity pain. All too often, only the most common conditions such as a disk herniation or carpal tunnel syndrome are explored. The purpose of this course is to review other common problems (such as radiculitis), and not so common (such as rib arthropathy pain syndromes) that can affect the neck and upper extremities. Attention will be given to clinical pearls for recognizing when patients present with such problems, as well as treatments that may prove helpful for both differentially diagnosing and treating various neck and upper extremity pain syndromes, especially those that are often missed or overlooked and easily treatable to resolution when they are identified.

Wednesday 9/4

ACU-01 **Acute Pain in Patients with Active Substance Use Disorder**
Debra B. Gordon RN, DNP, FAAN

Wednesday 9.4 7:00a –7:50a Level 4.**Nolita 1**

Opioid use and addiction have soared in the United States over the past 20 years, and drug overdoses have become the leading cause of injury death. Persons with opioid use disorder (OUD), particularly those injecting opioids, frequently require hospitalization and encounter need of acute opioid analgesia for trauma, surgery, infection, and other medical conditions. Treatment of acute pain in persons with OUD present challenges for acute pain management including altered nociception thresholds, physical dependence and withdrawal, tolerance, impaired immune response, and behavioral issues such as opioid seeking and poor coping skills. Clear goals of care and use of engaging communication methods are essential to deliver optimal inpatient care and smooth plans for hospital discharge. This session will cover key principles to working with this population including 1) improving patient safety and healthcare outcomes by treating underlying OUD; 2) optimizing pain relief for necessary surgical and medical treatment by providing multimodal analgesia; 3) facilitating access to medication treatment programs upon discharge; 4) empowering patients and providers by promoting clear, just, and equitable treatment of pain; and 5) protecting communities by promoting discharge opioid prescribing habits that minimize risk.

PEF-01 **Pain Terminology:** Knowing the Difference Makes a Difference!
Jessica Geiger-Hayes PHARMD, BCPS, CPE • Alexandra McPherson PHARMD, MPH • Mary Lynn McPherson PHARMD, MA, MDE, BCPS, CPE

Wednesday 9.4 7:00a – 7:50a Level 3.**Gracia 3**

The Pain Educators Forum presents this course because there are so many different levels of practitioner experience with pain management. Specifically, inspiration came from someone who, after attending one of our courses, had a burning question for our faculty: "What do sodium channels have to do with pain?" Yikes!!! After attending this humorous, informative course you will definitely know the difference between paresthesia and dysesthesia, allodynia and hyperalgesia, and how sodium channels confer excitability on neurons in nociceptive pathways. In sum, you'd be a fierce and worthy contestant on *Jeopardy*!

MDL-01 **Inside the Trojan Horse:**
Addressing Current Legal Actions Against Healthcare Practitioners

Jennifer Bolen JD ● Michael R. Clark MD, MPH, MBA ●
Douglas L. Gourlay MD, MSC, FRCPC, FASAM

Wednesday 9.4 9:40a – 11:00a Level 4.**Mont-Royal Ballroom**

Using case examples, this course will address the insider's view to illustrate the connection between carrying out licensing board directives on using opioids to treat pain and reasonably prudent medical decision-making, and documentation. The content presented is designed to engage participants who will work through several short case examples with faculty, all of whom are experienced as medical and legal experts. Covered will be treatment plans including treatment goals and exit strategy; true informed consent and treatment agreements; follow-up encounters and risk monitoring, including the use of prescription drug monitoring databases, drug testing, and adjustments to the treatment plan; and use of consultations and referrals. Attendees will learn about current trends in medical expert assessment of prescribing decisions and how to improve documentation of medical decision-making and opioid prescribing decisions. This session is a must-attend for Main Street Practitioners!

PEF-03 **Chronic Pain Assessment**
Michael R. Clark MD, MPH, MBA

Wednesday 9.4 11:10a – 12:00p Level 4.**Nolita 1**

Effective clinical interviewing and pain assessment are critical to the appropriate diagnosis and management of pain. In this presentation, attendees will learn how to apply principles of effective communication and ascertain how to evaluate available assessment tools.

PMC-01 **Pain Management Coaching:** Integrative and Complimentary Strategies for Chronic Pain
Becky L. Curtis NBC-HWC

Wednesday 9.4 1:40p – 2:30p Level 4.**Nolita 3**

Pain management coaching is a systematized application of techniques, including motivational interviewing, that enable your patients to work through ambivalence and take action to change their lives. One of the primary components is education. Coaches teach skills to enable the patient to regain a sense of control and direction. Working with patients to implement providers' recommendations, coaches give support and tools to help the patient reframe their perspective hopelessness and safely navigate through the treacherous jungle of complicated pain.

SIS-12 **Tumbling Dice:**
Preventing a Benzodiazepine Crisis and Understanding Protracted Withdrawal Syndrome
Joseph V. Pergolizzi, Jr. MD ● Robert B. Raffa PHD ● Steven L. Wright MD, FAAP, FASAM

Wednesday 9.4 1:40p – 2:30p Level 4.**Mont-Royal Ballroom**

Physicians are often faced with treating pain and sleep disturbances and/or anxiety at the same time, and perhaps do not recognize the link. Many of these patients may have been prescribed benzodiazepines as sleep aids in combination with opioids as analgesics. After declining for years, benzodiazepine prescribing has increased by more than a third from 1996 to 2013 with scant attention until they were found to be involved in 1 out of 3 opioid-associated overdose deaths. Use among persons on opioids has almost doubled over 10 years to 1 in 6, a rate 3 times higher than that seen in the general population. However, recently the FDA released a warning regarding the combined use of opioids and benzodiazepines due to serious risks, including death. There is also increasing severe concern about the development of benzodiazepine dependence and difficulties

of prolonged withdrawal. This course will address all these issues.

IPPS-03 **Let's Get Physical!** Musculoskeletal Pelvic Pain
Colleen M. Fitzgerald MD, MS

Wednesday 9.4 **2:40p – 3:30p** Level 3.**Gracia 1**

Pelvic floor muscle dysfunction is associated with pelvic pain, physical disability, and sexual dysfunction. Prevalence estimates of musculoskeletal dysfunction in various pelvic pain conditions, including endometriosis, vulvodynia, and painful bladder syndrome, range from 21% to 80%. In addition to being associated with other painful conditions, pain originating from pelvic floor muscles may refer to other body parts such as the lumbar spine, sacroiliac joints, hips, and abdomen. Adding to this complexity is an interplay between muscles and neurons including maladaptive neuronal plasticity associated with widespread muscle pain that may manifest beyond the pelvis. This presentation will provide an overview of key abdominopelvic musculature and contributions to pelvic pain, screening for musculoskeletal dysfunction, and components of a musculoskeletal pelvic pain examination. A focus will be placed on reviewing the pelvic anatomy and hormonal/life states related to sex specific musculoskeletal pain, such as pregnancy, endometriosis, and sexual pain. Additionally, the presentation will discuss the role of different musculoskeletal specialists such as physiatrists and physical therapists in identifying and treating musculoskeletal pain conditions.

SIS-14 **Maleficent Morphine Milligram Equivalents & Dosing Dilemma Disasters**
Jeffrey Fudin PHARMD, DAAPM, FCCP, FASHP

Wednesday 9.4 **4:40p – 5:30p** Level 4.**Nolita 3**

The treatment of chronic noncancer pain (CNCP) with opioid therapy continues to be a controversial topic. CNCP and long-term opioid prescribing has come under regulatory scrutiny with high stake liability for prescribing clinicians and dispensing pharmacists. The presenter will provide background and pearls necessary to narrow the dichotomy between providing acceptable opioid therapy and mitigating risk of morbidity and mortality. Discussions will include gaps between our ability to treat pain due to barriers that stem from numerous sources, some legislated and others through health professional misperceptions. This session will focus on stratifying risks of opioid abuse and misuse, dangerous miscalculated risks of dosing and converting between opioid equivalents, unexpected drug interactions, and pharmacogenetic factors which influence efficacy, toxicity, and drug interactions. Real case examples of how to predict and mitigate such risks while managing pain will be presented.

KEY-01 **Keynote:** Are the Monsters Coming to Main Street?
Jennifer Bolen JD • Michael R. Clark MD, MPH, MBA •
Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Wednesday 9.4 **5:45p – 6:45p** Level 4.**Mont-Royal Ballroom**

Newton's 3rd law of motion states, "For every action, there is an equal and opposite reaction." This makes sense to us and allows us to frame and predict what will happen in a physical world. When we consider the metaphysical world, we might think that the same rules apply. But they often do not—because thoughts are not objects, and attitudes, fears, and prejudices don't always follow predictable rational principles. In the face of multiple mindborn, fearful actions, the result can be chaotic or even "monstrous" reactions. We are witnessing this very phenomenon today in every clinical practice involved in the management of pain and the prescribing of opioid analgesics. This is no longer a time where an "opioid pendulum" is swinging in a single physical plane or

dimension, one that we can predict accurately. This presentation will focus on how the current opioid climate has fallen on the front doorstep of us all, and how the many different forces—including abuse, addiction, stigmas, fears, and deaths—have created the monster before us, one which can potentially have tragic and unethical consequences for patients with pain who need us to be there for them confidently, intelligently, and, most of all, cohesively.

Note: The Keynote presentation is certified for credit.

Thursday 9/5

APP-01 **Medication Assisted Therapy:** New Opportunities in Treatment

Brett B. Snodgrass FNP-C, CPE, FACPP, FAANP

Thursday 9.5 7:00a – 7:50a Level 4.**Nolita 1**

Medication assisted therapy (MAT) for addiction has been available since 2000. Up until 2016, physicians have been the only healthcare providers able to prescribe buprenorphine for opioid addiction. On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (CARA). This is the first major federal addiction legislation in 40 years and the most comprehensive effort undertaken to address the opioid epidemic. CARA incorporated many needed resources to better manage patients with addiction, but one specific aspect of the legislation was focused on nurse practitioners and physician assistants: providing greater access to care by easing the restrictions on who could provide MAT after completion of continued education. Nurse practitioners and physician assistants caring for patients with chronic pain and addiction need continued education and empowerment to accept this level of responsibility. This session will look at the history of addiction, past therapies, current therapies, and the future of addiction, specifically how it intersects with chronic pain management.

SYM-01 **Manage Pain and Minimize Misuse/Abuse:**
Using Abuse-deterrent Opioids to Enhance Patient Quality of Life

This program is supported by an educational grant from Daiichi Sankyo, Inc.
This activity is jointly provided by Global Education Group and Rockpointe Corporation.

Jeffrey Fudin PHARMD, FCCP, FASHP, FFSMB • Jeffrey Gudin MD

Thursday 9.5 7:00a – 8:00a Level 3.**Gracia 3**

Pain continues to be a significant public-health problem, affecting more than 100 million adults in the US. The presence of pain causes significant reductions in patient quality of life, along with significant economic issues. The use of narcotic medications for pain management has increased dramatically in the US over the past two decades, resulting in increased concerns of misuse and abuse. Due to these concerns, patients in need of opioid medications for relief of acute and chronic pain are often undertreated.

Abuse-deterrent formulations of opioid medications have been developed to make opioids more difficult to abuse and/or to reduce the level of euphoria a patient feels when the formulation is altered. Abuse-deterrent formulations can play a key role in optimizing the risk-benefit ratio of opioid analgesia.

"Manage Pain and Minimize Misuse/Abuse: Using Abuse-deterrent Opioids to Enhance Patient Quality of Life" will discuss the barriers preventing adequate pain management, describe the effective use of abuse-deterrent formulations of opioid medications in clinical practice, and increase clinician awareness of patient engagement tools to optimize care.

MDL-02 **A New Leaf:**
A Legal and Medical Perspective on Marijuana Use When Prescribing Controlled Substances
Jennifer Bolen JD ● Douglas L. Gourlay MD, MSC, FRCPC, FASAM

Thursday 9.5 **9:40a – 11:00a** Level 4.**Mont-Royal Ballroom**

The prescribing of chronic opioid therapy to patients who contemplate or are already using marijuana, whether medical or recreational, sets up the perfect storm for medical decision-making and risk management conundrums, especially in the current environment of opioid related hospital admissions and fatal overdoses, and the additional challenge of multiple prescribers of other drugs, like benzodiazepines and sleep medicine. The likelihood of a perfect storm is more apparent, and the risks to the prescriber of opioids to marijuana users increased, when opioid prescribing standards lack meaningful guidance. Prescribers must fine tune risk evaluation and monitoring skills and ensure proper documentation of patient evaluations and medical decision-making when treatment or patient choice results in the use of opioids in patients using marijuana. Faculty will present scenarios and show attendees how to evaluate risk and plan for risk monitoring in the treatment plan when marijuana is introduced into the equation. They will also help practitioners sort through patient risk factors that may mean saying "No" to the opioids or the marijuana. Finally, faculty will provide examples of proper documentation and ideas for controlling risk along the way.

AHS-01 **American Headache Society:** Migraine Education Program (Part 1)
Larry Charleston IV MD, MSC, FAHS ● Scott Powers PHD, ABPP, FAHS ● Nina Riggins MD, PHD

Thursday 9.5 **10:40a – 12:00p** Level 3.**Gracia 3**

Developed by the American Headache Society®, the Migraine Education Program includes new advances and addresses acute and preventive treatment options. In addition, we'll highlight epidemiologic data on the scope and distribution of migraine with an emphasis on diagnosing chronic migraine. Recent insights into the mechanisms of the complaint will set the stage for improving treatment outcomes for this most disabling of headache disorders. Part 1 will cover Diagnosis of Migraine and Episodic Migraine; Transitions, Risk Factors, and Barriers to Care; and case studies and Q&A.

AHS-02 **American Headache Society:** Migraine Education Program (Part 2)
Larry Charleston IV MD, MSC, FAHS ● Scott Powers PHD, ABPP, FAHS ● Nina Riggins MD, PHD

Thursday 9.5 **1:40p – 3:30p** Level 3.**Gracia 3**

See AHS-01 for course description. Part 2 will cover Pathophysiology of Migraine and Episodic Migraine; Acute Treatment Strategies; and Preventative Treatment Strategies.

SIS-17 **The Static Pendulum:** Pain, Drugs, and Ethics
Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Thursday 9.5 **1:40p – 2:30p** Level 4.**Mont-Royal Ballroom**

Pain remains one of the most common reasons that people seek medical attention in the United States. Since 2000, pain was designated as the "fifth vital sign" and people were given the right to have their pain assessed and effectively treated by their healthcare professionals. A number of ethical dilemmas have surfaced since, including the increased prescribing of opioid medications for patients with chronic pain, in the face of increasing rates of abuse, misuse, and addiction related to these medications. The "opioid overdose epidemic/crisis" has led us to the challenge of balancing the safe, compassionate, and effective treatment of chronic pain against serious negative outcomes

associated with the increased abuse and misuse of these medications. With overdose death rates increasing, tensions running high, a multitude of political and regulatory involvement, and knee-jerk reactiveness, it seems as if the only thing being forgotten is the needs of chronic pain patients and the core ethical principles intended to help clinicians maintain the highest ethical standards of care. This session will describe these principles and clarify their role in determining reproducible courses of action that maximize safety, efficacy, and compassionate pain care, regardless of the direction the "opioid pendulum" is swinging.

PHM-03 **Mirror Mirror on the Wall:** Who's the FDA's Fairest ADF of All?
Mark Garofoli PHARMD, MBA, BCGP, CPE

Thursday 9.5 2:40p – 3:30p Level 3.**Gracia 1**

Challenge accepted. Our country has made numerous strides in advancing patient care, and more particularly conducting efforts to ensure that lives within the national opioid crisis are saved and/or improved. One of those positive strides involves the FDA approval of abuse deterrent formulation (ADF) opioid medications, with the aim of preventing the transition from the misuse and/or abuse of prescription opioid medications to illicit (and possibly laced) diacetylmorphine (aka heroin). How do these formulations work, one might ask? Which ADF opioid medications are not only available on the US market, but also specifically approved as an ADF opioid medication? Are these ADFs really foolproof? Well, the street chemists of our country have already accepted the challenge to be knowledgeable on all of the above. Now it's our turn as healthcare professionals to get up to speed on these risk reduction entities.

SIS-22 **Central Sensitization and Ketamine Infusions**
Jay Joshi MD

Thursday 9.5 4:40p – 5:30p Level 3.**Gracia 3**

By now, we should all be aware of the prevalence of chronic pain. Astonishingly though, few people are aware of the central pathophysiology of why people develop chronic pain. Central sensitization is one of the key processes in which chronic pain persists. In this presentation, we will explore central sensitization, what it is, what it means, and what can be done to reduce it. We will also discuss ketamine, which has emerged as one of the most useful compounds currently available to mitigate central sensitization. This staple lecture at PAINWeek is a must for anyone who wants to learn about central pain conditions. Dr. Joshi, the presenter, helped create current protocols and philosophies on outpatient ketamine infusions. Ketamine as a treatment is becoming more popular. This lecture will provide top level information from one of the leading experts in ketamine infusions and central sensitization in the country so you can help your patients and evaluate legitimate ketamine infusion centers.

APP-05 **Starting an Acute Pain Service Is Harder Than You Think...**
AKA: "OMG Why Did I Agree to Do This Again?!"
Mechele Fillman MSN, NP-C

Thursday 9.5 5:40p – 6:30p Level 3.**Gracia 1**

There are no clear guidelines for developing an inpatient acute pain service. Nor are there any guidelines to help determine the mix of services. Who runs it? Anesthesia? Hospitalist? APP? Dedicated hospital-based pain services are uncommon except in large academic centers. So what would motivate a smaller hospital to start a new service line? For one, the opioid crisis, where opioids are both in limited supply and overprescribed. There is a national cry for more appropriate opioid prescribing and to limit the

number of pills given at any one time. Secondly, the Joint Commission's requirements surrounding pain states, "The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs." The rationale fulfillment: "Access to specialists through consultation, referral, or use of in-house experts reflects best practice." This activity will explore the aspects of and rational for starting an acute pain service in the acute care setting, potentially bringing improved outcomes and consumer satisfaction, along with specific challenges. Finally, the value of APPs as frontline clinicians on the acute pain service will be discussed.

Friday 9/6

PHM-05 **Everybody's Greasing Up, But Should You Rub It In?**
A Review of Topical Analgesics and Available Evidence in Clinical Trials
Timothy J. Atkinson PHARMD, BCPS, CPE

Friday 9.6 **7:00a – 7:50a** Level 3.**Gracia 1**

Topical analgesics are often recommended in clinical practice, but differences between formulations and routes of administration lead to confusion. In addition to commercial preparations, compounded topical analgesics are highly promoted and widely utilized from compounding pharmacies with individualized recipes of multiple combined medications, at substantial cost. To assist providers with tough decisions in this area, the available clinical trials supporting use will be reviewed along with formulations, locations, and doses where their use have been shown to the be most effective. This session will review the role of various topical analgesics as well as explore the rationale for "topical polypharmacy" with compounded drugs.

NRO-01 **An Elusive Villain:** Pain Associated with Lyme Disease and Other Spirochetal infections
Charles E. Argoff MD, CPE

Friday 9.6 **9:40a – 10:30a** Level 3.**Gracia 1**

Spirochetal infection symptoms include muscle pain, nausea, vomiting, and abdominal pain. Lyme disease can cause joint pain and stiffness, fatigue, flu-like symptoms, and sleep problems, among others. Depending on the species of bacteria involved, symptoms may be quite painful and range from acute to chronic. How are patients infected? What treatments work best? Although an "appropriate" treatment for the various stages of infection is not universally accepted, this course will suggest means for treatment while it reviews causes and types of infection and symptoms.

SIS-24 **Medical Stasi:** The Standardization Proclamation and Its Consequences
Jennifer Bolen JD • Paul J. Christo MD, MBA • Michael R. Clark MD, MPH, MBA • Douglas L. Gourlay MD, MSC, FRCPC, FASAM

Friday 9.6 **9:40a– 11:00a** Level 4.**Mont-Royal Ballroom**

The opioid crisis in America has resulted in many changes and challenges for clinicians who undertake the difficult field of pain management. Specifically, guidelines have been proposed and effectively adopted by regulators and insurers as quasi standards of care. This has created very real barriers to the effective use of an important class of analgesics: opioid analgesics. In this interactive panel discussion, experts from the psychiatric, medical, and legal realms of medicine will offer insights into the difficult practice of managing risk in the treatment of chronic pain, especially in the more complex patient populations where polypharmacy is often the rule, rather than the exception. Using a representative case, panelists as well as audience members will be able to

explore these issues with the goal of optimizing clinical care while practicing rational and defensible medicine.

SIS-25 **The Visible Few:** An Imperfect Burden on Patients and Providers

Jeffrey Fudin PHARMD, DAAPM, FCCP, FASHP ● Lynn R. Webster MD, FACPM, FASAM

Friday 9.6 **11:10a – 12:00p** Level 4.**Mont-Royal Ballroom**

Forced downward titration has been broadly implemented throughout the country as a direct result of the CDC Guideline for Prescribing Opioids for Chronic Pain. Prescribing clinicians feel pressured to follow the CDC's recommendations of dose limits to avoid regulatory sanctions, and pharmacists feel a corresponding obligation to intervene in accordance with the CDC Guideline and corporate policies. In many instances, prescribers have refused to treat opioid-requiring pain patients, resulting in the patient's discharge from the specialist's practice or a consult refusal—the latter of which, by default, often leaves the most medically complex and challenging patients with only their primary care providers to manage their pain. Some patients have chosen to leave their existing providers because of mistrust, cynicism, disbelief, and abandonment, but they then find it difficult to secure any other provider willing to treat their pain. This presentation will chronicle the events that have delivered an unreasonable burden on patients and providers.

MAS-02 **Back Pain:** It's All About the Diagnosis

David M. Glick DC, DAIPM, CPE, FASPE

Friday 9.6 **1:40p – 3:30p** Level 3.**Gracia 3**

The prevalence of back pain continues despite the many treatments available, without any single treatment being a panacea. In routine clinical practice there has been a tendency of clinical examinations to become more cursory, largely influenced by increasing demands of time and arguably an overreliance upon technology. It has been suggested that the failure to adequately differentially diagnose the cause of back pain can account for clinical failures in treatment. The purpose of this discussion is to assist clinicians in the development of a more problem focused examination to enhance the differential diagnosis of specific pain generators, and therefore lead to more patient specific treatment. Attention will be given to considering all aspects of the examination, including physical assessment as well as imaging studies, and the ability to rationalize when pathologies seen on these studies may or may not be clinically significant. The importance of considering how failed treatments influence the differential diagnosis will also be discussed.

NRO-03 **The Spider's Stratagem:** Arachnoiditis

Charles E. Argoff MD, CPE

Friday 9.6 **2:40p – 3:30p** Level 3. **Gracia 1**

Arachnoiditis is a pain disorder caused by the inflammation of the arachnoid, one of the membranes that surround and protect the nerves of the spinal cord. This swelling can lead to the formation of scar tissue causing the spinal nerves to stick together and malfunction. Neurological problems characterize the condition, along with stinging and burning pain. Although it's officially listed as a rare disease, arachnoiditis—and patients affected by it—still may appear in clinicians' offices. It remains a difficult condition to treat, with long-term outcomes being unpredictable. Treatment usually focuses on chronic pain relief and the improvement of daily function through management of symptoms. Physiotherapy, exercise, and psychotherapy are often recommended. Pain practitioners need to know the inciting causes, symptoms, physical signs, and MRI

findings of arachnoiditis, and treatment options. This course will cover recognition of the condition and ways to combat it.

SIS-28 **Opioid Moderatism:** Seeking Middle Ground
Michael E. Schatman PHD, CPE, DASPE

Friday 9.6 **4:40p – 5:30p** Level 4.**Nolita 3**

Few would question the severity of the prescription opioid crisis of the early years of this millennium, the causes of which were myriad. Undoubtedly, society needed to address the crisis in an aggressive manner. Unfortunately, the manner in which the problem was addressed has been a classic example of overkill, resulting in a war on opioid analgesia, the patients who require opioid treatment, and the providers who have continued to prescribe. Although many have cast blame on the 2016 CDC opioid prescribing Guideline, it was not necessarily the Guideline itself that caused so much suffering, but rather its weaponization. Irrespective, patients have been the "collateral damage" in this war on opioids. This presentation will address the imperative of physicians exercising more thorough and consistent opioid risk mitigation in order to avoid opioid analgesia from becoming further "legislated away," as well as the imperative of those who are "pro-opioid" and "anti-opioid" to agree on a rational middle ground that is more "pro-patient."

CBN-04 **Cannabis and Opioids Together:** Syn or Synergy?
Christopher M. Herndon PHARMD, BCPS, CPE • Bradlee Rea PHARMD

Friday 9.6 **5:40p – 6:30p** Level 4.**Nolita 1**

Clinical practice varies greatly in terms of chronic opioid therapy in the presence of known or suspected cannabis use. With more states passing legislation for both medical and recreational use of cannabis, previous policies of prohibiting concurrent use of cannabis and opioid pharmacotherapy for chronic pain or medication assisted therapy have become less clear. A chasm has developed between those who choose to define cannabis use as an aberrant drug taking behavior and those who choose to omit cannabis from routine drug screening as part of opioid risk mitigation. This session will review such policies and the data surrounding cannabis efficacy for pain, and present discussion points on the risks associated with concurrent opioid and cannabis use.

Saturday 9/8

Note: Courses begin at 7:30a on Saturday, and there are no satellite events scheduled.

INTG-01 **Acupuncture for Addressing the Intersection of Pain, OUD, and PTSD**
Edward S. Lee MD

Saturday 9.7 **7:30a – 8:20a** Level 4.**Nolita 3**

The principles of Chinese medicine as applied to opioid use disorder (OUD) and the history of the use of acupuncture for OUD will be presented. The evidence on the use of acupuncture for the treatment of chronic pain, addiction, and PTSD will be presented as well. The presentation will include a review of the literature on the scope of the opioid crisis, including a discussion of the use of opioid therapy for chronic pain, the diagnosis of OUD, the social factors that contribute to the development of OUD, and the barriers to treatment that patients encounter. It will also cover the neurological basis for chronic pain, addiction, and PTSD. Finally, case reports will be presented to facilitate learning.

ENC-01 **Pain Pathways Made Simple**
David M. Glick DC, DAIPM, CPE, FASPE

Saturday 9.7 8:30a – 9:30a 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.

MDL-04 **Embrace Changes and Prevent Overdose:**
A Basic Blueprint for Legal Risk Mitigation and Response
Jennifer Bolen JD

Saturday 9.7 9:40a – 10:30a Level 3.**Gracia 3**

Professional licensing board and criminal cases involving overdose events do not usually end well for the unprepared prescriber. Yet, there is much the prescriber can do proactively to signal his/her intent to prescribe for a legitimate medical purpose while acting in the usual course of professional practice and taking "reasonable steps" to mitigate abuse and diversion of controlled medication. Too often, prescribers are caught unprepared to respond to licensing board and legal inquiries surrounding overdose events. Many prescribers lack a structured approach to patient education to mitigate the risks associated with the use of controlled substances, errantly relying solely on a piece of paper to capture what should be a process of informed consent. This program includes lessons learned by the speaker through more than a decade of chart audits and legal case work. Through the lens of medical expert testimony and case examples, attendees will learn core areas of risk mitigation with a focus on making electronic medical records and paper charting work for the practitioner. Attendees will have access to templates that can be used to improve daily charting and to demonstrate adherence to risk evaluation, monitoring, and common documentation requirements. 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.

MYO-01 **Transformative Care for Myopain:**
Enhancing Long-Term Success in Myofascial Pain and Fibromyalgia (Part 1)
James R. Fricton DDS, MS • Ginevra Liptan MD

Saturday 9.7 10:40a – 12:00p Level 4.**Nolita 3**

Myopain conditions including myofascial pain and fibromyalgia are among the most common disorders causing chronic pain and are a significant cause of suffering, addiction, disability, and healthcare utilization. More than half of the persons seeking care for these pain conditions at 1 month still have pain 5 years later despite treatment. The good news is that successful treatment of these painful conditions is achievable, and this course aims to teach providers the 2 key factors that clinically make the biggest impact. The first is recognition of the contribution of the fascia to myofascial pain and fibromyalgia, and improving diagnostic skills promoting early recognition. Along with better recognition of myofascial pain, effective treatment will incorporate evidence-based manual therapies and myofascial self-care. The second key to success is utilizing a transformative care approach that integrates comprehensive patient self-management training and coaching to empower patients to address the many risk factors that can lead to delayed recovery and chronic pain. This activity will describe the growing body of evidence for fascial dysfunction contributing to pain in fibromyalgia and myofascial pain, along with research supporting the effectiveness of manual therapies either performed by a therapist or as part of a myofascial self-treatment

program. Reimbursement for transformative care with telehealth coaching with online technology will also be covered.

PHM-11 **Frankie Says RELAX:** The INs and OUTs of Skeletal Muscle Relaxants
Amanda M. Daniels PHARMD, BCPS • Christopher M. Herndon PHARMD, BCPS, CPE

Saturday 9.7 **11:10a – 12:00p** Level 3.**Gracia 1**

With increased efforts to decrease opioid prescribing for chronic pain conditions, nonopioid analgesics and coanalgesics are being more widely utilized. Skeletal muscle relaxants (SMRS) are frequently used chronically despite a paucity of data supporting this practice. Without a clear base of evidence, a thorough understanding of the pharmacologic profile of these agents is essential when selecting therapy. This session will present the class of SMRS in their entirety, review commonly accepted mechanisms of action, and challenge widely held beliefs regarding the appropriate place in therapy for this drug class when treating chronic pain.

MYO-02 **Transformative Care for Myopain:**
Enhancing Long-Term Success in Myofascial Pain and Fibromyalgia (Part 2)
James R. Fricton DDS, MS • Ginevra Liptan MD

Saturday 9.7 **1:40p – 3:30p** Level 4.**Nolita 3**

See MYO-01 for course description.

PAL-02 **You're Using WHAT for Pain Management?** Psilocybin, Ecstasy, and Ketamine
Jessica Geiger-Hayes PHARMD, BCPS, CPE • Alexandra McPherson PHARMD, MPH • Mary Lynn McPherson PHARMD, MA, MDE, BCPS, CPE

Saturday, September 7 1:40p – 2:30p Level 3 Gracia 3

Well that's just plain crazypants! Psilocybin is a naturally occurring psychedelic prodrug compound produced by more than 200 species of mushrooms (and yes, they are magical!). Psilocybin mushrooms have been used to treat a variety of conditions such as cluster headaches, obsessive compulsive disorders, anxiety, depression, and addiction. Most recently psilocybin has been used to treat the existential pain and distress associated with serious illness such as cancer. Another mind-blowing idea is that the FDA has allowed the medical use of MDMA (ecstasy) for PTSD patients, used in settings supervised by trained healthcare professionals, coupled with months or years of psychotherapy. Last, ketamine (a dissociative anesthetic agent) has enjoyed increased use in the management of difficult-to-control pain such as opioid-induced hyperalgesia, and in the management of depression. Ride the wave of the cutting edge by learning about these innovative therapies!

VHA-04 **Opioids and Mental Health—**Suicide Prevention as Highest Priority
Elizabeth M. Oliva PHD • Friedhelm Sandbrink MD

Saturday 9.7 **2:40p – 3:30p** Level 3.**Gracia 1**

There is an increasing awareness that opioid therapy and suffering from pain and mental health comorbidities are important contributors to a rising number of suicides in the United States. The VA Behavioral Health Autopsy Program report indicates that pain is the most common identifiable risk factor in veterans with completed suicides. Suicide prevention is of highest priority to the Veterans Health Administration. We will explore strategies to detect suicide risk, assess it, and mitigate it. This session will review suicide risk related to opioid therapy and opioid medication reductions/tapering.