

EVENT REPORT FORM

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	Chronic pain , importance and treatment, part I
Type of event	WP3 (Development of LLL courses and interventional pain medicine courses) 3.4. Delivering of LLL courses of pain medicine in primary health care centers of PCs

Venue	Faculty of Medicine, University of Banjaluka
Date	20 th September ,2019
Organizer	Faculty of Medicine University of Banjaluka
Reporting date	05 th October , 2019.
Report author(s)	Darko Golic

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

This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held 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	65
Participants (organisations)	UCC Republic of Srpska, PCs Banjaluka, GH Gradiska, GH Prijedor, Institute for the Physical Medicine and rehabilitation “ Dr Miroslav Zotovic” Banjaluka
Event description:	

The main objective was to develop LLL course about chronic pain management and deliver it to health care professionals in Primary and Higher levels of health care

centers in Banjaluka and Republic of Srpska. After the development of the training material, selection of trainees, and accreditation of the course by The Ministry of Health and Social Welfare, the course was held for the purpose to give basic education regarding chronic pain management considering that undergraduate studies do not include modules of pain medicine.

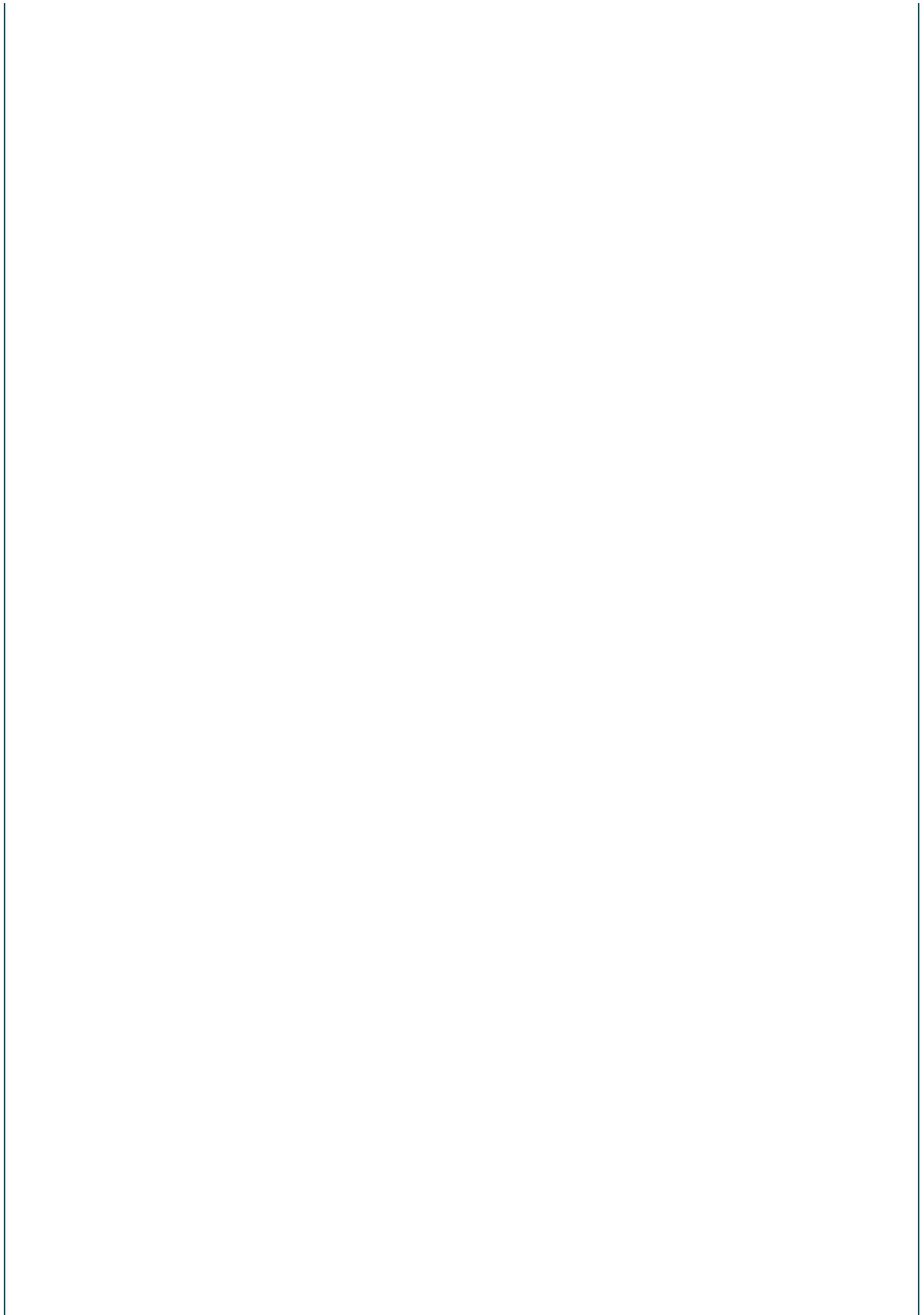
Objectives of the course:

- A historical review of pain
- Understanding and importance of treatment of chronic pain
- Teach participants how to treat chronic postoperative pain
- Teach participants how to treat cancer pain
- Learn the mechanism of action of oral opioids and their administration
- Get acquainted with non-pharmacological methods of pain treatment
- Learn what are the invasive procedures for treating chronic pain
-

Description of activities -

After drawing up a draft of educational material, eight lecturers were selected who, each in the area for which they were delegated, wrote the material and made a presentation. The overall educational material is systematized, prepared in a demanding format and sent for the printing of the handbook received by all participants. Educational event was accredited as a first category seminar with the highest number of CME points. The accreditation notice is posed by mail, the pdf version of which is enclosed with this document. A flyer was prepared in which a

program of events was presented, as well as a decision on accreditation. Leaflet is digitally edited on the official site of the Faculty of Medicine of Banjaluka, the University of Banjaluka and the Newsletter of the University Clinical Center of Republic of Srpska. In addition, the leaflet was sent in the form of a call to potential participants.



The seminar started from 14.00 am by the participants' registration. The team

Coordinator of the University of Banjaluka, professor Golic, welcomed the audience and announced a session on chronic pain and emphasized the importance of the course and understanding of the issues related to the treatment of chronic pain. He highlighted the importance of the participation of the Faculty of Medicine in Banjaluka in this project, as well as the importance of the topic being dealt with. Thereafter he announced the first lecturer, prof. Stevanovic, to present the introduction to the topic. Prof. Stevanovic, said that he welcomed all the people present and stressed the importance of the project and the implementation of health care education activities on the issue of pain, which is very significant but often insufficiently understood. Then there was an introductory lecture through which the participants were introduced to the HEPMP project, its goals and tasks. After that professor Stevanovic gave a first lecture about the history of pain. Prof. Stevanovic emphasized that pain is an evolutionary mechanism and one of the oldest known stressors. Thereafter he referred to the conception of pain in the twentieth century and the way in which it is treated today. He then explained the need for pain control in all the diseases in which it is present as an integral part of multimodal treatment. He said that it was necessary to improve knowledge of pain through education and awareness of the importance of the problem. The second lecturer was Prof. Jasmina Smajic. She gave a lecture about chronic postoperative pain and it was immediately pointed out that numerous studies showed poor pain control after trauma.

Inadequately treated posttraumatic pain can lead to serious complications and exacerbate the general condition of the patient, and is not always proportionate to the degree of tissue damage. By contrast, timely and adequate analgesia accelerates the process of healing injuries, reduces stress response, decreases morbidity and mortality, reduces the length and cost of hospital treatment. It has been emphasized that inadequately treated postoperative pain results in the occurrence of chronic pain syndrome with the incidence shown after certain types of injury. Therefore, it is necessary immediately to initiate resuscitation (ABCDE principle) and stabilization of vital parameters to include appropriate analgesia, except for unstable patients. In this lecture are also presented methods of pain estimation and methods for pain management: psychological and physical treatment, and pharmacological pain therapy. Various analgesic groups that are used to treat post-operative pain as well as their possible adverse effects are shown. The importance of multimodal analgesia was emphasized, with analgesics combined with different mechanisms of action. There was a presentation on postoperative pain, and at the very beginning the difference between acute and chronic pain and the postoperative pain after the major surgery

were presented. Then the factors that affect the intensity of the postoperative cause and the reasons why it is necessary to prevent and treat postoperative pain are explained. Postoperative pain must be treated adequately for ethical and human reasons because providing effective pain control is professional responsibility, and inadequate pain management is a bad medical practice. Postoperative pain control is also necessary for preventing a range of physiological and psychological disorders that can be caused by pain. One of the physiological disorders is chronic post-surgical pain syndrome which is more difficult to cure than acute pain, and occurs with an incidence of up to 80% after some surgery. It has been pointed out that due to the quality of postoperative treatment, TA, HR, temperature and consciousness need to be

monitored and the pain that is therefore defined as the fifth vital sign. Since pain is always subjective in assessing pain intensity, one should always ask the patient: make pain visible. At the end of lecture she concluded –CPSP is a common and important problem. Although research is limited, it is likely that perioperative anesthetic techniques may have a role in reducing its prevalence. Considering the multi-factorial pathogenesis of chronic pain, it is likely that a multi-modal approach to preventive analgesia and attention to psychosocial risk factors is most likely to influence the development of CPSP.

Some of the scales for assessing pain intensity are shown. It has been emphasized

that treatment with postoperative pain should begin already in the preoperative period, whereby anesthesiological and surgical team collaboration is indispensable. Preemptive and preventive analgesia concepts have been clarified. In the further discussion, the significance of analgesic treatment during the intraoperative period is shown in order to reduce stress response intensity to surgical trauma as well as intraoperative administration of some drugs that prevent and reduce postoperative pain intensity. Then, certain groups of drugs that can be used to treat postoperative pain, the mode of administration and the dosage, as well as individual analgesic combinations, are depicted depending on the type of operation. It is also shown in which types of operative interventions it is expected that the intensity of postoperative pain, and hence a certain combination of combinations. A short break has allowed the educators and the participants to cheer, but also to discuss the presented topics in informal circumstances. Next lecturer, Prof Golic spoke about the management of cancer pain. In his lecture, he emphasized the importance of understanding cancer pain. During the presentation he clearly emphasized the problem of the patients suffering from malignant diseases. Chronologically...1. Although in some areas of the world the major barriers to pain control is adequate access to opioids, even in areas where opioids are available, pain remains prevalent in patients with cancer and has a significant impact on clinical outcomes. 2. System and regulatory barriers. 3. Clinical barriers. 4. Patient barriers and 5. Racial and socioeconomic disparities in the assessment and management. Below are given some algorithms for how to overcome each of these problems.

It was referred to in the WHO guidelines and analgesic ladder. Finally, recent evidence suggests that interventions may be more beneficial when afforded earlier in the disease trajectory rather than reserving these for when pain is considered refractory to standard pharmacological management.

The following presentation was devoted to complex regional pain syndrome.

Participants are enrolled with definite and shared KRBS, methods of diagnosis and treatment. KRBS is a painful condition where pain is disproportionate to the initial event in time and degree, with distal predominance and the existence of sensory, motor, co-motional, vasomotor and / or trophic changes and the inability to explain pathology to some other condition. The cause is multifactorial: immune, autonomic dysregulation, neuronal plasticity, psychological factors, genetics.

Treatment is multimodal:

pharmacotherapy, physical therapy, botulinum toxin A, intrathecal application of bupivacaine, sympathetic nerve block, spinal cord stimulation, spinal dorsal ganglion stimulation. Then there was a lecture on acute pain chronology. In the introductory part, the lecturer highlighted the advantages of good acute pain treatment: early release of patients from intensive care units with shorter total duration of treatment, less serious complications that significantly extend treatment time, fewer days of physical disability (work), significantly reduced treatment costs a healthier system, greater patient satisfaction, reduced frequency of chronic pain development, more efficient use of health care staff, more efficient and rational use of expensive hospital equipment. The lecturer stressed that the causes are bad acute pain treatment: clinicians are undereducated about the need to treat acute pain, and the consequences of untreated, in most hospitals, the intensity estimation pain is not performed, more than 50% of all hospitals in Europe do not have pain management protocols, in more than 50% of the hospital's pain is treated only at the patient's request, there is a tendency not to recognize the pain intensity, which states the patient, there is no general consensus on optimal choice of analgesic medicine and techniques for individual clinical conditions, there is no interdisciplinary co-operation of a clinician in treating pain and the responsibility for bad treatment. In the following lecture, the participants have been implicated with results of poor acute pain treatment, which arises because untreated acute pain is the most powerful stress response trigger that triggers a vitally cascading metabolic and inflammatory response cascade. One of the consequences of badly treated acute pain is the occurrence of chronic pain syndrome. The lecturer presented chronic postoperative pain syndrome as a consequence of specific neurobiological changes in the central

nervous system (CNS) caused by prolonged inflammatory nociception and osteoarthritis (neuropathy), lasting longer than 3-6 months. He pointed out that HPPS is becoming a silent epidemic, an unrecognized and underestimated professional and public health problem that requires additional attention and training of specialists involved in the patient's surgical treatment.

After this presentation came another coffee break during which, along with the

refreshment, participants talked about the complex problem of pain. Lectures on

therapeutic pain methods followed. The first was a lecture on the use of opiates in acute pain therapy. In the introductory presentation, the opiate division as well as the mechanism of action through the opioid receptors is presented. The World Health Organization's recommendation for analgesics is recommended in the following exposition, suggesting that mild pain is recommended for neophyte drugs, for mild to moderate pain unbiotic in combination with mild opiates, and for the treatment of severe pain they recommend opiates in combination with anxiolytics, antiemetics and muscle relaxants. It is emphasized that opioids are the only analgesic group in which dosage titration must be carefully performed. In the following exposition, the characteristics of certain opioids, as well as the use of opioids in the treatment of chronic pain, are presented. A lecture on the application of central nerve blocks in the treatment of acute postoperative pain was followed. The beginning of the lecture showed the division of regional anesthesia, and then the characteristics of epidural analgesia. In the course of the lecture, the drugs used in epidural analgesia, doses, ways of administration, as well as possible unwanted effects are shown in detail. There are also combinations of certain drugs used for epidural analgesia. The rest of the lecture was devoted to spinal analgesia and the use of opioids for this purpose. Fentanyl and morphine, as lipophilic and hydrophilic opioids for spinal analgesia were compared, and the doses to which they are applied. The last lecture was devoted to multimodal analgesia in acute pain therapy. The lecture began with the definition of pain, as an individual, subjective experience associated with actual or potential tissue damage, whose manifestation is the result of a complex interplay of physiological and neurochemical effects with psychosocial factors. The pathophysiological characteristics of acute pain, as well as the changes occurring in the organism, are shown if the pain is not treated adequately. The significance of the pain intensity estimation is highlighted and several scales that can be used for this purpose are shown. In the further discussion, multimodal analgesia is defined as the use of two or more analgesics with a different mechanism of analgesic activity, with analgesics being applied in the same or different way. According to ASA recommendations, whenever possible multimodal technique should be used, consideration should be given to the use of central neuroblasts / local anesthetic in combination with NSAIDs, COXIBs or acetaminophen. In the course of the

lecture, some analgesics can be used that can be used for multimodal analgesia, their doses, the modes of administration, the time interval they are to be administered, as well as individual combinations of analgesics. The conclusion of this presentation is that there should be a protocol for analgesia, and the choice and dose of analgesics to adapt to the patient, operative procedure, presence of other diseases or pain syndromes.

Analgesia should be early, prompt, safe and effective and should not be delayed by expecting a diagnosis. Opioid tolerance and opioid phobia can not be an obstacle to the treatment of acute opioid pain when their use is indicated by the pain of pain. Balanced, multimodal analgesia implies the use of more therapeutic agents and methods that provide, by means of adjuvant and potent synergism, with lower total doses, the superior elimination of pain with less undesirable effects, as well as a reduced response to stress in traumatized or operative. Anxiolysis and sedation, previous analgesia, have an important place in reducing pain response. The significance of regional analgesia and nonpharmacological treatment in acute pain management is increasingly emphasized.

In the continuation of the session, alternative methods in the treatment of chronic pain were discussed. Ass. Prof. Zornic spoke about the effects of acupuncture. In his presentation he stated: 1. Traditional acupuncture theory 2. Mechanism of acupuncture 3. Clinical trial results 4. Painful conditions in which acupuncture is indicated 5. Complications of acupuncture 6. The future of acupuncture .

At the end of the session on chronic pain , Prof Rados talked about invasive procedures in the treatment of chronic pain. He explained what procedures are most commonly used. He emphasized that for their rule of application it is necessary to respect the indications and contraindications. Work improvisations should be avoided.

After each lesson the participants had questions, mini discussions were launched, and participants were encouraged to communicate during the break with the HEPMP lecturers in informal circumstances with the Strengthening Capacities for Higher Education of Pain Medicine in Western Balkan Countries. After the

presented themes, discussion was opened and the lecturers responded to the participants on all questions related to acute pain and its treatment. Also, the participants were given the recommendation that HEPMP can download educational material in the form of presentations in pdf format. The seminar was completed by solving the knowledge transfer, completing the evaluation questionnaire and awarding the certificates to the trainees. Participants were also presented with acute pain handouts containing all the lectures presented at the seminar, which are in pdf version attached to this document. At the end of the seminar, the host thanked all participants for their interest and attendance at the lecture.

An outbound test of knowledge has been analyzed which provides a

comprehensive insight into the knowledge of the participants after their lectures. By evaluating the course by the educators, it was estimated that the expected outcomes were achieved:

- health professionals (doctors, nurses ...) from HC gained skills in acute pain assessment
- Pharmacists have acquired the skill of rational application of algorithms for pharmacological treatment of acute pain.

An evaluation questionnaire was also analyzed, and the results are given in the annex of this document. The interest in the course was extremely high, as well as a large number of listeners – 65. The participants highly rated the choice of educational topics, the content of the education program, the method used, the duration and organization of the education.

The participants were very presentative topics and discussed with the lecturers the practical examples below. They rated 4.81 as the overall program rating (ou of 5).

The lectures were announced on the website of the Faculty of Medicine of the University of Banja Luka, and the report on the symposium was received at the Radio and Television of Republika Srpska.

<https://lat.rtrs.tv/av/video.php?id=0&prgid=14&pgr=0>

<http://www.med.unibl.org/index.php/sr/template/oglasne-table/zdravstvena-njega/content/4-novosti>

Book of abstract : Hypnos , Banjaluka/2019

ISBN 978-99938-767-8-6

Attachments

Agenda (pdf)	Leaflet Chronic pain- Significance and treatment (pdf)
Attendance sheet (pdf)	Annex 4 - HEPMP-attendance list Banjaluka (pdf)
Photos (jpg)	3 (jpg)
Quality control (pdf)	Accreditation by The by The Ministry of Health and SocialWelfare ; Annex 6- HEPMP-Event evaluation list; Output test
Deliverable (pdf)	Website of the Faculty of Medicine of the University of Banja Luka http://www.med.unibl.org/index.php/sr/template/oglasne-table/zdravstvena-njega/content/4-novosti

Presentations (pdf)	<p>01 Evolution and understanding of pain, prof Stevanovic,pdf</p> <p>02 Neuropatic pain , Jevdjic pdf</p> <p>03 Postoperative chronic pain, Smajic.pdf</p> <p>04 Cancer pain management, Golic.pdf</p> <p>05 Acute pain managemen: Experience from Ljubljana, Sostaric , pdf</p> <p>06 Diabetic neuropathy and chronic pain, Vukojevic,pdf</p> <p>07 Different mechanisms of action of opioid analgesics and their administration, Ladjevic,pdf</p> <p>08 Acupuncture-method of treathing chronic pain, Zornic,pdf</p> <p>09 Invasive procedures in the treatment of chronic pain, Radoš,pdf</p> <p>10 Spinal cord stimulation in chronic pain treatment, Bucma, pdf.</p>
Other personal remarks	

Organisation details

Invitation sent to	Health centers in Banjaluka and the surrounding area
---------------------------	--

Date of event material release	September 1 st , 2019
Date of participants list's finalisation	September 14 th , 2019
Date of agenda finalisation	September 16 th , 2019
Number of participants (according to the participants list)	65
Comments	

Problems encountered during the event preparation phase

Please add your comments, if any:

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

<p>Strengths of the event and contributions or activities by participants</p>	<p>Participants of the seminar have learned the methods of chronic pain assessment as well as different modes of treatment with an emphasis on multimodal approach to treatment. It is recognized that inadequate and inadequate acute pain treatment can lead to a chronic treatment that is difficult to cure. In the end, participants improved their knowledge about chronic pain management.</p>
<p>Suggestions for the improvement</p>	<p>Given the percentage of participants who pleaded not to participate actively, in the forthcoming seminars pay attention to the more active participation of the participants.</p>
<p>Any further comments</p>	

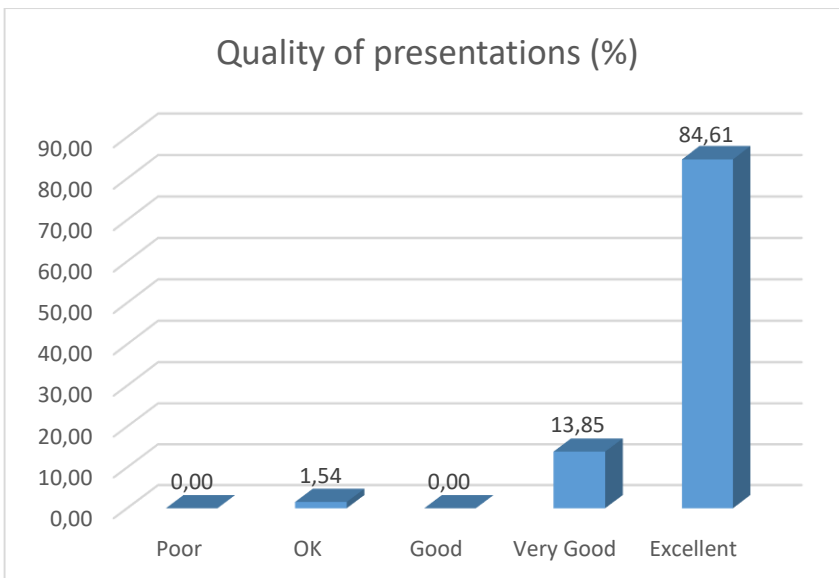
Evaluation details

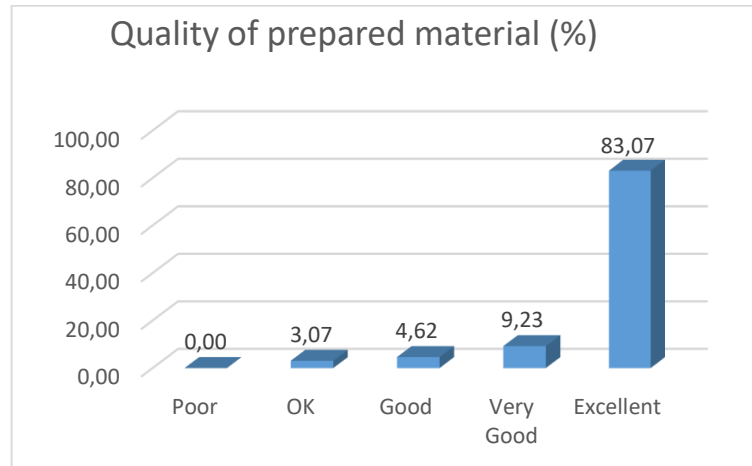
Results of evaluation of the general organisation of the event

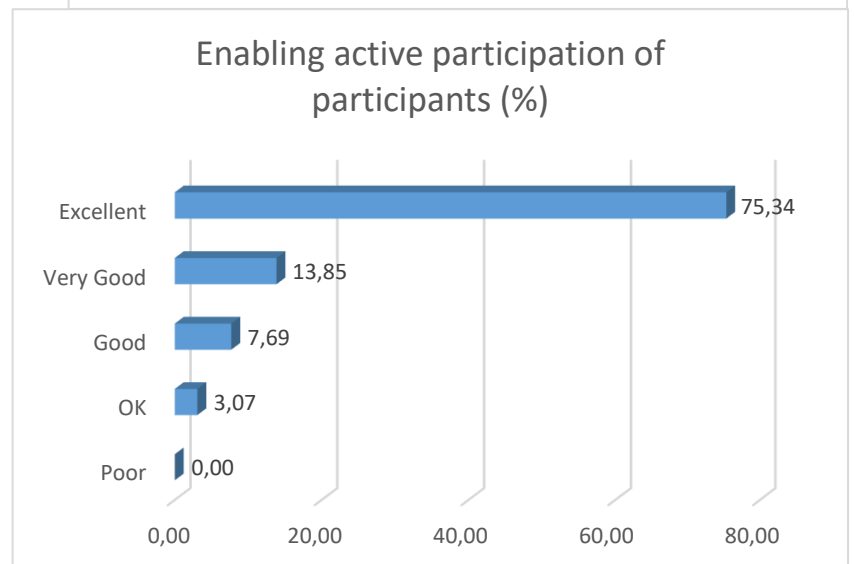
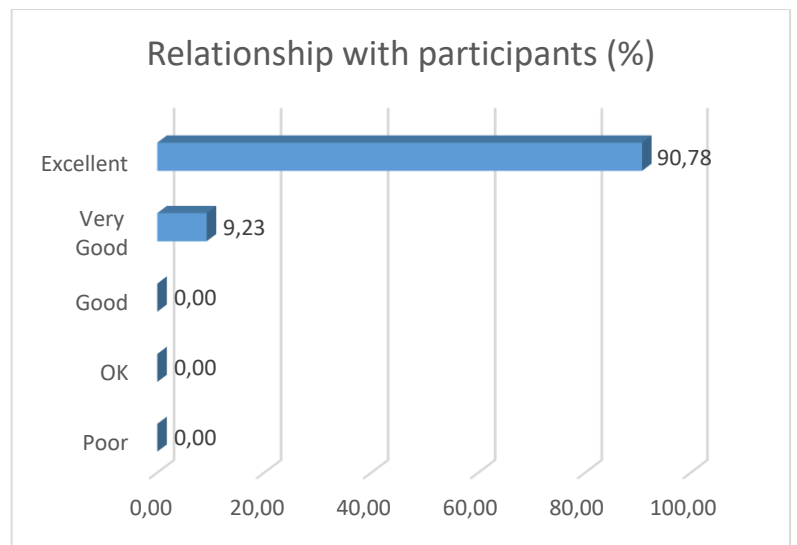
<p>Description</p>

The participants highly rated the choice of educational topics, the content of the education program, the method used, the duration and organization of the education.

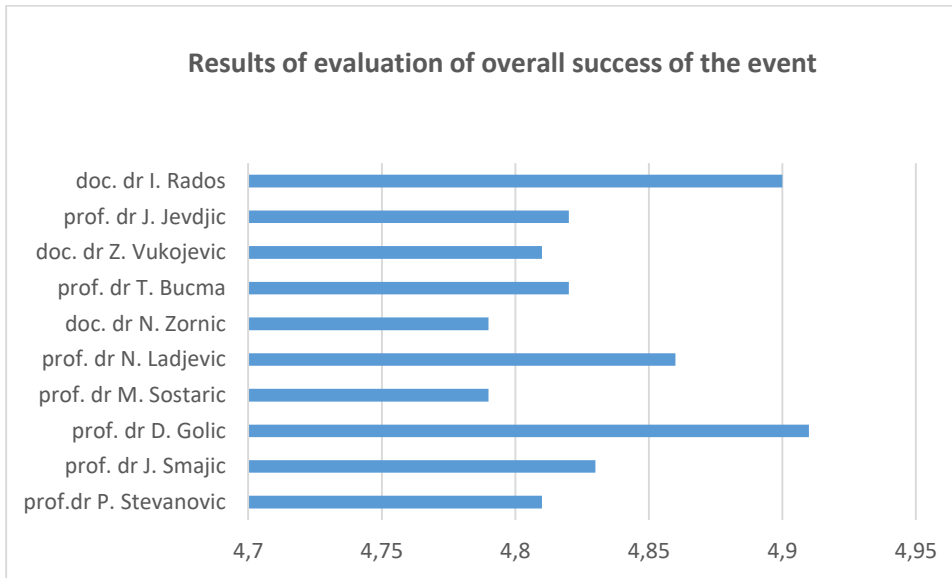
Table(s)/Figure(s)







Results of evaluation of overall success of the event



Description													
<p>The participants rated the overall impression of the held seminar with an average score of 4.91 (out of 5).</p>													
Table(s)/Figure(s)													
	<p>Quality of the training organization (%)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td>92%</td> </tr> <tr> <td>Very Good</td> <td>6%</td> </tr> <tr> <td>Good</td> <td>2%</td> </tr> <tr> <td>OK</td> <td>0%</td> </tr> <tr> <td>Poor</td> <td>0%</td> </tr> </tbody> </table>	Category	Percentage	Excellent	92%	Very Good	6%	Good	2%	OK	0%	Poor	0%
Category	Percentage												
Excellent	92%												
Very Good	6%												
Good	2%												
OK	0%												
Poor	0%												

Please indicate your suggestions for further event's improvement:

Location, date

Banjaluka ,3rd October , 2019

Signature

