

EVENT REPORT FORM

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|--------------------------|---|
| Project title | Strengthening Capacities for Higher Education of Pain Medicine in Western Balkan countries |
| Project acronym | HEPMP |
| Project reference number | 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP |
| Coordinator | University of Belgrade |
| Project start date | October 15, 2017 |
| Project duration | 36 months |

| | |
|------------------|---|
| Event | „PAIN - TERRIFYING LORD OF LIFE” |
| Type of event | The International Scientific Meeting |
| Venue | Serbian Academy of Sciences and Arts, Belgrade, Serbia |
| Date | October 22, 2018 |
| Organizer | Meeting is organized by the Department of Medical Sciences of the Serbian Academy of Sciences and Arts and the Erasmus+ program - Capacity Building for Higher Education (CBHE) through the project: “Strengthening Capacities for Higher Education in Pain Medicine in Western Balkan Countries – HEPMP”. |
| Reporting date | October 22, 2018 |
| Report author(s) | Predrag Stevanovic |

Project number: 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP (2017 – 3109 / 001 – 001)

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responsible for any use which may be made of the information contained therein.*

EVENT DESCRIPTION

with special reference to goals and outcomes

| | |
|---|--|
| Number of participants at the event | 16 project participants and 50 listeners |
| Participants (organisations) | UB, UK, UF, ULJ, UR, UHDM |
| Event description: | |
| <p style="text-align: center;">Objective of the meeting</p> <p>Department of Medical Sciences, Serbian Academy of Sciences and Arts and Erasmus + program of the European Union - Capacity Building for Higher Education (CBHE) through the project: "Strengthening Capacities for Higher Education in Pain Medicine in Western Balkan Countries - HEPMP" organized the International Scientific Meeting named „PAIN-TERRIFYING LORD OF LIFE”, which was held on October 22, 2018. in Belgrade, Serbia.</p> <p>The aim of the organization of this international meeting was to raise awareness of the problem of pain both in the professional medical population and in the society in general, with the presentation of relevant scientific facts about pain by eminent lecturers, members of the Serbian Academy of Sciences and Arts (SASA), as well as professors of medical faculties, universities participants of the HEPMP project. The Scientific Program of the meeting has been carefully designed by the members of the SASA.</p> <p>As the meeting was held at the Serbian Academy of Sciences and Arts, the most eminent scientific institution in Serbia, the fact that the Academy supported such an activity is of great importance and points to the fact that it recognized the need to put the problem of pain in focus, both professional and the general social public.</p> <p>As the Academy organized this gathering in partnership with the HEPMP project, it emphasized in the foreground the significance of the project as such, as well as the appreciation of the University's efforts in the project to participate in the implementation of their project activities.</p> <p>Therefore, the goals of organizing and maintaining this international scientific meeting could be presented in the following way:</p> | |

- Expert-scientific discussion on the problem of pain,
- Raising the awareness of the professionals (health workers) about the problem of pain,
- Raising awareness of the wider social population about the problem of pain,
- Putting in the focus of activities of higher education institutions (the University) in education in the field of pain,
- Highlighting the significance of the HEPMP project with all its goals and activities
- Highlighting the importance of the Erasmus plus project cycle implemented by the EC through PC and PgC support in capacity building of higher education institutions in the field of education about pain,
- The dissemination of information about HEPMP, its objectives and activities,
- Publication of a monograph with professional papers, which will serve for the prolonged dissemination of information on HEPMP activities, but also for the education of health workers.
- Through the dissemination of HEPMP information, the call to all professionals in the health profession to participate in HEPMP activities through participation in the next meetings, the project forum and the academic network that the project establishes.
- Through the dissemination of information of the HEPMP, pointing to the need to involve a wider professional and scientific community, as well as the wider community in the struggle to solve the pain problem in general.

Description of the meeting

An international scientific meeting was held on October 22, 2018 in Belgrade, Serbia, starting at 10 am in the ceremonial hall of the SASA. The meeting was attended by 16 members of the HEPMP project, as well as about 50 listeners. It should be noted that the meeting was attended by the President and Secretary of the SASA, Secretary of the SASA, as well as several academics of the SASA, Rector of the Belgrade University, Prof. Dr Ivanka Popovic, as well as two Vice-Rectors, Vice-Rector for International Cooperation: Prof. Dr Nenad Zrnic and Vice-Rector: Dr Petar Bulat,

which gave a high importance to the whole gathering. It is important to note that the representative of Tempus office from Belgrade, Mr. Darko Milogrlic, also attended the gathering.

Along with the planned schedule, the academician Prof. Dr Dragan Micić greeted the gathering and announced the rector of the Belgrade University, Prof. Dr. Ivanku Popović, who in his speech addressed the importance of the meeting and the Erasmus project cycle, as well as the fact that the University of Belgrade provides maximum support to the HEPMP project, recognizing the importance of the project's objectives, as well as the overall importance of the topic of pain for both the professional public and the society in general, which is dealt with by the gathering and the HEPMP project as a whole. The Rector said that the University of Belgrade will continue to monitor the project activities of the HEPMP project and provide all the necessary support and logistics in order to achieve the planned goals of the project.

The Presidency of the meeting was composed of: Academician Prof Dr Dragan Micić, Academician Prof Dr Djordje Radak, Academician Prof. Dr. Dušica Lečić Toševski, Prof. Dr. Predrag Stevanovic.

After a short opening ceremony, lectures followed in the order in which they were established:

Lectures:

1. Pain medicine in Serbia - Academician professor Dragan Micić, MD, PhD (Belgrade, Serbia)

The lecture emphasized the importance of formal education of doctors within the existing postgraduate teaching of subspecialization of Pain Medicine. The idea of launching the Subspecially of Pain Medicine came from the Tempus project: Joint European Project 2006: Palliative and Pain Medicine Project-PPMP (JEP_41171_2006), where the Medical Faculty of the University of Belgrade was part of the project consortium.

Subspecialization was established by the decision of the Ministry of Health of the Republic of Serbia in 2013, and after four years of efforts of the teachers and the management of the Medical Faculty (Prof. Predrag Stevanović, Academician Prof.

Dragan Micić, Prof. Dr. Dejan Nešić ...).

2. The importance of early recognition of vascular pain - Academician professor Djordje Radak, MD, PhD (Belgrade, Serbia)

Academician Professor Radak emphasized in his lecture the importance of recognizing the problem of cardiovascular diseases today.

Cardiovascular diseases are the leading cause of mortality and morbidity in general population worldwide. Atherosclerosis underlies most arterial diseases, and leads to organ ischemia, while substances secreted in the ischemic tissue initiate an impulse interpreted as pain. Chronic limb ischemia is manifested by intermittent claudication, rest pain or gangrene, depending on disease progression. Pain in acute limb ischemia is sudden, worsens over time, while other changes are reversible in the first 4-6 hours from ischemia onset. Distinct sign of chronic limb ischemia is a weak or absent pulse proximal to the pain localization. Due to the absence of sensitive innervation, visceral ischemia does not manifest with pain, except for mesenteric ischemia, which is characterized by abdominal angina. Aneurysm and dissection weaken the arterial wall and may lead to fatal rupture. Most of the patients with aortic dissection complains of sudden pain, which they describe as “the worst ever”. Non-ruptured aneurysms are mostly asymptomatic, but could cause paraumbilical or back pain, while aortic aneurysm rupture manifests itself by sharp pain accompanied by unstable condition of the patient.

Venous disease are characterized by signs of venous stasis, which also leads to endothelial dysfunction and local inflammatory reaction, by which it directly provokes pain sensations. Phlebothrombosis is manifested by persisting pain accompanied by oedema and cyanotic coloring of the afflicted limb, and can be followed by thromboembolic complications. In addition, it could occur on the basis of the ascending thrombophlebitis of the great saphenous vein. Knowledge of typical characteristics of vascular pain can be crucial in effective and timely treatment of vascular patients.

3. Epistemological, ontological and phenomenological face of pain -

Professor Predrag Stevanović, MD, PhD (Belgrade, Serbia)

Pain is the basic evolutionary mechanism and one of the oldest stressors known. Nevertheless, unlike other medical problems, today, in the 21st century, the pain remains on the margin of interest of healthcare professionals and society in general. A person usually does not think about pain until it happens to him or until someone from his close environment suffers from pain. And then, the pain becomes a terrifying master of life. He seizes the whole personality, seizes all attention and changes life from its foundations. In the practice of today's medicine, the dominant role belong to a scientific concept over three centuries old, whose roots can be found in the ancient era. Recognizing physical signs and symptoms and treating them, alongside suppression of mental problems that cause pain, more than any other illness, is still the primary form of treatment for patients with pain. Such an approach has its own evolution that we are often unaware of. Only by its deliberation we become aware of the significance of this problem and the relative inability to deal with it. Even today, when medical knowledge is on a high level, we are not able to fully control the pain. Although science has long been viewed comprehensively, doctors in practice have not found a way to apply such a comprehensive systemic approach on the patient. The first step towards the solution is certainly the change in the attitude of professionals who deal with pain, which includes: extended pain education, raising awareness about the importance of the problems and treatment options, as well as the need to engage those who are not having a professional task, but who certainly, at some point in their lives, become aware of how nice painless life is.

4. Existential dimension of suffering - Academician professor Dušica Lečić – Toševski, MD, PhD (Belgrade, Serbia)

Suffering is universal, a primordial phenomenon and an inevitable characteristic of *Homo sapiens*. Throughout the entire history of human race, there would have been no higher activity of the spirit - no culture, music or literature, at least not in the form known to us, if human life were devoid of suffering. In psychiatry, suffering has been dealt with by existential phenomenology and psychoanalysis literature,

while it never became a central topic of clinical psychiatry. Suffering, according to existentialists, is the deepest, most intimate and exposed aspect of human existence. It is one of our most loyal life companions, an indisputable fact, a presumption and proof of life. Condemned to Freedom *Homo patient* must opt for life, that is, must live it instead of having life in charge. In this article philosophical and psychotherapeutic meaning of suffering as well as the role therapists' in helping their patients in search of meaning throughout many situations in life, coloured by suffering.

5. Acute pain sensations and nociceptor activity - old answers, new dilemmas - Professor Dejan Nešić, MD, PhD (Belgrade, Serbia)

Pain is the first leading cause of incompetence at global level with a significant impact on the quality of life, both for individuals and their environment (firstly families), affecting different domains of life, physical and mental, as well as social relations. Nociceptors (pain receptors) are free nerve endings (A- δ (thick myelinated) and C (thin non-myelinated) fibers). These nerves are mostly polymodal and are activated by various stimuli: mechanical, thermal and chemical. The International Association for the Study of Pain defines neuropathic pain as "pain caused by primary lesion or dysfunction of the nervous system". Sensitization includes an increased sensitivity of nociceptors and neurons in long-term and/or repeated irritation. Peripheral sensitization provides an enhanced response and a reduced threshold of nociceptive neurons on the periphery to stimulation in their receptive field. Central sensitization is the increased response of nociceptive neurons to the Central Nervous System (CNS) at the threshold or sub threshold stimulus. Central sensitization is the enhancement of synapse efficiency in somatosensory neurons in the posterior spine of the spinal cord after an intense peripheral stimulus, tissue damage and damage to the nerve.

6. Opioids in chronic non-malignant pain - Professor Angelo Raffaele De Gaudio, MD, PhD (Florence, Italy)

Chronic pain lasts or recurs for a period of time longer than 3 or 6 months, persisting beyond the reasonable healing time of the underlying disease and, therefore, lacking the physiological warning function. Based on its etiology, it is possible to distinguish cancer-related and nonmalignant chronic pain. Chronic non-cancer pain: The International Association for the Study of Pain Task Force has identified six typologies of chronic non-cancer pain, which can be assigned to two main physiopathological categories: nociceptive and neuropathic chronic non-malignant pain. As stated by several studies, its prevalence in the general population ranges between 20% and 40%, making nonmalignant chronic pain one of the leading causes of the impairment of physical, emotional and working abilities. Opioid therapy for chronic pain: Opioids play a relevant role in the management of long-lasting painful symptoms of non-malignant etiology, but the optimal balance between the analgesic efficacy and side effects is often difficult to be achieved. From this perspective, it is essential to perform a primary comprehensive evaluation of the patient and carry out a subsequent trial of non-opioid therapy. Whenever this last proves to be ineffective, contraindicated or not tolerated, a structured opioid trial should be conducted, within the frame of an agreement between the patient and the physician regarding the treatment goals and the tapering/discontinuation modalities. Treating physician should also put in place an attentive and continuous monitoring of patient's compliance and clinical improvements, in order to detect aberrant behaviours and/or lack of therapeutic efficacy. After a stable maintenance period lasting between 8 and 12 weeks, a decision about whether to continue or interrupt opioid therapy should be taken. If opioid therapy has been relatively brief, there may be no need for tapering or weaning; if tapering is deemed necessary, it should be carried out through the decrease of the original dose by 10% per week. A particular attention should be paid when administering opioids to at-risk patients, such as elderly, adolescents, pregnant women and people suffering from psychiatric diseases. For the physician it is also mandatory to carefully monitor the development of abuse, misuse and addiction conducts, as well the onset of side effects that could seriously harm patient's quality of life. Conclusions: Opioids should be reserved to selected patients, suffering from moderate or severe non-cancer chronic pain. Opioid administration should be implemented on a short-term basis

and included in a multimodal treatment plan, with the aim of improving patient's quality of life and activity status.

7. Opiophobia - Professor Sonja Vučković, MD, PhD (Belgrade, Serbia)

Opioids are effective analgesics in the treatment of acute pain, cancer pain and pain at the end of life. However, their use in a treatment of chronic non-cancer pain is controversial due to insufficient evidence of long term efficacy and the risk of serious harm. Long-term use of opioids is accompanied by a higher incidence of adverse effects, including misuse, abuse and death due to overdose. At present, there are two parallel crisis (epidemics) in the world regarding opioids use. The first crisis is undertreatment of pain, as about two-thirds of the world's population has no access to opioid analgesics. It is caused by poverty and / or opiofobia. For these reasons, moderate to severe pain associated with trauma, surgery, cancer and palliative care is not effectively treated. The second crisis relates to opioid abuse, especially in America. In this case, opioids are widely prescribed, which creates the possibility of widespread abuse with devastating consequences for the individual and society. At the heart of both crisis is inadequate or inaccurate understanding of opioid analgesics. More research and education on opioids may help inform both patient and physician about these simultaneously under- and over-utilized drugs, thereby improving their use in pain management.

According to available literature, opiofobia is significantly present in Serbia and opioid analgesics are less used in the treatment of pain compared to some countries in the region (eg Croatia). Doctors in Serbia, compared to American doctors, are more cautious when they prescribe opioids to people with chronic non-cancer pain, which is in line with current guidelines.

8. Two hundred faces of headache - Professor Jasna Zidverc Trajković, MD, PhD (Belgrade, Serbia)

Headache is one of the most common complaints with significant influence on global public health, especially on patient's quality of life and financial resources of

society. Comprehensive and systematic classification helps to evaluate and treat this disorder, provide higher precision to epidemiological studies and clinical research. Nowadays, the International Classification of Headache Disorders, due to uniform terminology and precise diagnostic criteria, is considered to be standard tool for establishing diagnosis of headaches. This document is equally intended for research and clinical practice. It represents the summary of all knowledge about headaches. According to the Classification, there are more than 200 different headache types, and for each of them explicit diagnostic criteria are listed. Revisions of Classification demonstrate contribution of basic and clinical researches of the topic to better understanding of pathophysiology of headaches and nociception in general. Classification consists of three parts. Primary headache disorders are placed in the first part, secondary (symptomatic) headaches are in second, and painful cranial neuropathies, other facial pain, as well as other headaches are in the third part. List of all headache disorders that are mentioned in Classification according to code numbers and instructions how to use Classification precede to these parts. Previously used terms, description of entity, diagnostic criteria with notes, comments and bibliography are written for every entity. Such exhaustive description of each entity enables the use of the Classification as a textbook. Appendix, alphabetical list of used terms and index are at the end of Classification. Decades of systematic basic and clinical researches, as well as persistent work on Classification established headaches from being one of the worst-classified neurological diseases to being the best. The fourth new edition of Classification is expected within ten years with new scientific results from this topic.

9. Effective management of postoperative pain is the key to successful surgical treatment - Professor Maja Šoštarič, MD, PhD (Ljubljana, Slovenia)

Effective postoperative pain relief enables early mobilization and recovery, protects immune system function and patient's wellbeing. Health care professionals have an ethical obligation to relieve postoperative pain which often seems to be neglected. Guidelines for postoperative pain treatment strategies led to procedure

specific protocols and can be tailored to individual needs. In spite of available pain killers, technical development of drug delivery pumps and different guidelines postoperative pain was not optimally managed. It became clear that pain measurement and supervision on surgical wards is crucial. Nurse – based anaesthesiologist – supervised acute pain services (APS) were organized, pain nurses were introduced and postoperative pain assessment and recording became the fifth vital sign on a patient's chart next to breathing, blood pressure and pulse, temperature and consciousness. APS upgraded the role of surgical ward nurses and collaboration with surgeons to implement recovery after surgery protocols. Regular audits to improve postoperative outcome are crucial.

10. Pain-free delivery is one of the most exciting and rewarding moments in medicine - Professor Vlatka Sotošek - Tokmadžić, MD, PhD (Rijeka, Croatia)

A painless labour is the dream of every woman in labour. Even though pain is felt different by different people, woman in labour describe labour pain as strong or unbearable. Labour pain is caused by uterus and pelvic pain receptor stimulation and it's transfer to the central nervous system where pain is perceived. Apart from being uncomfortable, pain negatively affects the general status of a woman in labour. There are various analgesic methods which can relieve pain during labour and delivery or make them painless. Pain relief methods during labour and delivery can be nonpharmacological and pharmacological. The method of choice and way of its application depends on the status and awareness of the woman, level of education and skill of the doctors and midwives, available equipment and institution protocols where labour takes place. Regardless of the method which is applied to relieve pain during labour and delivery, the goal is to enable a safe and painless labour which the woman will remember as the most beautiful and enjoyable lifetime experience.

After the last lecture there was a short discussion in which the lecturers and the audience were taken together.

At the end of the discussion is presented monograph with chapters written by

teachers from this meeting. The author's works are published in the monograph, which will enable readers to get acquainted with the pain-related issues in detail, as part of the lectures delivered by the lecturers. On the 182 sides, the selected aspects of the problem of pain have been processed and thus enabled the reader to gain insights into specific aspects of the pain problem in one place.

By publishing this monograph, the project's long-term goal has been achieved. Material for long-term learning is provided in written form, but the monograph is also prepared in electronic form for the project site in order to be accessible to all interested readers.

The meeting was closed with the final discussions and announcement of the future activities. Prof. Dr. Predrag Stevanovic and Academician professor Dragan Micić thanked everyone for participating and helping this meeting to be successfully achieving all the listed objectives.

Attachments

| | |
|-------------------------------|--|
| Agenda (pdf) | Annex A, HEPMP SASA meeting agenda (pdf) |
| Attendance sheet (pdf) | Annex B, HEPMP SASA Attendance sheet (pdf) |
| Photos (jpg) | Annex C, HEPMP SASA photos |
| Deliverable (pdf) | Annex D, HEPMP SASA Monograph (pdf) |
| Quality control (pdf) | Annex E, HEPMP SASA meeting evaluation summary (pdf) |
| Presentations (pdf) | Annex E, HEPMP SASA Presentations (pdf) |
| Other personal remarks | |
| | |

Organisation details

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| Invitation sent to | Al Coordinators, Mailing list of the Center for Continuing Education of the Medical Faculty in Belgrade, EC Tempus Office in Bg, Rectorate in Belgrade, Mailing list of SASA |
| Date of event material release | 20.10.2018. |
| Date of participants list's finalisation | 22.10.2018. |
| Date of agenda finalisation | 20.09.2018. |
| Number of participants (according to the participants list) | 16 participants of the project. 50 listeners that can be seen in the pictures from the meeting. Sessions in SASA are of such nature that it was not feasible to take signatures from the audience. |
| Comments | |

Results for organization details have been summarized from data reported on the “Quantitative / Qualitative Monitoring Questionnaire”.

Problems encountered during the event preparation phase

Please add your comments, if any:

As the program of the meeting started at 10 o'clock in the afternoon, on the working day, there could not be expected to be more listeners.

Strengths and limitations of the event (please include comments received)

| | |
|---|---|
| Strengths of the event and contributions or activities by participants | Conferences organized by SASA have the highest possible scientific and public capacity. That is why the significance of the activities in the project is placed at a high level and brought to the attention of the professional, scientific and public audience. |
| Suggestions for the improvement | |
| Any further comments | |

Evaluation details

Results of evaluation of the general organisation of the event

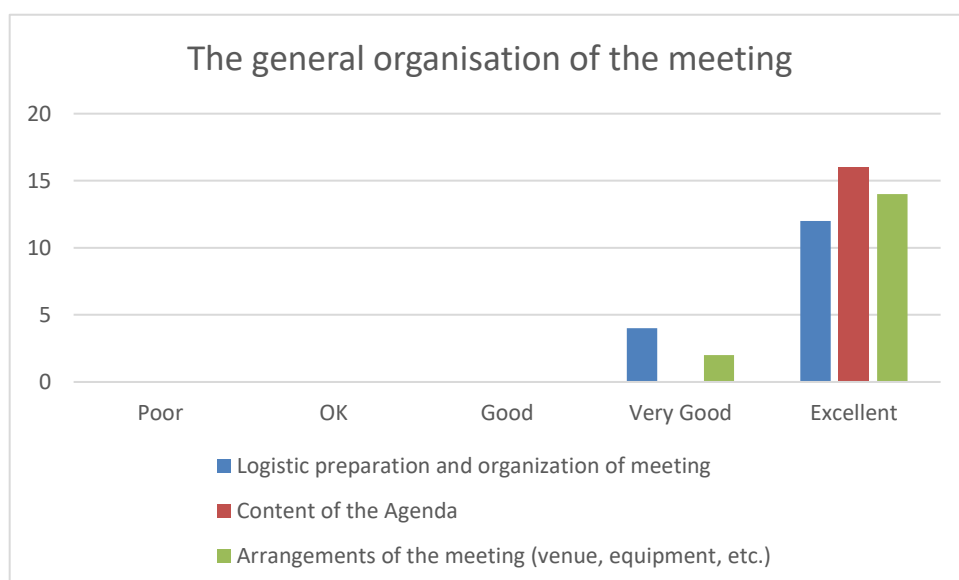
Annex E, HEPMP SASA meeting evaluation summary

Description: The general organisation of the meeting

By inspecting the results of the survey conducted after the meeting, it is clear that the participants were very satisfied by the Logistic preparation and organization of meeting, Content of the Agenda and Arrangements of the meeting (venue, equipment, etc.). The largest number of project participants responded to the questions asked: »excellent«.

Table(s)/Figure(s): The general organisation of the meeting

| The general organisation of the meeting | | | | | |
|--|------|----|------|-----------|-----------|
| Grading | Poor | OK | Good | Very Good | Excellent |
| Logistic preparation and organization of meeting | | | | 4 | 12 |
| Content of the Agenda | | | | | 16 |
| Arrangements of the meeting (venue, equipment, etc.) | | | | 2 | 14 |



Results of evaluation of general working communication

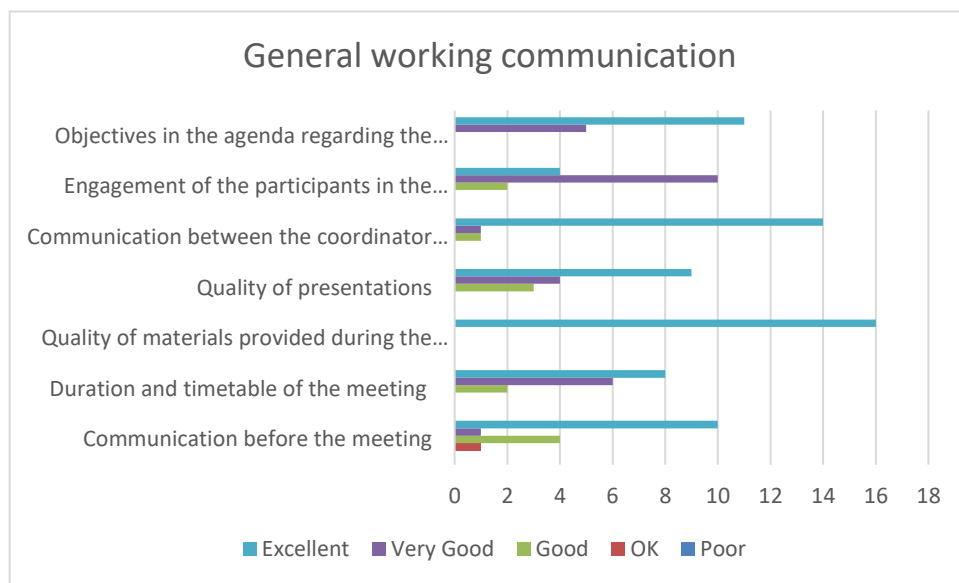
Annex E, HEPMP SASA meeting evaluation summary

Description: General working communication

Among attendees, only 1 have described a “OK” quality in at least one item of the form referring to the general working communication of the meeting. 12 attendees have described an acceptable quality (Good) in at least one item of the form referring to the general working communication. Most of the attendees have described a high level of quality (very good-excellent) in all the items of the form referring to the general working communication of the Florence meeting.

Table(s)/Figure(s): General working communication

| General working communication | | | | | |
|---|------|----|------|-----------|-----------|
| Grading | Poor | OK | Good | Very Good | Excellent |
| Communication before the meeting | | 1 | 4 | 1 | 10 |
| Duration and timetable of the meeting | | | 2 | 6 | 8 |
| Quality of materials provided during the meeting | | | | | 16 |
| Quality of presentations | | | 3 | 4 | 9 |
| Communication between the coordinator of the project and the other partners | | | 1 | 1 | 14 |
| Engagement of the participants in the activities and discussions | | | 2 | 10 | 4 |
| Objectives in the agenda regarding the HEPMP project are reached | | | | 5 | 11 |



Results of evaluation of overall success of the event

Annex E, HEPMP SASA meeting evaluation summary

Description: Overall success of the meeting

Among attendees, many of them have described an acceptable quality (OK or Good, Very good and Excellent). There was no one to answer “Poor”. Most of the attendees have described a high level of satisfaction (very good-excellent) in all the items of the form referring to the overall success of the HEPMP SASA meeting.

Table(s)/Figure(s): Overall success of the meeting

| Overall success of the meeting | | | | | |
|---|------|----|------|-----------|-----------|
| Grading | Poor | OK | Good | Very Good | Excellent |
| Mode of reaching the decisions at the meeting | | | | 9 | 7 |
| Opportunities to express your opinion and influence decisions | | 4 | 6 | 6 | |
| Achievement of the meeting and project goals | | | 1 | 4 | 11 |
| Discussion of tasks for the upcoming activities and meetings | | 14 | 2 | | |
| Assignment of follow-up tasks | | 2 | 9 | 1 | 4 |



Please indicate your suggestions for further event's improvement:

For the project itself, it would be very important if we could repeat this or similar meeting in the last year of the project

Location, date

01.12.2018.

Signature

Prof Predrag Stevanović

