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Letter from the SIG President

Dear Members of our SIG,

This has been an exciting time with new structure in place for several of our SIG activities, which previously were left to be carried out on an ad hoc basis. For example, board member Dr. Chris Eccleston, who was the Scientific Program Chair for the last International Symposium on Pediatric Pain (ISPP) in Mexico, agreed to become the Scientific Program Liaison to the SIG Council. In this capacity, he formed a sub-committee of Council to create a structure, process, and timeline for submissions for hosting future ISPP meetings. Several outstanding submissions were received and reviewed by Chris’ committee. Selections were made. and I am happy to announce that Stockholm, Sweden will be the site for the 2013 ISPP, and Seattle, Washington, for 2015. Scientific Program Co-Chairs were selected by a sub-committee of council and Dr. Jennifer Stinson and Dr. Suellen Walker have agreed to co-chair the 2013 meeting in Sweden.

Three SIG newsletters were published in 2010, thanks to our Secretary and outstanding Editor, Dr Tiina Jaaniste; four are planned for 2011. Other publications include:

• The Pediatric Pain Letter (www.childpain.org/ppl), which has published free, online, open-access, peer-reviewed commentaries since 1996. Three issues are published each year.

• “New Publications in Pediatric Pain,” regularly updated blog, lists recent publications in the field of pediatric pain that may be of interest to members (www.newpubs.childpain.org).

Some of the activities of the SIG include support for:

• ChildKind International Initiative (www.childkindinternational.org), in partnership with WHO, Mayday Fund, and others, led by Dr. Neil Schechter and Dr. Allen Finley

• Pediatric Research Network for Pain (PRN-Pain), a clinical trials collaborative, led by Dr. Gary Walco, Dr. Chuck Berde, and Dr. Elliot Krane

Furthermore, our SIG chose to provide $10,000 support to Dr. Jennifer Stinsen and Dr. Bonnie Stevens, in partnership with SickKids Hospital in Toronto, Canada, and other sponsors, to develop a Web-based Pediatric Pain Education Initiative. We are also working together with Pain in Child Health (PICH), the Canadian and now international program, to provide training for graduate students and post-graduate fellows in pediatric pain research, and work with different mentors throughout the world.

I want to thank our Council for all of their work this year, including Drs. Finley, Walco, Wood, Jaaniste, Grunau, Flores, Eccleston, von Baeyer, Fernandes, and Anand. I would also like to thank our members of Council who rotated off, including Drs. Franck, Carbajal, and Benson. I also appreciate the work of Dr. Johnston who has been our SIG liaison to IASP Council.
Pain education in Brazil

Brazil is the fifth largest country in the world and the largest in South America. The estimated population, estimated around 195 million, lives in 26 provinces and a federal district, where Brasilia, the capital of the country, is located. However, financial and technological resources, educational institutions, and health care services are not equally distributed throughout the country. These disparities have an impact on neonatal clinical practices, including pain management strategies.

Although it is known by clinical experience and personal communication that some institutions provide systematic pain assessment in infants, few studies describe Brazil's neonatal pain management scenario. Nurses consider pain assessment a difficult task, and are concerned about providing adequate pain measurement (1-2). Health care professionals are known to have difficulties in recognizing facial expression of pain in infants (3,4). In addition, few nurses and pediatricians are familiar with validated pain assessment tools (5-7). Pain assessment is considered a fundamental prerequisite to adequate pain management (3). Therefore, providing knowledge and training on pain assessment scales for health care professionals and students is essential. There are logistical and financial barriers to offering training based on traditional teaching approaches to a significant number of health professionals across the country, hence, developing a web-based program may be a feasible alternative. Currently, a collaborative work on development and validation of a neonatal pain assessment training program is being developed. Researchers and graduate students from the School of Nursing and the Ribeirao Preto College of Nursing, both affiliated to the University of Sao Paulo, are involved in the initiative, with international input provided from Canadian researchers. Financial assistance is provided by the IASP Developing Countries Project: Initiative for Improving Pain Education.

The Neonatal Pain Assessment Program (Programa de Avaliacao de Dor Neonatal – PAD-Neo) is an innovative initiative that intends to provide substantial grounding to improve health professionals' knowledge of and abilities in pain assessment and measurement in infants. PAD-Neo is a web-based training program that was developed at the virtual environment Modular Object-Oriented Dynamic Learning Environment (Moodle). It was developed to last eight weeks, with one module per week. The first module, Introduction and Objectives, aims to provide an overview of the course and instructions related to the program. Modules two to four provide theoretical framework on: definitions and physiology of pain, pain indicators in neonate infants, and principles of pain assessment and measurement. The last four modules present detailed information and practical training on four pain measurement tools: the Neonatal Facial Coding System (NFCS) (6-7), the Neonatal Infant Pain Scale (NIPS) (8), the Premature Infant Pain Profile (PIPP) (9) and the CRIES (Crying, Requires oxygen to keep saturation > 95%, Increased vital signs, Expression, Sleepless) (10). The training on pain assessment is provided by using photographs, video clips and clinical cases showing or reporting infants in painful situations. Pre- and post-tests are required to assess knowledge improvement.

The use of technology in pain education in Brazil is of particular importance since it allows the dissemination of standardized knowledge and the completion of neonatal pain assessment training for various groups of health care professionals and health sciences students in different provinces across the country. In addition, a web-based training allows applicants to develop the activities according to their own preferences and stimulates autonomy, creativity as well as intellectual freedom. Finally, substantial lower costs are involved in conducting web-based courses in comparison to traditional teaching approaches.

This is the first initiative on a computer-based educational program related to neonatal pain in Brazil. As an innovative program, PAD-Neo provides a unique opportunity to translate results of international neonatal pain research into clinical practice in Brazil, and minimizes geographical distances and differences on health education across the country. This course might improve evidence-based neonatal pain assessment and measurement, in the clinical practice of health professionals and ultimately improve neonatal care.

References

2. Socchi CGS, Carletti M, Nunes RF, Furtado MCC, Leite AM. Pain at the neonatal unit under a perspective of nursing staff from a University hospital, Ribeirão Preto, SP, Brazil. Rev Bras Enf 2006; 59(2): 188-194.
The study and treatment of pediatric pain in Cuba: moving ahead?

There are many things that are moving ahead in Cuba, and it seems that the study and treatment of pediatric pain is one of those. An enthusiastic multidisciplinary group of professionals, lead by Ubaldo Gónzalez, a psychologist, and Alina Alerm, a physician, are working hard to promote the study and treatment of pediatric pain in the country. With the support of the Cuban Chapter of the IASP, they were able to hold a workshop on pediatric chronic pain in January of 2010; a multidisciplinary meeting, the first of its kind in the country. It was a success, not only in terms of professionals attending, but also in the interest it prompted in the scientific community. The interest has crystallized in different research projects that these days are developing in La Habana hospitals and the Universidad Médica de La Habana. They are working to establish a Spanish-Cuban multidisciplinary network of professionals to advance the study and treatment of pediatric pain, with the hope of opening up to other countries and professionals in the Latin America area. A second workshop is to be held very soon in La Habana (January 19-20, 2011): II Workshop on Quality of Life in Pain. Pediatric pain and its Management (II Taller de Calidad de Vida en Dolor. Dolor Pediátrico y su Rehabilitación). This will be a multidisciplinary event organized by the Chair of Quality of Life, Health, and Happiness of the University of Medical Sciences of La Habana (Cátedra de Calidad de Vida, Salud y Felicidad, Universidad de Ciencias Médicas de la Habana) with the support of the Cuban Society of Physiological Sciences (Sociedad Cubana de Ciencias Fisiológicas), the Cuban Society of Pediatrics (Sociedad Cubana de Pediatría) and the Cuban Society of Physical Medicine and Rehabilitation (Sociedad Cubana de Medicina Física y Rehabilitación).

Canadian and Spanish colleagues are helping them in this project, and members of this SIG will accompany them in this forthcoming workshop. This meeting will cover many areas as they relate to the study and treatment of pediatric pain: epidemiology, quality of life, neuropsychology, immunology, neurosurgery, physiotherapy, assessment, pharmacologic management, multidisciplinary management, spiritual issues, psychological issues, etc.

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Implementation matters: Reducing pain and fear associated with childhood vaccination

There are guidelines and then there are guidelines. Some are purely local; others can be applied internationally. Some are based on a painstaking review and synthesis of research; others are based on somebody’s opinion. Some are accurate and up-to-date; others are obsolete before they are published. Some are easy to access; others are hidden behind walls of password protection. A critical eye is needed to discern the best.

In our field of pediatric pain, one of the best was published in November, 2010, on management of immunization (vaccination) pain in children. The aim is to reduce pain and fear of needles. Many adults who are afraid of needles trace their fear back to childhood immunizations, so following this guideline to prevent pain may have helpful outcomes long afterward.

The guideline was developed by a multidisciplinary expert panel led by Dr. Anna Taddio, Associate Professor of Pharmacy at the University of Toronto and a scientist at the Hospital for Sick Children. Dr. Taddio was also the recipient of the 2006 Young Investigator Award from the Special Interest Group on Pain in Childhood, IASP, see www.childpain.org/yia/2006award.shtml. Thanks to: Amelia Kimura, Adriana Leite, Priscila Costa, Angélica Oliveira, Thaila Castral, Luciana Monti, Carmen Socchi, Roberta Cardoso, Sharyn Gibbins and Bonnie Stevens who collaborated on writing the grant proposal and on the development of the web-based course; to the International Association for the Study of Pain for the financial support; and to Ananda Fernandes for reviewing earlier versions of this communication.

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The comprehensive review article was published by the Canadian Medical Association Journal (full reference and open access link below). The review is accompanied by excellent, colorful handouts for parents, caregivers, health-care providers, and children on how to reduce vaccine injection pain. These handouts are available (also open access) via www.cmaj.ca/cgi/content/full/cmaj.092048/DC1.
Readers of this newsletter, though they might not administer vaccinations themselves, can have a big impact on preventing and reducing children's pain by letting their colleagues know about this excellent and free new resource.

Reference:

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Upcoming Meetings

II Workshop on quality of life in pain. Pediatric pain and its management
January 19-20, 2011, La Habana, Cuba

Pediatric Pain Master Class 2011
June 11-17, 2011, Marquette Hotel, Minneapolis, USA
www.childrensmn.org/web/whatsnew/195017.pdf

The National Pediatric Hypnosis Training Institute (NPHTI) is holding its second annual 3 day NPHTI Pediatric Hypnosis Skills Workshop Sept. 15-17, 2011, in Minneapolis, MN. Registration information will be available on www.NPHTI.org.

8th International Forum on Pediatric Pain: New concepts in chronic and recurrent pain
October 13-16, 2011, White Point Beach, NS, Canada
www.pediatric-pain.ca/content/IFPP

Challenges in Pediatric Care: Innovations through advanced nursing practice
January 13 2012, University of Basel, Switzerland
www.nursing.unibas.ch/pain-conf

14th World Congress on Pain
October 2-6, 2012, Pacifico Yokohama Convention Complex, Yokohama, Japan.
www.iasp-pain.org/Yokohama

9th International Symposium on Pediatric Pain
June 10-14, 2013, Stockholm, Sweden
www.childpain.org

Odd Spot: Do woodpeckers grimace in pain when repeatedly banging their beaks against trees?

This question was raised in a Canadian newspaper, the Globe and Mail, following a report at the 2010 World Congress on Pain by Dr. Ken Craig on human facial expressions of grimace in response to pain.

The answer was given a week later: woodpeckers do not grimace, and in fact have very small brains encased by a hard skull, rendering them protected from pain and concussion when banging their beaks against trees. This method of pain distraction is not endorsed by our SIG for pain in non-human species.

Denise Harrison

Odd spot contributions are welcomed from SIG-PIC Newsletter readers. Please email the Editor tjaaniste@hotmail.com with contributions of up to 100 words. Contributions should have some relevance to pain.

Please send contributions for possible inclusion in the SIG-PIC Newsletter to: tjaaniste@hotmail.com

Visit the SIG website: www.childpain.org

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