

PAIN MANAGEMENT

**PM001
SHOULD PAIN BE INCLUDED IN THE SIXTH EDITION OF THE
GUIDES?**

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The Fifth Edition of the AMA Guides included Chapter 18. It presents and a qualitative assessment of pain. This controversial chapter has drawn criticism and raised questions about the inclusion of pain in the Sixth Edition.

Pain Medicine advocates raise points in favour including:

- (1) The epidemiology of persistent post traumatic pain is becoming clearer.
- (2) There is a patho-physiological basis for persistent pain even if tissue damage resolves.
- (3) Pain interferes with employment and activities of daily living.

There remains a body of thought which doubts that a qualitative assessment can result in an impairment rating. The argument includes:

1. Persistent post traumatic pain is subjective.
2. There are no biological measurements that consistently correlate with the individuals complaint of pain.
3. There is a poor correlation between perceived pain and the identified pathology.
4. Psychiatric conditions complicate the assessment of persistent pain.
5. Plaintiffs exaggerate pain in anticipation of a more favourable outcome.
6. Pain is already included in the ratings in the Fourth Edition.

The interpretation of the persistent pain phenomena is controversial.

**PM002
SPINAL CORD STIMULATION FOR INTRACTABLE PAIN**

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A short account of the physiological principles underlying the development of spinal cord stimulation together with an overview of its current use (and of some other forms of neuromodulation) in the treatment of a variety of painful conditions including failed back surgery syndrome, refractory angina, and critical limb ischaemia.

**PM003
IS THERE A PLACE FOR CORDOTOMY?**

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In the light of an ever increasing trend towards neuromodulation and away from ablative procedures in the neurosurgical treatment of intractable pain, this paper is a brief review of potentially still-useful "open" pain relieving operations and their place in current practice.