

## The President's Corner



Dear Friends of EFIC,

With great pleasure I may present to you the first issue of the EFIC Newsletter which has been totally remodeled after a long break. The EFIC Newsletter is going to be published quarterly on the [EFIC website](#) that is undergoing quite a facelift, too. After the new EFIC logo, the switch to biennial EFIC congresses, and

this year's change of the publisher for the [European Journal of Pain](#), the now updated website and the touched-up newsletter are the latest achievements for expanding our reach and making EFIC more appealing to healthcare professionals and all people interested in pain medicine.

Conceptually advised and excellently supported by the professional new website manager Melinda Borzsak, the Website Committee members and their Chairman, Bart Morlion, did a great job and the result of their efforts is gratefully acknowledged. Now it is up to the members of EFIC Committees and Task Forces, National IASP Chapters and EFIC Councilors, and all members of each EFIC Chapter to put more life into the website and to fuel it with ideas. We are looking forward to hearing from you!

During the 6<sup>th</sup> WIP Congress held in Miami Beach, Florida/USA from 4<sup>th</sup> to 6<sup>th</sup> February 2012, the presidents of EFIC, World Institute of Pain (WIP), World Society of Pain Clinicians (WSPC), and WIP Foundation signed the "[Declaration of Miami](#)" to join forces for better pain treatment and to promote pain medicine all over the world. Meanwhile, many organizations and institutions have endorsed the declaration, and I would like to warmly invite all Presidents and Councilors of our member societies to do the same by officially signing the electronic document on our EFIC website.

Other outstanding news is the forthcoming 3<sup>rd</sup> Societal Impact of Pain (SIP) symposium in Copenhagen from 29<sup>th</sup> to 31<sup>st</sup> May 2012. After two successful SIP symposia in Brussels, this year's meeting is marked by the Danish EU presidency. Joint by the Danish Association for Chronic Pain Patients (FAKS) and supported by the Danish Pain Society, the program highlights major issues, such as the understanding and definition of chronic pain as a disease in its own right and the successful implementation of the "Road Map for Action" on a national level.

Finally, I am pleased to announce that the President of IASP, Eija Kalso, and I have agreed to collaborate in launching one and the same topic for the IASP Global Year and the EFIC European Week Against Pain in the future. This will begin in October 2012, and I will keep you informed through the EFIC website and the newsletter, of course.

**With best wishes,**  
**Hans G. Kress**  
**President of EFIC**

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### CONTACT

[newsletter@efic.org](mailto:newsletter@efic.org)

### IMPRESSUM

**Editor: Bart Morlion**  
**Contributors: Hans G. Kress, Eli Alon,**  
**Nevenka Krevski Skvarc, Maarten van**  
**Kleef, José Geurts, Roberto Casale, Stefano**  
**Coaccioli, Chris Wells**

## A Word from the Editor



### Spread the news: the EFIC Newsletter is back!

It has been a while but the EFIC newsletter is back. Our ambition is to inform you 2 to 4 times yearly with news from EFIC. Changing times ask for changing visions, reflections and strategies. Especially in the field of communication the world-wide-web, social media like Facebook, Twitter and YouTube are becoming the “hieroglyphs” of the 21<sup>st</sup> century. To avoid future “analphabetism” we have the moral duty to keep track with these digitalized (r)evolutions. Professional assistance in these matters was urgently needed. Indeed, most of us who are involved in the activities of EFIC are professionals in the field of pain and pain management. We are trained as medical doctors, psychologists, researchers, academicians and health care providers at large. This implies that, with a few exceptions, we are not trained as specialists in digital strategies, website content management and social media. This analysis was discussed in the website committee and in the EFIC board. Conclusions were drawn, actions taken and professional help was called in by EFIC. The outcome? Mag. Melinda Borzsak started her activities about 6 weeks ago and advises EFIC on digital strategies, manages the content of the website and plans integration of social media. Her enthusiasm to move matters is reflected in 77 mails over the last weeks to your humble editor.

Over the next weeks and months you will notice that EFIC can keep pace with modern times. However, despite all modern means of communication we are convinced that the “good old” newsletter still has its place in our Federation. A new layout for the newsletter was created. EFIC plans on sending out quarterly newsletters in order to keep everyone up-to-date on current topics, past and future events and other information regarding EFIC. Additionally, the newsletter is meant to encourage exchange of views, opinions and information between EFIC members; hence, every newsletter will focus on a specific topic which can then be further discussed. Suitable contributions are expert opinions; pros and cons and essays in the field of pain in its broadest sense: including basic and clinical research, clinical management and societal issues. References are not mandatory. This should allow a more low threshold medium of open communication. Especially topics and issues which cannot be published in our official peer reviewed scientific journal “European Journal of Pain”. Therefore, unsolicited contributions or suggestions are welcome and can be forwarded directly to the editor.

*“The newsletter is meant to encourage exchange of views, opinions and information between EFIC members; hence, every newsletter will focus on a specific topic which can then be further discussed.”*

Have a good read!

**Bart Morlion**  
Editor EFIC Newsletter

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## 2<sup>nd</sup> European Symposium on the “Societal Impact of Pain”: “Road Map for Action” for Improved Pain Care in Europe

By Eli Alon

EFIC is strongly convinced of the importance of discussing the 'Societal Impact of Pain' with authorities, insurances, budget holders and strategic decision makers both on European level as well as within national health care systems. In order to provide a platform for discussion a first European, multi-stakeholder symposium on the “Societal Impact of Pain” (SIP) had been organised in 2010.

Following the positive responses from stakeholders, EFIC in co-operation with Grünenthal GmbH decided to continue the discussion and to organise a second symposium. The objectives of SIP 2011 were to discuss the key challenges, goals, policy instruments with budget holders, strategic decision makers and representatives of stakeholder organisations to improve pain management in Europe. All three EU institutions confirmed their support: the endorsement of the Presidency of the European Council, the attendance of representatives of the EU Commission, in particular EU Commissioner for Health and Consumers John Dalli, and the European Parliament hosting SIP 2011.

*The European Road Map Monitor 2011 is an evaluation based on the "Road Map for Action". The preliminary data give an initial overview of how the Road Map and its implementation are developing across the EU. View the full report [here](#).*

The most important outcome of SIP 2011 was the "Road Map for Action", which outlines seven key issues on how the EU institutions and Member States could effectively address the societal impact of pain at both EU and national levels.

*In November 2011 the Pain Alliance Europe (PAE), an umbrella organisation representing pain patient organisations in Europe, was launched in the European Parliament.*

The discussion at SIP 2011 helped to position pain within the EU Parliament Resolution on the "EU position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases (NCD's)". The scientific framework of SIP 2011 was designed under the responsibility of EFIC. The scientific program was endorsed by over 85 patient organisations and pain advocacy groups. The pharmaceutical company Grünenthal GmbH was responsible for

logistic support and organisation while the event was co-hosted by Dr Jiří Maštálka MEP and Dr. Milan Cabrnach MEP.

In November 2011 the Pain Alliance Europe (PAE), an umbrella organisation representing pain patient organisations in Europe, was launched in the European Parliament. EFIC's president Hans G. Kress was one of the key-speakers and welcoming the new organisation.

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## "The Societal Impact of Pain" - SIP 2012 in Copenhagen, Denmark: Positioning Pain as a Disease in its Own Right

By Eli Alon

Following the tremendous success from SIP 2011, the mission of the European platform "Societal Impact of Pain" ([www.sip-platform.eu](http://www.sip-platform.eu)) for an improved pain care in Europe is continuing: This year the 3rd European SIP symposium will be held in Copenhagen, Denmark, from **Tuesday, 29 May to Thursday, 31 May**.

The European and national implementation of the "SIP Road Map for Action" will be a central theme for discussion at SIP 2012. EFIC will focus on raising the position of pain in the major projects driven by the European commission:

- "Reflection Process on Chronic Diseases": Within the EU programme it is EFIC's objective to position pain as a major health problem, a disease in its own right.
- "European Innovation Partnership on Active and Healthy Ageing": EFIC will offer its scientific expertise for an innovative partnership on the role of pain in active and healthy ageing.

The SIP 2012 symposium is hosted by the Danish Association for Chronic Pain Patients (FAKS). The scientific framework of SIP 2012 is under the responsibility of EFIC. The pharmaceutical company Grünenthal GmbH is responsible for funding and non-financial support (e.g. logistical support). Patient organisations and pain advocacy groups will again have the opportunity to endorse the scientific aims of SIP 2012.

The registration has been opened at <http://www.regonline.com/sip-copenhagen>.

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## The European Week Against Pain 2011: Chronic Back Pain

By Maarten van Kleef, José Geurts

Every year, EFIC holds a centrally coordinated event called "The European Week against Pain" (EWAP). The 1<sup>st</sup> European Week against Pain was launched at the European Parliament in 2001. Since then each year all over Europe "European Chapters" have held national activities to gain attention from the medical community, the general public and local media.

Each EWAP has a defined theme and EFIC provides briefing packs on that theme, so that a general message can be unified across Europe. The theme for **2011/2012** is "Chronic Back Pain".

EWAP coordinator Professor Dr. Maarten van Kleef, Pain Anaesthesiologist from the Spine Centre Maastricht in The Netherlands, states that "the unsatisfactory and unscientific categorisation of 95% of back pain as "non-specific" has serious consequences for how back pain is treated."

EFIC's Plan of Action includes a raise in general awareness about the negative natural course of back pain, the need for more information campaigns about the importance of keeping up physical activity despite pain, the design of a new and appropriate classification of back pain, the promotion of better research, and the development of more effective treatments.

Read more about this interesting topic on the [EFIC website](#).



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## EFIC Pain Schools: Past, Present and Future

By Nevenka Krcevski Skvarc

EFIC Pain Schools are an important part of the EFIC mission, particularly for Eastern European countries and are becoming increasingly popular as recent reports show that the EFIC Pain Schools are among the top five visited sites on the EFIC website. EFIC Pain Schools have a long history and tradition. The EFIC Summer Pain

*Interested in joining one of the EFIC Pain Schools this year? There is still time to apply! Find out more information on each EFIC Pain School's program and application process [here](#).*

School in Sienna was the first school to provide interdisciplinary training to younger scientists from 2006 till 2009. It was initially established by the Federation of European Neuroscience Societies and set up by Anna Maria Aloisi, Giancarlo Carli and Manfred Zimmermann in 2003 and was again awarded FENS school status in 2009.

The second EFIC Pain School was established and set up by Reinhard Still and Rudolf Likar in 2008 as the EFIC Autumn Pain School in Klagenfurt. This school is based on the "pain courses" set up by Reinhard Still in Germany in the year 1991 and in collaboration with Rudolf Likar in Austria since 1994.

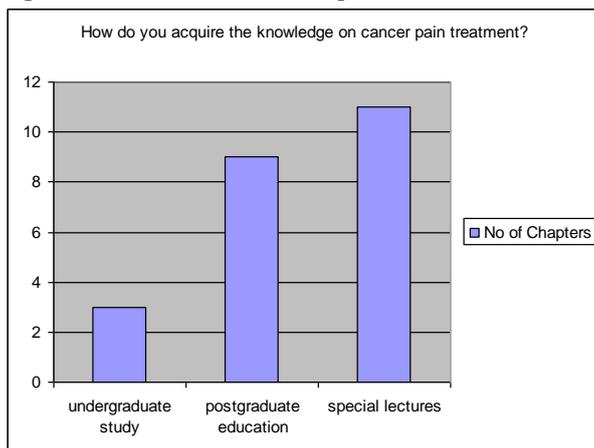
The third EFIC Pain School was established in 2009 and set up by Roberto Casale as the EFIC Montescano Pain School. The main focus of this EFIC Pain School is neurological diagnosis in chronic pain.

EFIC Pain Schools are very important for the further development of pain medicine and pain management in Eastern European countries and hence, every year EFIC awards 15 participants with grants for each school. The said grants as well other forms of EFIC’s support to Eastern European countries intend to further foster education in pain and are helping to bridge the gap between the developed and the less developed European countries.

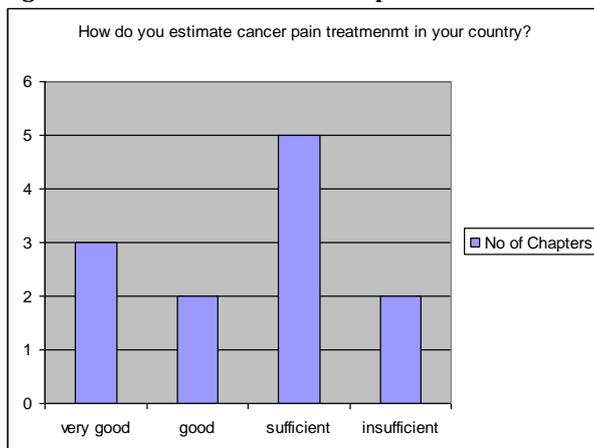
Last year I conducted a short survey on cancer pain treatment and palliative care in 18 Baltic and Eastern European countries. The responding rate was 67%. Sufficient and insufficient cancer pain treatment was reported in 58% of respondents, good cancer pain treatment in 17% and very good cancer pain treatment in 25% (figure 1). The knowledge on cancer pain treatment is acquired mainly by means of special lectures (figure 2). Only one chapter stated that they had no palliative care teams, others have some form of unorganized palliative care services.

I believe that this data indicates the need to organize an EFIC Pain School focusing specifically on cancer pain which is also the opinion of all involved parties in the survey. The highly positive feedback of past EFIC Pain School participants indicates that the EFIC Pain School for research and neuroscience is of great benefit to our members and the association itself and should be established again. I see the future of EFIC Pain Schools in the continuing existence and establishment of new pain schools which will fulfill the needs of all EFIC members.

**Figure 1: Estimation of cancer pain treatment in 12 Eastern Europe and Baltic Countries**



**Figure 2: The education of cancer pain treatment in 12 Eastern Europe and Baltic Countries**



## The EFIC Pain School Montescano: “Neurological Diagnosis in Chronic Pain”

By Roberto Casale

In 2009 the EFIC Executive Board established a school for “Diagnostics in pain medicine: Clinical and instrumental diagnostic processes in pain medicine” Montescano, Italy.



There were several reasons that prompted EFIC to launch the school, all of which were related to the increased number of doctors from different medical areas involved in the diagnosis and treatment of chronic pain (i.e. in pain medicine); the need to guarantee the best available diagnostic procedures on equal basis to all EU citizens and the increasing evidence of a strong neuropathic component in most of the chronic pain syndromes.

The fact that many specialists from different areas are increasingly involved in pain medicine is certainly a reason of cultural richness. However, EFIC felt that this also creates a point of weakness in terms of the lack of uniformity in the clinical approach to the patient and also, in some ways, the different use of various diagnostic tools. Within an enlarged EU community and in respect of the rights of all EU citizens to receive adequate and uniform treatments all over Europe, EFIC felt the need to have a minimum common denominator in the clinical approach as well as in the use of instrumental tools to improve the interpretation skills of various instrumental reports, which are not always tailored to the diagnosis of pain as a disease.

The school was then established in the Rehabilitation Institute of Montescano, Italy, a research and care institute where a Department of Clinical Neurophysiology and a multidisciplinary pain unit are present and the responsibility was given to Roberto Casale, a neurologist with a specialisation in anaesthesiology and vast experience in pain medicine and the rehabilitation of chronic pain patients.

Every year the EFIC Pain School Montescano is organised during the European Week Against Pain (EWAP), to stress the close relationship between EFIC initiatives. In this context, during the past editions, the EFIC’s Pain School Montescano has developed an increasingly close scientific relationship with the second EFIC pain school, the EFIC Pain School Klagenfurt, with the aim to give cultural continuity to these initiatives in terms of pain educational strategies and general educational guidelines.

*“I would like to thank you for inviting us and making it possible to attend the EFIC Pain School. We had a great time, learned a lot, heard different things, and meet really great people. I am very interested in further pain education, and I hope with your help, I will be able to continue it.”*

*Feedback from a participant of 2011*

This year the EFIC Pain School Montescano will take place from **8<sup>th</sup> – 11<sup>th</sup> October, 2012** and will be opened by EFIC’s President Prof. HG Kress.

The major goals and objectives of the EFIC Pain School Montescano are:

- Support the concept of pain as a disease
- Improve the clinical examination skills of the participants
- Define a core set of diagnostic tools for pain as a disease
- Define what kind of instrumental evaluation should/could be done by the pain specialist
- Promote the consistency of instrumental diagnostic procedures in pain medicine
- Improve the clinicians skill to plan a correct instrumental diagnostic path in pain medicine
- Improve the understanding of the diagnostic tools available in the diagnosis of pain
- Allow the participants to use some of the most valuable bed side tests in pain medicine

## Ethics in Pain Medicine

By Stefano Coaccioli

It is largely accepted that pain is a disease in its own right. Moreover, ethic of pain management is in rapid evolution and characterization. For centuries the core values of medicine have been restricted in vague maxims such as “first, do no harm”, but in the latter half of 20th century a new insight in bioethics challenged the legitimacy of new paradigms in the “Medicine of Complexity”. An increasing number of principles of ethics and bioethics are emerging: legal obligation to obtain informed consent (and to accept informed refusal), a new vision of the doctor-patient relationship (as a “clinical alliance”), and a modern conception of ethics in pain medicine.

The modern knowledge of physiopathology of pain and chronic pain, of central sensitization and neuromodulation of pain, has allowed and suggested a huge number of initiatives in the last two decades. Initially, these were addressed to increase the culture of pain and the awareness of barriers to pain relief, as well as the societal impact of pain. Lately, these have been carried out to ameliorate the treatment for pain patients, and to expand and improve the pain-connected ethical concepts. In these fields both EFIC and other scientific and cultural groups are very motivated in terms of providing information and teaching so that they may see a real change in the paradigms of pain towards embracing a new ethics in pain medicine. This is the attempt to summarize and highlight some aspects of this topic.

*The need for highly trained people in pain and palliative care continues to grow, as well as the need for knowledge, skills, and attitude that are essential to guarantee an effective pain management.*

Education in pain medicine is playing a major role, also in terms of better communication for both physicians and nurses. The need for highly trained people in pain and palliative care continues to grow, as well as the need for knowledge, skills, and attitude that are essential to guarantee an effective pain management. There is also the need to promote and encourage all research activities of academic purpose to basically push the care of pain patients, as their final objective. Particular attention must be focused on the methods of research geared towards the assessment of pain in non-communicative subjects – infants of preschool age and elders with difficulty or impossibility of verbal expressions.

The administrative and political authorities are considered to be the key interlocutors in the field of pain medicine. The scientific societies maintain a tight relationship of exchange with the authorities for continuous information, as well as for a constant solicitation of regulations and legislative initiatives to provide for an ever better assistance to patients suffering from pain – both on a national and local level. The collaboration with pharmaceutical companies must be carried out at the highest level of correctness and maximum transparency.

*In conclusion, the ethics in pain medicine are in a profound state of improvement.*

In this context, particular ethical considerations must be dedicated to the testing of new molecules in human beings. The cooperation with the patients associations is widely advocated. Emphasis is placed on the importance of collaboration with the patients, for a better understanding of the demands and expectations of those who are suffering, their families and caregivers.

In conclusion, the ethics in pain medicine are in a profound state of improvement. Recently, an Italian no-profit organization ([P. Procacci Foundation](#)) in collaboration with the Italian Chapter of EFIC ([AISD](#)) has presented an Ethics Code for Pain. Additionally, a new journal for nursing management of pain ([Pain Nursing Magazine](#)) has been published. The promotion of knowledge on pain, the education and continuous training of workers and health professions, the definition of the guidelines and recommendations in pain therapy, and many interesting informative campaigns represent the tools in the study of pain, as well as in the fight against pain, to better assist suffering pain patients.

## Chronic Pain: A Disease in its Own Right

By Eli Alon

Pain has often been regarded merely as a symptom that serves as a passive warning signal of an underlying disease process. Using this model, the goal of treatment has been to identify and address the pathology causing pain in the expectation that this would lead to its resolution. However, there is accumulating evidence to indicate that persistent pain cannot be regarded as a passive symptom.

Indeed, in many patients pain persists long after its usefulness as an alarm signal has passed, and often long after the tissue damage has healed. Continuing nociceptive inputs result in a multitude of consequences that impact on the individual, ranging from changes in receptor function to mood dysfunction, inappropriate cognitions, and social disruption.

Chronic pain often sets the stage for the emergence of a specific complex set of physical and psychosocial changes that are integral part of the chronic pain problem. These include a long list of associated features: immobility and consequence, wasting of muscle, joints etc. poor appetite and nutrition, disturbed sleep, dependence on medication, over-dependence on family, overuse and inappropriate use of professional healthcare systems and other carers, poor performance on the job or inability to work, disability, isolation from society and family, anxiety, fear, bitterness, frustration, depression, suicide. In addition to the severe erosion in quality of life of the pain-sufferer and those around him/her, chronic pain imposes severe financial burdens on many levels: costs of healthcare services, costs of services and medication, job absenteeism and disruption in the workplace, loss of income, non-productivity in the economy and in the home, financial burden on family, friends and employers, worker compensation costs and welfare payments.

*If you are interested in more information on the daunting cost of chronic pain, have a look at [this article on the EFIC website](#).*

Thus, all these changes that occur as a consequence of continuing nociceptive inputs argue for the consideration of persistent pain as a disease entity in its own right. As with any disease, the extent of these changes is largely determined by the internal and external environments in which they occur. Thus genetic, psychological and social factors may all contribute to the perception and expression of persistent pain. Optimal outcomes in the management of persistent pain may be achieved not simply by attempting to remove the cause of the pain, but by addressing both the consequences and contributors that together comprise the disease of persistent pain.

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## Meetings: Past and Future

By Chris Wells

As someone who attends many meetings and organises quite a few, it seems only fair that I have been asked to write a column about past and future meetings! There are so many that I can only cover a small number, so I will review two important past meetings and two yet to come.

### EFIC Pain in Europe VII

The biennial EFIC congress, Pain in Europe VII, was held in Hamburg from 20th to 22nd September 2011. Martin Koltzenberg and his scientific committee assembled speakers to give 8 refresher courses, 11 plenary talks and 35 topical seminars. There were over 3,800 registrants - 83% from Western Europe and 8% from Eastern Europe. Delegates came from as far away as Japan and Australia (4%). Three per cent were from South America and 2% from North America; 32% were anaesthesiologists, 21% from neurosciences, 11% physical medicine and 10% were psychologists.

Rolf Detlef-Treede Chaired the Local Organising Committee (LOC) and, together with Kenes, the Conference Organising Company (COC), ensured a successful social programme with an excellent opening reception. The city was delightful; Hamburg is an important port with many well preserved historic buildings and a fascinating dockland area.

I was particularly interested in (and learned a great deal from) several plenaries. I most enjoyed an update on Alternative Medicine by Edvard Ernst, and Chris Eccleston's talk on Psychology. Of great importance was Andrew Moore's session on evidence, where he showed how this could be manipulated by industry to exaggerate clinical efficacy. Although the programme covered most issues, the main focus was on the Societal Impact of Pain (SIP), and the SIP Symposium contained great presentations from Kris Vissers, Eli Alon and Rolf Detlef-Treede, amongst others. A press conference was held at which the important issues of pain prevalence, inequality of treatment across Europe and pain in the elderly were highlighted.

*Have a look at the educational webcast and video podcast of a selection of presentations of Pain in Europe VII [here](#). It's absolutely free for congress participants!*

### **WIP 2011**

Another important meeting was the World Institute of Pain (WIP) meeting in Miami Beach Convention Centre, Florida, held from 4th to 6th February this year. This was a true "world congress", with many speakers and delegates from Europe - after all, two of the founders of WIP were Serdar Erdine and David Niv, both ex-Presidents of EFIC. Two thousand delegates attended and there were 93 speakers, organised by a scientific committee ably Chaired by Richard Rauck, who is also co-Chairing the Croatian meeting I will mention later. The President of WIP, Ricardo Ruiz-Lopez, opened the meeting, while Ira Fox from Fort Lauderdale Chaired the LOC and arranged some great social events. Kenes, who by now must know every pain clinician, were the COC and ensured the smooth running of the meeting.

Miami Beach proved to be lovely - a Spanish speaking region of the USA with warm weather of between 22 and 27degrees throughout our stay - although the clouds stubbornly refused to depart! Some of us strolled to the congress centre along the beach, and the Art Deco sense of the surrounding buildings made it unlike any other US city I have ever visited. Sadly, the food was great too, necessitating weeks of dieting following the meeting!

*A video on the Declaration of Miami can be found [here](#) on the EFIC website.*

Among the outstanding plenaries I especially enjoyed Ossipov's talk on Opioid Hyperalgesia, and Dragan Primovic's lecture on the future of genotyping. Marshall Devor also gave a great talk on

Genetics, and I now have no doubt of the importance of this subject in pain medicine. Marshall also gave a fascinating talk on "Feeling no Pain, the neural Basis for Analgesia and Unconsciousness" in the Patrick Wall Memorial Lecture.

Perhaps most importantly, the Declaration of Miami was signed at an open meeting and press conference on Sunday 5<sup>th</sup> February. This was a combined initiative between WIP, EFIC, the World Society of Pain Clinicians (WSPC) and the WIP Foundation. The 4 Presidents affirmed their commitment to joining forces in order to advance pain treatment and to promote pain medicine throughout the world (the Declaration will be appearing soon on the EFIC website).

### **WSPC 2011**

The [15<sup>th</sup> World Congress of Pain Clinicians](#) will take place from **June 27th to 30th 2012** in Granada, Andalucia, Spain. In the home of Flamenco and the world famous Alhambra, this big meeting (over 700 registered already, early registration closes 18<sup>th</sup> April) will be about practical aspects of pain treatment for everyone from nurses and primary care physicians to cutting edge interventionists. The programme's main themes are low back pain, neuropathic pain and cancer pain (one plenary day for each main theme), with the sub- theme of "This is the problem, now what can we do about it?" The meeting has over 70 speakers on a full range of topics, in warm Andalucian sunshine under the backdrop of the Sierra Nevada. Late posters can still be accepted - you should make sure you don't miss this important event!

## Croatia Pain 2012

A smaller (but equally fun) learning and communication meeting will take place in Bol, Island of Brac, Croatia, from **14th to 16th September 2012**. (But don't go home afterwards as there are sailing workshops the week after in the warm Adriatic Sea!) This will be an EFIC-sponsored meeting, run by St Catherine's Hospital in collaboration with the Croatian Pain Society (Councillor: Mira Fingler), the Croatian Society for Spine Surgery and the Carolinas Pain Institute USA (Director: Richard Rauck). Scientific session subjects will range from opioids to interventional techniques and will also include advanced techniques such as spinal cord stimulation and intrathecal therapies. A great social programme will include SCUBA diving, fishing and wine tasting (not all at once, I hasten to add), as well as seeing some of the wonderful historic sites in the area. Information is on [www.croatiapain2012.com](http://www.croatiapain2012.com), please visit the site to see the programme and to register.

That's all for this newsletter's meetings, hope to see you at one or more in the future.

**How did you enjoy the EFIC Newsletter 01/2012? Let us know at [newsletter@efic.org](mailto:newsletter@efic.org). We look forward to receiving your feedback on this issue.**

**If you wish to unsubscribe from the EFIC Newsletter, you can do so [here](#).**

**The next EFIC Newsletter will be published on June 30<sup>th</sup>, 2012. The deadline for contributions is June 15<sup>th</sup>, 2012. All contributions must be emailed to Bart Morlion at [bart.morlion@uzleuven.be](mailto:bart.morlion@uzleuven.be).**

**If you are interested in contributing to one of our next issues, please have a look at the [EFIC Newsletter Contribution Guidelines](#).**

### EFIC Newsletter 01/2012 Contributors

**Prof. Hans G. Kress MD, PhD**  
Chair of Anaesthesiology and Pain Medicine, Medical University of Vienna AKH/ Austria

**Prof. Bart Morlion MD, PhD**  
Director of the Leuven Center for Algology & Pain Management  
University Hospitals Leuven, Belgium

**Prof. Eli Alon, MD**  
University of Zurich  
Pain Control Unit Zurich, Switzerland

**Assoc. Prof. Nevenka Krcovski-Skvarc, MD, MS**  
Department of Anesthesiology, Intensive Care and Pain Treatment  
University Clinical Centre Maribor, Slovenia

**Prof. M. van Kleef, MD PhD**  
Head of the Department of Anaesthesiology and Pain Medicine  
University Medical Centre Maastricht, The Netherlands

**Prof. Roberto Casale, MD**  
Director Foundation "Salvatore Maugeri" - IRCCS  
Dept. of Clinical Neurophysiology Pain Rehabilitation Unit Scientific  
Institute of Montescano, Italy

**Prof. Stefano Coaccioli**  
Associate Professor of Internal Medicine  
Perugia University Medical School - District of Terni  
Chief, Dept. of Internal Medicine, Rheumatology, Medical Pain  
Therapy, Italy

**Dr. Chris Wells, Consultant in Pain Relief**  
Liverpool, United Kingdom