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Malaysian Association
for the Study of Pain

In collaboration with



UPM
UNIVERSITI PUTRA MALAYSIA
BERILMU BERAKTI

HSAAS
HOSPITAL SULTAN ABDUL AZIZ SHAH
مُؤَسَّسَةُ سُلْطَانِ عَبْدِ الْوَاحِدِ شَاه

9TH MASP BIENNIAL SCIENTIFIC MEETING 2024

SYNERGY IN PAIN CARE

22nd - 24th February 2024 (Thursday - Saturday)

Hospital Sultan Abdul Aziz Shah (HSAAS),
UPM, Serdang, Selangor

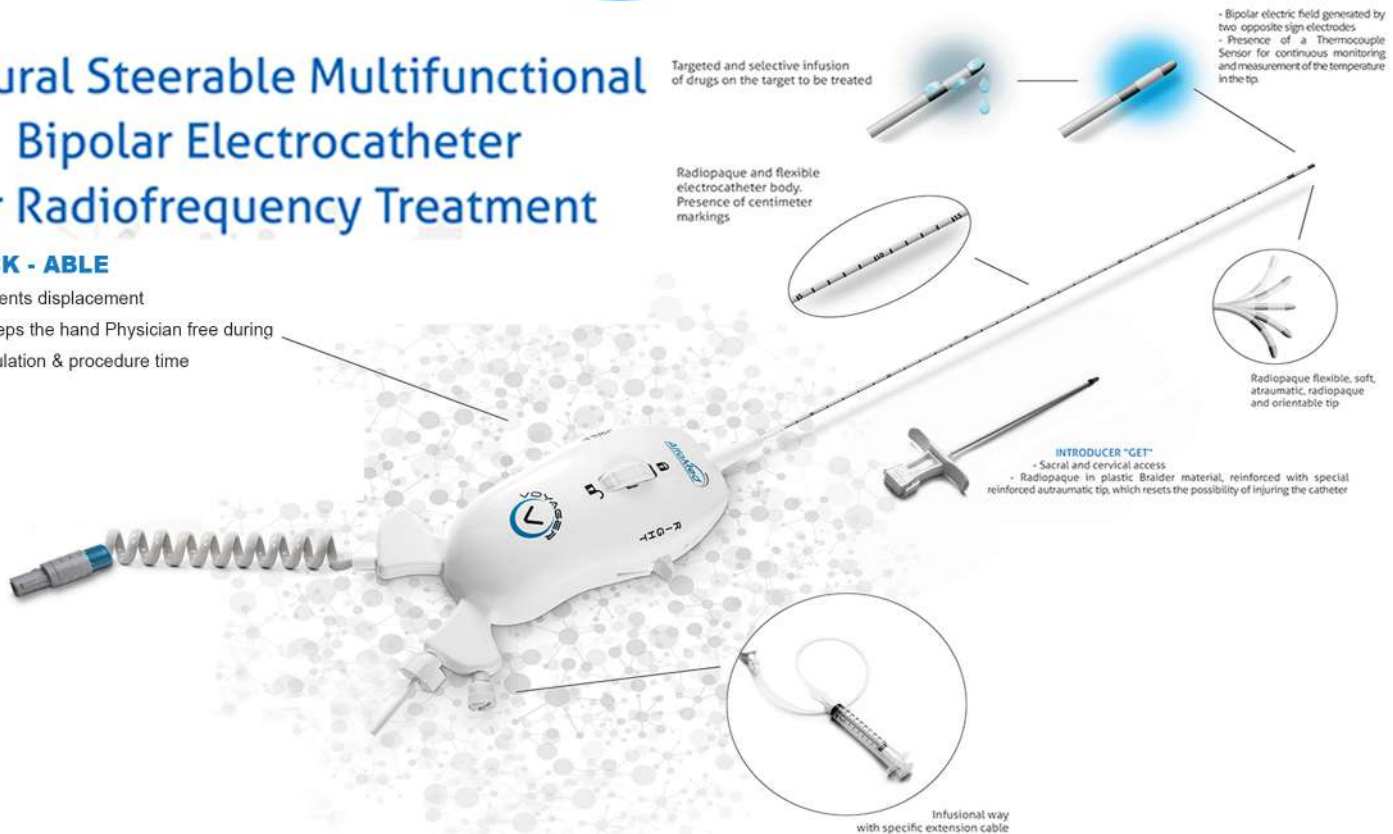




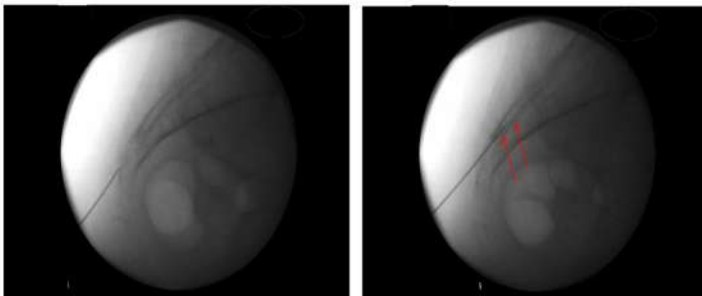
Epidural Steerable Multifunctional Bipolar Electrocatheter for Radiofrequency Treatment

LOCK - ABLE

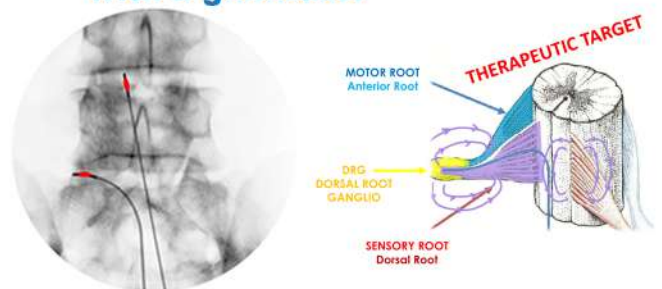
- Prevents displacement
- It keeps the hand Physician free during stimulation & procedure time



1. Sacral Hiatus Caudal Approach



2. Stimulation Test for the parasthesia test performed with a generator



Indication

- Chronic low back and/or lower extremity pain of at least 6 months duration which failed to respond or poorly responded to non-interventional and non-surgical conservative management and fluoroscopically directed epidural injections secondary to:
 - Failed back surgery syndrome (evidence - fair to good)
 - Central Spinal stenosis
 - Disc herniation/radiculitis/severe degenerative disc disease
 - Fibrosis Syndrome (FBSS)



RIFF RAFF PAIN CAST SDN BHD (1174701-X)

18-2 (Level 2) Block F, Vista Magna, Jalan Prima 1, Metro Prima, 52100 Kepong, Kuala Lumpur, Malaysia.

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Executive Committee Members of Malaysian Association for the Study of Pain

Advisor

Dr Mary Suma Cardosa

President

Prof Dr Zubaidah Jamil Osman

Secretary

Datin Dr Usha S Rajah

Treasurer

Dr Shawn Lee Ji Kwan

Committee Members

Dr Lim Ern Ming

Dr Ahmad Afifi Mohd Arshad

Preeshaa Adithan

Florance Jeyanthi

Prof Dr Marzida Mansor

Dr Kiung Sze Ting

Dr Khoo Eng Lea

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ORGANISING COMMITTEE

Organising Chairpersons

Dr Shawn Lee Ji Kwan

Dr Noor Airini Ibrahim

Scientific Chairperson

Dr Ahmad Afifi Mohd Arshad

Organising Committee

Professor Dr Zubaidah Jamil Osman

Dr Mary Suma Cardosa

Dr Kartina Hanora Jaapar

Dr Collins Chong Chi Hun

Dr Khoo Eng Lea

Dr Lim Ern Ming

Dr Raveenthiran Rasiah

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Ms Preeshaa Adithan

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Ms Lee Sook Huey

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Scientific Committee

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Dr Kiung Sze Ting

Dr Mazlila Meor Ahmad Shah

Associate Professor Dr Nadia Mohd Mustafah

Datin Dr Usha S Rajah

Dr Kanargahraj Vetaryan

Dr Fazlina Ahmad

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MESSAGE

from The Organising Chairperson



Dr Shawn Lee Ji Kwan

Organising Chairperson

9th MASP Biennial Scientific Meeting

Malaysian Association for the Study of Pain

Dear friends and colleagues,

On behalf of the Organizing Committee, I cordially welcome you to the 9th MASP Biennial Scientific Meeting which will be held in person at Hospital Sultan Abdul Aziz Shah, UPM from 22nd - 24th February 2024.

This biennial event has always been a highlight for the Malaysian Association for the Study of Pain (MASP) and our comrades in the pain community. Not only do we gather to share our knowledge and insights but also to foster connections, exchange ideas, and inspire one another. The MASP has made a promise to our members that we will find the right time to conduct the event in person so that we can finally have our long overdue catch up.

As we should all know, perfect timing is rare if not impossible. Nevertheless, the organizing and scientific committee have managed to push through some difficulties to make this physical event possible. We have also secured many internationally renowned experts in the field that resonates with our conference theme "Synergy in Pain Care."

We are grateful that the interest in pain is growing among local clinicians and researchers. As the leading professional body for pain in Malaysia, we pledge to establish high quality training and networking to further the careers of our colleagues. The MASP Biennial Scientific Meeting is the testimony to our effort.

We look forward to your presence at our event.

Dr Shawn Lee Ji Kwan

Organising Chairperson

9th MASP Biennial Scientific Meeting

Malaysian Association for the Study of Pain

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MESSAGE

from The Scientific Chairperson



Dr Ahmad Afifi Mohd Arshad

Scientific Chairperson

9th MASP Biennial Scientific Meeting

Malaysian Association for the Study of Pain

Greetings to all guests and delegates. On behalf of the Malaysian Association for the Study of Pain (MASP), I would like to extend a warm welcome to the 9th MASP Biennial Scientific Meeting. This year, the meeting will focus on the theme of “Synergy in Pain Care”. As a national chapter of the International Association for the Study of Pain (IASP) and a multidisciplinary association, we invite all healthcare providers, allied health professionals, and researchers from all fields to join the conference.

We have an exciting program lined up for our Scientific Meeting, featuring engaging plenary and symposium lectures presented by international experts from the IASP board of directors, as well as ASEAN and local faculties. Attendees can expect to gain knowledge from lectures, interactive workshops, and poster sessions.

Our primary objective is to provide attendees with the most up-to-date information on pain management. Every participant will have the opportunity to attend a workshop on head and neck intervention, refractory cancer pain, acute pain management and functional restoration. The meeting also offers delegates from diverse fields a valuable opportunity to gain knowledge and reflect on current and future research directions to enhance pain management in this region.

Let's work together for a better future, using our collective efforts to achieve what's within our reach. I want to thank all the attendees for their interest in pain management and their contribution to making this event a fulfilling experience for everyone.

Dr Ahmad Afifi Mohd Arshad

Scientific Chairperson

9th MASP Biennial Scientific Meeting

Malaysian Association for the Study of Pain

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MESSAGE

from The President, Malaysian Association for the Study of Pain



Prof Dr Zubaidah Jamil Osman

President

Malaysian Association for the Study of Pain

Dear colleagues and friends,

After having a virtual conference two years ago due to Covid-19 pandemic restrictions and challenges, it gives me great pleasure to invite you to re-connect with each other again personally at the 9th Biennial Scientific Meeting, which will be held on 22nd to 24th February 2024 at the Hospital Sultan Abdul Aziz Shah, University Putra Malaysia (UPM). MASP is honoured to have the UPM Department of Anaesthesiology as a co-organizer of this event, and we hope that this event will serve as a platform for future collaborations.

The conference theme, "Synergy in Pain Care," highlights how crucial it is for physicians, other healthcare professionals, and scientists from other fields to work together to optimize pain treatment. Our scientific program covers a broad range of topics to meet the needs of healthcare workers with various levels of training and experiences, in keeping with MASP's aim to promote a multidisciplinary approach to pain care. Renowned international speakers who are well-known for their exceptional academic and clinical work will join local speakers in delivering the latest advancements in pain management. We also invite participants to present their research findings, and the best studies will receive exciting prizes.

I would also like to extend an invitation to healthcare industry members to participate in this conference by taking a booth and engaging with our members via your presence and advertising. MASP appreciates your past support and looks forward to your ongoing assistance.

In closing, I would like to thank the scientific and organizing committees for their hard work in putting this conference together. I genuinely think that everyone attending the conference will find it meaningful and beneficial, considering the amount of time and effort that has gone into organizing the event and creating an engaging scientific program. Kindly mark your calendar and I look forward to welcoming you soon.

Prof Dr Zubaidah Jamil Osman

President

Malaysian Association for the Study of Pain



PROGRAMME

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SCIENTIFIC PROGRAM

PRE-CONGRESS WORKSHOP

Date: 21st February 2024, Wednesday

Venue: Seminar Room, Level 3, Block A/B (next to main auditorium), Hospital Selayang

WORKSHOP : HEAD AND NECK CHRONIC PAIN INTERVENTION; BASIC AND ADVANCED

Time	Topic	Presenter
Moderator: Dr Mazlila Meor Ahmad Shah & Dr Mohd Suhaimi Tajudin		
0830 - 0900	Registration (Seminar Room, Auditorium - Level 3)	
0900 - 0930	Essential Anatomy for Head & Neck Intervention	Dr Awisul Islah Ghazali
0930 - 1000	Clinical History & Examination: How to Get the Diagnosis - from a Socio-psycho-biological Perspective	Dr Mohd Suhaimi Tajudin
1000 - 1030	Needle Therapy an Option for Head and Neck Intervention	Datin Dr Usha S Rajah
1030 - 1045	TEA BREAK (Seminar Room, Auditorium - Level 3)	
1045 - 1400	BREAKOUT SESSIONS: (Level 2) - Group 1: Fluoroscopy Guided Hands-on Gasserian and Sphenopalatine Ganglion (Fluroscopy Room - Level 2) - Group 2: USG Head & Neck Intervention (Daycare OT - Level 2) - Group 3: USG Hands-on Practice on Models (Daycare OT - Level 2)	Dr Muralitharan Perumal Dr Awisul Islah Ghazali Dr Ahmad Afifi Mohd Arshad Dr Kanargahraj Vetaryan
1400 - 1430	LUNCH BREAK (Seminar Room, Auditorium - Level 3)	
1430 - 1450	USG Injection: Cervical and Facial Intervention	Dr Ahmad Afifi Mohd Arshad
1450 - 1510	Fluroscopy Guided Intervention on Cervical Spine	Dr Awisul Islah Ghazali
1510 - 1530	Fluroscopy Guided Intervention for Gasserian and Sphenopalatine Ganglion	Dr Muralitharan Perumal
1530 - 1600	Discussion & Feedback	

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SCIENTIFIC PROGRAM

PRE-CONGRESS WORKSHOP

Day 1: 22nd February 2024, Thursday

Venue: Mini Theatre, Level 2,
Hospital Sultan Abdul Aziz Shah (HSAAS), UPM, Serdang, Selangor

WORKSHOP 1 : CANCER PAIN INTERVENTION WORKSHOP

Time	Topic	Presenter
Moderator: Dr Ahmad Afifi Mohd Arshad / Dr Fazlina Ahmad		
0900 - 0930	Registration	
0930 - 1000	Introduction - The Updated Malaysian Cancer Pain CPG	Dr Aaron Hiew Wi Han
1000 - 1030	Approach to Management of Cancer Pain - Initiating Opioids & Managing Long-Term Treatment - Role of Adjuvants	Dr Navin Francis Susinadan
1030 - 1100	How to Manage Difficult Cancer Pain - Role of Radiotherapy, Surgery & Pain Intervention	Dr Ahmad Afifi Mohd Arshad
1100 - 1115	Break	
1115 - 1145	Common Sympathetic Neurolysis for Cancer Pain	Dr Muhammad Rahmat Ali Hassan
1145 - 1245	Forum: Finding Common Ground - When to do Intervention?	Dr Aaron Hiew Wi Han Dr Navin Francis Susinadan Dr Ahmad Afifi Mohd Arshad
1245 - 1400	Lunch	
BREAKOUT SESSIONS (Clinical Skills Lab)		
1400 - 1430	Intrathecal Drug Delivery - All about Spinal Port System	Dr Mazlila Meor Ahmad Shah
1430 - 1500	Fluroscopy & USG - Common Sympathetic Neurolysis	Dr Awisul Islah Ghazali
1500 - 1530	Fluroscopy & USG - Neuraxial Access	Dr Ahmad Afifi Mohd Arshad
1530 - 1600	Discussion, Feedback, Dismiss	

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SCIENTIFIC PROGRAM

PRE-CONGRESS WORKSHOP

Day 1: 22nd February 2024, Thursday

Venue: Seminar Room 1 & 2, Level 1,
Hospital Sultan Abdul Aziz Shah (HSAAS), UPM, Serdang, Selangor

WORKSHOP 2 : ACUTE PAIN SERVICE - PRACTICAL PROBLEMS AND TROUBLESHOOTING

Time	Topic	Presenter
<i>Moderator: Dr Kiung Sze Ting</i>		
0900 - 0930	Registration	
0930 - 1000	Understanding Acute Pain	Dr Lim Ern Ming
1000 - 1030	Care of Patients on An Acute Pain Service: Role of Nurses and Paramedics	SN Florance Jeyanthi
1030 - 1100	A Practical Guide to Acute Pain Assessment and Management in Children	Dr Farah Khalid
1100 - 1115	Break	
1115 - 1230	Case Discussion 1 1. Non-Pharmacological Interventions in Acute Pain 2. Pain Management in Opioid Tolerant Patient and the Use of Placebo 3. Non-Pharmacological Technique in Children	Ms Michelle Ho Dr Lim Ern Ming Datin Dr Usha S Rajah Dr Farah Khalid
1230 - 1300	Pain Management Modalities in An Acute Pain Service	Dr Law Yen Shuang
1300 - 1400	Lunch	
1400 - 1430	Quiz: Interventions for Inadequate Pain Control	Dr Kiung Sze Ting
1430 - 1545	Case Discussion 2 4. APS in Medically Compromised Patients 5. Prevention of CPSP How Does APS Play a Role 6. Practical Issues with Patient Receiving APS Care	Dr Law Yen Shuang Dr Kiung Sze Ting SN Florance Jeyanthi
1545 - 1600	Discussion, Feedback, Dismiss	

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SCIENTIFIC PROGRAM

PRE-CONGRESS WORKSHOP

Day 1: 22nd February 2024, Thursday

Venue: Seminar Room 4, Level 1,
Hospital Sultan Abdul Aziz Shah (HSAAS), UPM, Serdang, Selangor

WORKSHOP 3 : BACK TO FUNCTION: THE ROLE OF PHYSIOTHERAPY & OCCUPATIONAL THERAPY

Time	Topic	Presenter
Moderator: Dr Abdul Rahman Bin Ab Hamid / Dr Mohamad Aswad Bin Abu		
0900 - 0915	Registration	
0915 - 1000	Introduction: The Importance of Physical Function Restoration in Chronic Pain	Dr Abdul Rahman Bin Ab Hamid
1000 - 1030	Traditional Physiotherapy Interventions for Pain Management	Mr Muhammad Naim bin Azman
1030 - 1100	Active Coping vs Passive Coping: What are the issues?	Pn Siti Hajar @ Herniza Mohd Zan
1100 - 1115	Break	
1115 - 1145	Occupational Therapy Involvement in Pain Management	Ms Noorul Fatimah Nordin
1145 - 1300	CASE DISCUSSION: Barriers in Treating Pain with Physiotherapy and Occupational Therapy	All Facilitators
1300 - 1400	Lunch	
1400 - 1430	Injury Prevention and Education in Pain Management	Mr Saravanan A/L Rajadurai
1430 - 1500	Activity Modification in Performing Activities of Daily Living	Pn Rohaizah Ahmad Rafaei
1500 - 1530	Discussion, Feedback, Dismiss	

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SCIENTIFIC PROGRAM

MAIN CONFERENCE

Day 2: 23rd February 2024, Friday

Venue: Main Auditorium, Level 2

Time	Topic	
0730 - 0800	Registration	
0800 - 0830	Welcome Address by: - YBhg. Professor Dr Hj. Hamidon bin Hj. Basri , Hospital Director, Hospital Sultan Abdul Aziz Shah (HSAAS) - Professor Dr Zubaidah Jamil Osman , President of Malaysian Association for the Study of Pain (MASP)	
0830 - 0900	Official Opening of the Meeting Professor Dr Catherine Bushnell , President of International Association for the Study of Pain (IASP)	
Chairperson: Dr Mary Cardosa		
0900 - 0930	PLENARY 1: Beyond Opioids: Engaging Endogenous Pain Modulation in the Brain Professor Dr Catherine Bushnell	
Chairperson: Professor Dr Zubaidah Jamil Osman		
0930 - 1000	PLENARY 2: Fear of Movement: Past, Present and Future for Pain and Rehabilitation Professor Dr Johannes Vlaeyen	
1000 - 1030	Coffee Break and Exhibition Booth Visit	
1030 - 1145	Venue: Main Auditorium, Level 2 <i>Moderator: Datin Dr Usha S. Rajah</i>	Venue: Mini Theatre, Level 2 <i>Moderator: Ms Lee Sook Huey</i>
	SYMPOSIUM 1: Acute Pain Management	SYMPOSIUM 2: Non-pharmacological Approaches: Getting the Right Person to Do It
	Non-Opioid Analgesics: Opioid Free vs Opioid Sparing Strategies Dr Law Yen Shuang	Pre-recorded Hypnotic Intervention: A Feasible Approach for Emotional and Psychological Peri-surgical Care Dr Shawn Lee Ji Kwan
	Predictors For Persistent Postsurgical Pain - From Bedside To Biomarkers Dr Kiung Sze Ting	PRICE for PEACE and LOVE: A Recipe For Early Ambulation? Dr Saiful Adli Bukry
	Perioperative Neuraxial Analgesia vs Truncal Block: Evidence for Best Practice Dr Mohd Aizad Mohd Yusof	Expose or Avoid? The Scientific Evidence of Exposure Treatments Professor Dr Johannes Vlaeyen
1145 - 1200	Q&A	Q&A
Chairperson: Dr Mohamad Aswad Bin Abu		
1200 - 1300	LUNCH SYMPOSIUM (Sponsored by Viatris) Screening and Treatment of Painful Diabetic Peripheral Neuropathy Associate Prof Dr Lim Lee Ling Venue: Main Auditorium, Level 2	
1300 - 1430	Lunch Break / Poster Presentation / Friday Prayer	

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MAIN CONFERENCE

Day 2: 23rd February 2024, Friday (Cont'd)

Venue: Main Auditorium, Level 2

Time	Topic	
	Chairperson: Dr Mazlila Meor Ahmad Shah	
1430 - 1500	PLENARY 3: Culture and Musculoskeletal Pain: Strategies, Challenges and Future Directions to Develop Culturally Sensitive Physical Therapy Care Professor Dr Romy Parker	
1500 - 1615	Venue: Main Auditorium, Level 2	Venue: Mini Theatre, Level 2
	Moderator: Prof Choy Yin Choy	Moderator: Prof Dr Ramani Vijayan
	SYMPOSIUM 3: Pain Management in Primary Care	SYMPOSIUM 4: Get Me Moving
	Cannabinoids in Primary Care: The Thai Experience Assoc Prof Dr Nantthasorn Zinboonyahgoon	Self-Management Tools for Chronic Pain: How to Get Your Patient to Embrace Change Dr Mazlila Meor Ahmad Shah
	Cancer Pain Management in Primary Care Dr Teoh See Wie	10 Tips to Motivate Chronic Pain Patients for Physiotherapy Ms Preeshaa Adithan
	Neuropathic Pain in Primary Care: Getting A Proper Diagnosis and Treatment Assistant Prof Dr Jimmy Barus	Graded Motor Imagery For Phantom Limb Pain and Complex Regional Pain Syndrome Professor Dr Romy Parker
1615 - 1645	Q&A	Q&A
1645	End of Day 2	

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SCIENTIFIC PROGRAM

MAIN CONFERENCE

Day 3: 24th February 2024, Saturday

Venue: Main Auditorium, Level 2

Time	Topic	
0830 - 0900	Registration	
	<i>Chairperson: Dr Ahmad Afifi Mohd Arshad</i>	
0900 - 0930	PLENARY 4: Malaysian Cancer Pain Guideline 2024 - Upscaling Management Strategies <i>Dr Aaron Hiew Wi Han</i>	
	<i>Chairperson: Professor Marzida Mansor</i>	
0930 - 1000	PLENARY 5: Neuromodulation for Chronic Pain: Current Evidence and Challenges in the Developing Countries <i>Assoc Prof Dr Nantthasorn Zinboonyahgoon</i>	
1000 - 1030	Coffee Break and Exhibition Booth Visit	
1030 - 1145	Venue: Main Auditorium, Level 2	Venue: Mini Theatre, Level 2
	<i>Moderator: Dr Kiung Sze Ting</i>	<i>Moderator: Dr Shawn Lee Ji Kwan</i>
	SYMPOSIUM 5: Pain in Children and Adolescent	SYMPOSIUM 6: Recognizing Obstacles and Maintaining Changes
	Pain and Pain Assessment in Children with Cognitive and Communication Impairment <i>Professor Dr G Allen Finley</i>	Chronic Pain in The Elderly: Too Little or Too Much? <i>Dr Ungku Ahmad Ameen Ungku Mohd Zam</i>
	Consequences of Poorly Managed Pain in Children <i>Dr Farah Khalid</i>	Dealing with People: Handling Stigma & Discrimination <i>Mr Izwan Ruslan</i>
	Regional Anaesthesia for Postoperative Pain Management <i>Dr Nur Hafiizhoh Abd Hamid</i>	Return to Work Program for Chronic Pain & Disability <i>Mr Azirruan Bin Arifin</i>
1145 - 1200	Q&A	Q&A
	<i>Chairperson: Dr Kanargahraj Vetaryan</i>	
1200 - 1300	LUNCH SYMPOSIUM (Sponsored by Aspen) Role of Perioperative Regional Blocks and Multimodal Analgesia in The Prevention of Chronic Postoperative Pain <i>Dr Khoo Eng Lea</i> Venue: Main Auditorium, Level 2	
1300 - 1400	Lunch Break / Poster Presentation	

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SCIENTIFIC PROGRAM

MAIN CONFERENCE

Day 3: 24th February 2024, Saturday (Cont'd)

Venue: Main Auditorium, Level 2

Time	Topic	
Chairperson: Dr Farah Khalid		
1400 - 1430	PLENARY 6: Bridging the Gap: Improving Access to Evidence and Resources for Children's Pain Professor Dr G Allen Finley	
1430 - 1545	Venue: Main Auditorium, Level 2	Venue: Mini Theatre, Level 2
	Moderator: Dr Khoo Eng Lea	Moderator: Professor Dr Zubaidah Jamil Osman
	SYMPOSIUM 7: Back Pain	SYMPOSIUM 8: Session with the Experts
	Persistent Low Back Pain: Challenges and Opportunities Dr Ozlan Izma Muhamed Kamil	Managing Fear Avoidance: Application Of Exposure - Based Technique Professor Dr Johannes Vlaeyen
	Musculoskeletal Clinical Translational Framework: Putting Evidence to Practice for Back Pain Dr Ong Say Yang	<ul style="list-style-type: none">Case Study
	Biomechanical and Neurophysiological Effects of Manual Therapies Professor Dr Catherine Bushnell	<ul style="list-style-type: none">The Role of Pain-Related Fear and Its Clinical ImplicationsVideo Illustrations: Exposure-Based Treatments for Chronic Musculoskeletal Pain
1545 - 1600	Q&A	Q&A
1600 - 1630	Closing	
1630	End of Conference	



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INTERNATIONAL FACULTY

9TH MASP BIENNIAL SCIENTIFIC MEETING 2024

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Professor Dr Catherine Bushnell is the current President of the International Association for the Study of Pain (IASP). She has spent her career as a pain researcher in academia and government. Her mission is to understand the brain's role in perceiving, modifying, and managing pain, with a special emphasis on mind/body modalities of pain control. The research includes clinical studies of non-pharmacological analgesic treatments in chronic pain patients and rodent studies addressing how environmental factors affect pain processing. She has served the pain community as President of the Canadian Pain Society (2011-2012), Councilor for the Society for Neuroscience (2012-2016), Director of the McGill University Alan

Edwards Centre for Research on Pain (2003-2009) and multiple International Association for the Study of Pain (IASP) positions.



Professor Dr Johannes Vlaeyen is professor at the University of Maastricht (Netherlands) and Emeritus professor at KU Leuven (Belgium). His main research expertise is on the behavioral, affective and motivational mechanisms underlying the transition from common acute aversive sensations to chronic bodily symptoms. His experimental work includes research on the acquisition of pain-related fear and avoidance behavior through direct experience, observational learning, and verbal-symbolic learning. Johan highly values translational research, and he and his team have developed customized cognitive-behavioral management strategies for individuals suffering chronic pain and conducted both group-based RCT's as

well as replicated single-case experimental designs to evaluate the effects of these interventions. Johan Vlaeyen has published more than 400 scientific papers in international journals. He is on the editorial board of the flagship journal Pain, Clinical Journal of Pain, Scandinavian Journal of Pain, Cognitive Behaviour Therapy, and Translational Behavioural Medicine. Since 1998, he served at various IASP committees, working groups, or SIGs. He is principal author of the book "Pain-related Fear: Exposure-based Treatment of Chronic Pain" (IASP Press 2012), co-editor of the book "Fordyce's Behavioral Methods for chronic Pain and Illness republished with invited commentaries" (IASP Press 2014). He received the Pain Award of the Dutch Chapter of IASP and has been awarded Distinguished International Affiliate of the American Psychological Association, for "unusual and outstanding contributions" to health psychology in 2015. He has an adjunct research professorship at the University of South Australia (Adelaide Australia) and obtained an honorary doctorate at the University of Örebro (Sweden) for his scientific contributions in health psychology. In 2015, he received a prestigious Methusalem structural research funding from the Flemish Government (Belgium) for the research program "Asthenes: from acute aversive sensations to chronic bodily symptoms". He serves as Councilor of the International Association for the Study of Pain (IASP) from October 2022.

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Professor Dr Romy Parker works aspires that every person in South Africa has access to a healthcare professional who understands pain. Her work includes laboratory, clinical, education, and implementation research. She leads a team of clinician researchers working in both perioperative pain and chronic pain management. The aim is to develop, test and implement effective, culturally appropriate and sustainable treatments.

Professor Parker personal focus is on chronic pain in people living with HIV, exploring epidemiology, pain mechanisms and non-pharmacological interventions using education and exercise for implementation at the primary healthcare level.



Professor Dr G Allen Finley is a Professor of Anesthesia, Pain Management and Perioperative Medicine at Dalhousie University, Canada. Professor Finley have been involved in pain research and care for more than 30 years. His current clinical practice is in acute and complex pediatric pain management as part of an outstanding interdisciplinary team. The research has focused on different aspects of pain assessment, treatment, and service delivery, but most recently on pain as a global health issue and on research mobilization to support pain services in resource-limited settings (childkindinternational.org, kidsinpain.ca).

Professor Finley was privileged to serve on the IASP Executive Committee for four years, and has been a strong advocate for pain care on an international level, at WHO and others.



Associate Professor Dr Nantthasorn Zinboonyahgoon is a US-trained pain physician and anesthesiologist who is currently practicing in Thailand. He is the chief of the division of pain medicine and an Associate professor at the Department of Anesthesiology, Siriraj Hospital, Mahidol University. He works with the World Federation of Societies of Anesthesiologists, the Thai Association for the Study of Pain, and the International Association for the Study of Pain to represent and promote pain management in Thailand and the Asia-Pacific area. He has publications, focusing on pain management in developing countries, with an H index of 10.

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Dr Ong Say Yang completed his anaesthesia training in 2014 in Singapore. He then went on to do a one-year fellowship in chronic pain in 2018 at the Royal Adelaide Hospital and The Queen Elizabeth Hospital in Adelaide, Australia. His interests are in chronic pain management and regional anaesthesia. Dr. Ong concurrently holds the positions of Head of the Pain Management Unit at the National University Hospital, and Pain Service Lead at Alexandra Hospital, Singapore.

Dr. Ong is actively involved in undergraduate and postgraduate teaching and holds a Certificate in Medical and Health Professions Education. He advocates strongly for regional collaboration in pain service development and pain research as the current President of both the Pain Association of Singapore and the Association of Southeast Asian Pain Societies.



Assistant Professor Dr Jimmy Barus is part of the faculty at Atma Jaya Neuroscience and Cognitive Center and Department of Neurology School of Medicine and Health Sciences, Universitas Katolik Indonesia Atma Jaya Jakarta and practicing as neurologist in several hospitals in Jakarta, Indonesia. He just earned his Ph.D. in Medicine and Health Science from the Universitas Gadjah Mada in 2018. His research interest is Diabetic Neuropathies, Neuropathic Pain, Biopsychosocial aspects of chronic non cancer pain and pain in elderly.



LOCAL FACULTY

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Dr Aaron Hiew Wi Han graduated with a Doctor in Medicine degree from University Kebangsaan Malaysia. He subsequently completed his Fellowship In Palliative Medicine Ministry of Health Malaysia and is now practising as a Palliative Medicine Specialist, Dept of Medicine, Hospital Kuala Lumpur till now. Dr Aaron has a keen interest in the aspect of education and improving the skills and knowledge of healthcare workers. He is involved in the Advanced Diploma program for Palliative care in the Institut Latihan KKM as well as serves in other committees in the MOH palliative groups.



Dr Abdul Rahman Bin Ab Hamid graduated from the University of Malaya and hold Master Degree in Rehabilitation Medicine from the University of Malaya, Malaysia. He received his physiatrics training in renowned rehabilitation medicine centres in Epworth Hospital in Australia and South Korea in both hospital Seoul National University Hospital and Asan Medical Center, prior to his current clinical service in the Department of Rehabilitation Medicine, Hospital Rehabilitasi Cheras(HRC) Kuala Lumpur.

He also established pathway of stroke step down care in Kedah during his stint as head of department of rehabilitation in Hospital Sultanah Bahiyah in Kedah.

He help establishment of the Musculoskeletal, geriatric rehabilitation in HRC, as well as publishing researches in research gate. He is involved in the expansion of the Amputee Rehabilitation services, research, and education, including being a speaker in many conferences locally and internationally.

His expertise lingers around geriatric, musculoskeletal and neurological rehabilitation to improve the quality of life of patients including many interventional procedures to expedite improvements. He also involve in medical litigation and would also provide consultation for any illnesses resulting in temporary or permanent disability.



Dr Ahmad Afifi Mohd Arshad is a Consultant Anaesthesiologist and Pain Specialist at Hospital Sultanah Bahiyah in Northern Malaysia. Upon completion of Master's Degree in Anaesthesiology, he pursued subspecialty in Pain Medicine. He completed 3 years of Fellowship in Pain Medicine under mentorship of Dr Mary Cardosa at Hospital Selayang, Professor Stephan Schug at Pain Medicine Centre, Royal Perth Hospital and Adjunct Professor Philip Finch at his private practice in Western Australia. He is a member and trainer for Pain Medicine Subspecialty, Regional Anaesthesia and Point-of-Care Ultrasound.

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Dr Awisul-Islah bin Ghazali completed his post graduate master in the field of Anesthesiology in 2005 and then served as Clinical Anesthesiologist in Hospital Taiping.

He started his journey in Pain Management subspecialty in 2009 and was trained in Hospital Selayang, Hospital Raja Permaisuri Bainun, Ipoh and Daradia Pain Clinic, Kolkata. He completed the Ministry of Health, Pain subspecialty training in 2012 and was then posted to Hospital Kuala Lumpur and later to Hospital Queen Elizabeth, Kota Kinabalu to initiate and establish the pain clinic services there.

In 2014 he passed the Fellowship of Interventional Pain Practitioner (FIPP) in Maastricht, Netherland and then move back to Taiping. He was a visiting Pain Specialist to Queen Elizabeth Hospital from 2015 until 2017.

Currently he is a consultant anesthesiologist and pain management specialist in Hospital Taiping. He actively involves as a member in National Committee for Pain Free Program, a member of World Institute of Pain (WIP), a life member of Malaysian Association for The Study of Pain (MASP), serve as secretary for Malaysian Society of Interventional Pain Practitioners (MSIPP) and one of the supervisors and exit examiner for Pain Management subspecialty training, Ministry of Health, Malaysia. Recently in August 2022, he passed the fellowship of Certified Interventional Pain Sonologist (CIPS) in Budapest, Hungary.



Mr Azirruan bin Arifin is Head of Employment Insurance System ("EIS") of the Social Security Organization since February 2022 until present. He was tasked to develop strategies with the aim to increase efficiencies and improve processes of EIS's benefit which includes Job Search Allowance, Reduced Income Allowance, Training Fee etc. In order to reduce unemployment rate, he leads and monitor various of program such as career fair, walk in interview, vocational training and Return to Work. Additionally, he also leads in enhancing the job portal MYFutureJobs, a national platform for job seekers and employers. This portal provides the most accurate job match. Apart from that, provide labour market information which

allows jobseekers to understand opportunities available in the job market. Information with regards to supply to allow employers to exercise manpower planning and the key information is being utilized for central government agencies to produce policies and activate active labour market programs.

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Dr Farah Khalid is a Paediatric Lecturer in University Malaya. She obtained her medical degree from the International Medical University and completed her Masters of Paediatrics in University Malaya in 2012 before obtaining her graduate certificate in Palliative Medicine from Cardiff University, Wales in 2016. In 2021 she completed a 1-year pain fellowship at the Paediatric Pain Unit, Sydney Children's Hospital, New South Wales, Australia.

Her clinical work involves managing children in the Pain and Palliative Care Unit, Department of Paediatrics, University of Malaya.

She had received the International Physician Scholarship from the American Academy of Hospice and Palliative Medicine to present her work on "The Practice of Palliative Medicine in Developing Countries" at the 2018 Annual Assembly in Boston, and the Young Scholar Education grant to attend the International Association of the Study of Pain, South East Asia Pain Management Camp in 2019.

Her recent publications include book chapters; 'Pain Management' in the Textbook of Paediatrics and Child Health (University Malaya Press, 2019), and 'Special Population and Communities: Paediatric Population' in the Palliative Care and Serious Illness Patient Management for Physician Assistants (Oxford University Press, 2021).

As member of the National Paediatric Pain Free Committee, she had contributed to the Paediatric Pain Management Guidelines published in 2023.

Dr Khalid's research interest include palliative care education for healthcare providers, psychological impact of children living with life-limiting illnesses and their carers, symptom burden in children with severe neurological impairment and the pain experience of children admitted to hospitals.



SN Florance Jeyanthi Sevamalai is the Senior Nurse Manager at ParkCity Medical Centre Kuala Lumpur. She has 27 years of working experience in various field within healthcare. She is now a senior nurse manager in a tertiary hospital. She has managed many teams/ staff in terms of governance, coaching, teaching and leading. She has handled many patients with pain during all these years and has a vast experience and knowledge in handling them. She has worked in the middle east with various nationalities, which proves her adaptability and understanding to different cultures and how they response to pain. She is also a certified counselor who knows and understands people and their thought process. These are some of

the attributes that she possesses to tackle situations. She has been coordinating and heading the pain services in a private healthcare facility - Parkcity Medical Centre. She has attended several training and attachment on pain management in Selayang hospital. She has conducted pain related training for staff in the health care facility where she works.

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Mr Izwan Ruslan is a Chief Clerk, Training Coordinator and Event Organizer at Pusat Mel Nasional, Shah Alam. With a little technical education in Industrial Electronic, Izwan started his working life as a computer installer back in 1996. Unfortunately, those years' computer is not a necessity but more towards an exclusive item for certain level of people. Izwan leap into the Hotel Industries through 3 local and international hotels. Enthusiasm and positive attitude has pave the way climbing the ladder. After 6 years, Izwan left the Hotel Industries as Operation Supervisor.

Entering a more customer-oriented service in Pos Malaysia give more challenges. Being in a nationwide company, so many opportunities to be grab by exploring and gaining experience in Customer Service, Service Counter, Customs Agent, International Liaison, Corporate Service, Business Human Resource, Human Capital, Training Center, Training Coordinator, Event Management and now Resource Management & Development.

During his off work and free time, Izwan as a MCMC license Amateur Radio operator held classes and talks in promoting and educating public regarding radio communication toward regulation, technical support, emergency preparation and SAR operations. He is also invited to multiple Government Bodies for classes, talks and exhibition as well.

With awareness towards the environment, Izwan is also involve in promoting Green Energy. Active in solar system installations, technical supports and education classes for Schools and Universities. Being an inventor and developer of Green Energy, Izwan has produce multiple devices, Power Pack and Portable Solar Generator into the market. Giving free advice and as source of reference in the social media platforms is one of his afford promoting public interest towards Green Energy.

During his past time, Izwan is active in camping, archery and gun shooting. Giving great passion toward outdoor activities, he has become an archery instructor and personal coaching in the shooting range. Providing archery classes for schools and NGOs as some of his CSR projects.



Dr Khoo Eng Lea is a Consultant Anaesthesiologist & Pain Specialist at Sunway Medical Centre Velocity. He obtained his MBBS and Master of Anaesthesiology from the University of Malaya in 2004 and 2012, respectively. He then pursued his passion in Pain Management and he worked as Pain Management Fellow in Hospital Selayang, Peter MacCallum Cancer Centre (Melbourne) and the Royal Melbourne Hospital. After completing his subspecialty training, he served in the National Cancer Institute. His clinical and procedural skills involved core and specialized procedures in anaesthesiology and intensive care, ultrasound-guided regional anaesthesia and interventional pain management. Dr Khoo is actively involved in research with

special interests in acute and chronic pain management. Besides being a trainer and speaker in numerous pain management and ultrasound guided regional anaesthesia conferences and workshops, Dr Khoo also serves as committee members in the Malaysian Association for the Study of Pain and activity involved in the association.

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Dr Kiung Sze Ting currently holds a multifaceted position as an Anesthesiologist and Pain Specialist at Hospital Kuala Lumpur. Concurrently, she serves as an Auditor and member of the Pain Free Programme at both national and hospital levels. Additionally, she holds the position of EXCO member in the Malaysian Association for the Study of Pain. Her academic journey includes graduating in 2014 with a Master's degree in Anesthesiology from the University of Malaya. Dr Kiung further specialized in Pain Management through a Fellowship with the Ministry of Health from 2018 to 2021. Notably, she has actively contributed to various studies and trials, assuming the role of Principal Investigator for the National Audit on Preoperative Blood Investigations

in Elective Surgeries and the NEUCOURSE study at Hospital Kuala Lumpur. Her engagement extends to both local and international platforms, presenting posters at conferences such as the International Association for the Study of Pain Conference in Yokohama, Japan, and the 8th Association of Southeast Asian Pain Congress. In her current activities, Dr Kiung Sze Ting plays a pivotal role in healthcare worker training, actively contributing to acute pain management and Pain Free Programme courses. Moreover, she is deeply involved in the development of ERAS Colorectal and Joint Replacement guidelines, Medication Administration Guide, and the updating of Acute Pain Service Protocols at Hospital Kuala Lumpur. Her commitment to advancing pain management is further evident through the organization of workshops in the field.



Dr Law Yen Shuang currently practise as a Consultant Anaesthesiologist and Pain Specialist at Kensington Green Specialist Center, Johor Bahru. Prior to this, she has worked in Hospital Sultanah Aminah Johor Bahru and Hospital Sultan Ismail Johor Bahru. She completed her Masters of Medicine in Anaesthesiology at University Malaya in 2014 and subsequently did her subspecialty in Pain Management under the Ministry of Health Malaysia. During her training, she underwent a 1-year fellowship in Chronic Pain Management at Toronto Western Hospital under the Faculty of Medicine, University of Toronto, Canada in the year 2019. She is also a certified Clinical Hypnotherapist and Behavioural Therapist, incorporating cognitive

behavioural therapy and hypnotherapy strategies in her practice of pain management. She hopes to continue learning and contributing in the field of Pain Medicine incorporating a variety of techniques to ensure a holistic approach.



Dr Lim Ern Ming, a dedicated Malaysian Consultant Anaesthesiologist and Pain Specialist, possesses an extensive medical background and profound expertise in pain medicine. Holding a Fellowship from the Australian and New Zealand College of Anaesthetists, she completed Masters in Anaesthesiology at the University Malaya. With an illustrious career, Dr Lim has been a Consultant at Parkcity Medical Centre, Ramsay Sime Darby Health Care Group, and Anaesthesiologist at Kuala Lumpur Hospital. Her commitment extends to academia, contributing as a Guest Lecturer and engaging in postgraduate teaching. Lim's impactful research includes leading studies on pain management and presenting findings globally, solidifying her influence in the field.

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Associate Professor Dr Lim Lee Ling is an Associate Professor of Medicine, UM and Head of the Diabetes Care Unit, University of Malaya Medical Centre. As a clinician-scientist, her major areas of interest include cardiometabolic medicine and intergenerational diabetes with translational and implementation science components.

Assoc Prof Dr Lim sits on the Working Groups of The Lancet Commission on Diabetes and the American Diabetes Association/European Association for the Study of Diabetes (ADA/EASD) Precision Medicine in Diabetes Initiative, who provide authoritative resources in tackling the global diabetes epidemic. She recognizes that every person with diabetes and non-communicable disease (NCD) is unique and warrants personalized care. To revolutionize health care, Assoc Prof Dr Lim aims to advance the implementation of Precision Medicine in Diabetes and NCD, taking into account differences in clinical presentation, genes, and lifestyles in Malaysian populations. These have led to several collaborations with the USA, UK, and other Asian countries. She has published in numerous high-impact journals including The Lancet, Nature, Diabetes Care, and PLoS Medicine.

Assoc Prof Dr Lim has received several awards including the World's Top 2% Scientists 2022 by Stanford University, EFSD Albert Renold Fellowship, USA Endocrine Society Outstanding Abstract Award, and a scholarship funded by the USA NIH National Institute of General Medical Sciences for training in statistical genetics at the University of Washington, USA.

She is an Academic Editor of PLoS One and Editorial Board Member of several Web of Science-indexed journals e.g., Diabetes/Metabolism Research & Reviews, Diabetes & Metabolism journal. Assoc Prof Dr Lim is an article reviewer for 26 leading academic journals including the European Heart Journal, Annals of Internal Medicine and Endocrine Reviews.



Dr Mazlila Meor Ahmad Shah is a Consultant Anesthetist and Pain Specialist in the Department of Anesthesiology and Intensive Care at Hospital Selayang. She graduated from the National University of Ireland, Galway and worked at Hospital Selayang as a medical officer before enrolling in the Masters of Anesthesiology program at Hospital Kebangsaan Malaysia.

She then completed a Pain Management Subspecialty MOH program under the supervision of Dr Mary Suma Cardosa at Hospital Selayang and Prof Julia Fleming at Prof Tess Cramond Multidisciplinary Pain Center in Royal Brisbane Women and

Children Hospital, Australia.

Currently, Dr Mazlila serves as the Head of the Pain Management Unit and works as a Consultant Anesthetist in the Department of Anesthesia and Intensive Care at Hospital Selayang.

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Ms Michelle Ho Sueh Yeng is a practicing Clinical Psychologist registered with the Malaysian Society of Clinical Psychology and a Registered Counsellor under the Board of Counsellor Malaysia. She obtained her Bachelor Degree in Child and Family Psychology from University Malaysia Sabah (UMS) in 2006 and her Master Degree in Guidance and Counselling from University Putra Malaysia (UPM) in 2009. After 5 years of counseling practice, she decided to pursue her Master Degree in Clinical Psychology at University Kebangsaan Malaysia (UKM) and graduated in 2015.

Michelle has experiences working at various government hospitals, universities' medical centres, private hospital, NGOs as well as schools. As such, she has seen patients with anxiety, major depression disorder, obsessive compulsive disorder, pain, autism spectrum disorder, attention deficit hyperactivity disorder, learning difficulties, and other mental health related issues. These have enriched her growth as a therapist and enabled her to better understand patient's care and needs.

Michelle is trained in administering psychological assessments, psychotherapy and medical social work. She conducts individual and group therapy sessions for children and adults, as well as providing psycho-emotional support to patients and their family members. Besides that, she also provides mental health talks and training to corporate clients and public such as stress management, the importance of self-care, and attentive skills.



Dr Mohd Aizad Bin Mohd Yusof holds fellowships in anaesthesia (FRCA) from the Royal College of Anaesthetists and pain management (FFPMRCA) from the Faculty of Pain Medicine having trained in the East Midlands and having achieved the certificate for completion of training (CCST)(UK). His interests in regional anaesthesia and pain management culminated in him achieving the European Diploma of Regional Anaesthesia (EDRA) and an MSc in Pain Management (Cardiff). He has previously worked in the NHS as a consultant in anaesthesia and pain management, as well as serving as a final FRCA examiner and ALS instructor prior to returning to Malaysia at the end of 2021. He now works as a consultant in anaesthesiology, critical care

and pain management at a private tertiary centre in Johor.

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Dr Mohd Suhaimi Tajudin is a distinguished Pain Specialist and Anesthetist at Selayang Hospital, Selangor, with a passion for improving lives through advanced pain management. Since graduating as an Anesthetist in 2014, Dr Suhaimi has served in diverse medical settings, from rural hospitals to urban centers, enriching his expertise and understanding of patient care dynamics. In 2019, he further specialized in pain management under the Ministry of Health, demonstrating a commitment to addressing the complex nature of chronic pain.

In 2021, Dr Suhaimi was honored to receive an IASP scholarship, which supported his specialized training in clinical pain management at Siriraj Pain Management Clinical Center, Bangkok. This opportunity allowed him to deepen his expertise and share valuable insights within the ASEAN region's medical community.

Dr Suhaimi adopts a holistic approach to pain, combining biomedical and biopsychosocial strategies to offer comprehensive care. His work transcends clinical practice, contributing to education and advocacy in pain management, aiming to elevate the standard of care and awareness within the medical community.

Beyond his professional pursuits, Dr Suhaimi is a proponent of a balanced lifestyle, advocating for the integration of physical and mental well-being into the management of chronic pain. His dedication to patient care and professional excellence continues to make a significant impact in the field of pain management.



Mr Muhammad Naim bin Azman is a Physiotherapist in HKL, graduated with Bachelor in Applied Rehab from Teesside University. He is an experienced physiotherapist with 11 years of providing patient care, rehabilitation and therapy services for out patients and in patients. His personal area of interest lies in musculoskeletal physiotherapy. He has been involved in acute and chronic pain management with dedicated Pain Clinic team in HKL since 2018.



Dr Muhammad Rahmat Ali Hassan is a senior Anesthesiologist specialising in Pain Management in Hospital Sultan Ismail Johor. He completed his Degree in Medicine and Masters of Anesthesiology from university Kebangsaan Malaysia. Then, he obtained his Pain Medicine Fellowship of Malaysia in 2022. Currently, Dr Rahmat is actively running pain clinic and day-care procedures managing wide spectrum of acute and chronic pain. Dr Rahmat is also an active member of Malaysian Association for the Study of Pain, and MSIPP. Dr Rahmat has favourite mantra, it says "Chronic pain is not all about the body and it's not all about the brain - it's everything. Target everything. Take back your life."

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Dr Muralitharan Perumal is an Anesthesiologist by profession with subspeciality in Pain Medicine. Attained FIPP certification in 2010 and Pain Medicine Fellowship from Ministry of Health, Malaysia and Singapore. Currently, Chairman - WIP Section Malaysia, Member World Institute of Pain (WIP); Past President Malaysia Society for Interventional Pain Practitioners (MSIPP); Regular organizer and facilitator of Interventional Pain Procedures in Cadaveric Workshops, Malaysia; Invited speaker to various International and National Interventional Pain Medicine Conferences; Deputy Chairman Ministry of Health Malaysia Pain Medicine Sub-Specialty Training Committee. Examiner in Exit Exam for Pain Medicine Subspecialty Ministry of Health, Malaysia. Area of interest in head and neck pain management.



Dr Navin Francis Susinadan is a highly accomplished Palliative Care Physician and Head of Palliative Medicine and Supportive Care Department at Institut Kanser Negara, Putrajaya. Graduating from the International Medical University, Malaysia, in 2002, he pursued a Masters in Internal Medicine at the University Malaya in 2008, followed by a Fellowship Training in Palliative Care Medicine accredited by the Ministry of Health Malaysia in 2016.

Dr Susinadan's career spans various medical roles, from Medical Officer to Clinical Specialist in Internal Medicine, showcasing his dedication to comprehensive patient care. His commitment to palliative care led him to undertake advanced training at the Concord Centre for Palliative Care in Sydney, Australia in 2018.

As the Head of Palliative Medicine and Supportive Care at Institut Kanser Negara, Dr Susinadan oversees critical aspects of patient care and contributes significantly to the development of clinical guidelines and committees at both organizational and national levels. His administrative prowess extends to roles such as Head of Unit for Infection Control and Prevention Unit, reflecting his commitment to ensuring the highest standards of healthcare.

Dr Susinadan's research contributions include a thesis on "Prognostic Factors in Terminally Ill Cancer Patients," and he has been a featured speaker at conferences, addressing topics such as Renal Palliative Care.

His multifaceted expertise, coupled with a passion for patient-centered care, positions Dr Navin Francis Susinadan as a key influencer in the field of palliative medicine, making him an invaluable asset to the healthcare landscape.

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Dr Nur Hafiizhoh Abd Hamid obtained her Medical Degree and Master in Anaesthesiology & Critical Care at University Kebangsaan Malaysia. In 2017, she had completed paediatric anaesthesia subspecialty training under Ministry of Health Malaysia as well as fellowship in paediatric anaesthesia at KK Women's & Children's Hospital Singapore. She is a Consultant Paediatric Anaesthesiologist at Hospital Sultanah Bahiyah, where she leads the paediatric anaesthesia division and has been active in educating post-graduate anaesthesia residents and paediatric anaesthesia trainees. She is a board member of Malaysian Society of Paediatric Anaesthesiologists, Malaysian Society of Regional Anaesthesia and member of Asian

Society of Paediatric Anaesthesiologists. Her clinical interests include paediatric regional anaesthesia and simulation on anaesthesia-based crisis.



Mrs Noorul Fatimah Nordin is a Head of Department Occupational Therapy Hospital Kuala Lumpur. She obtained her Degree in Occupational Therapy from University of Technology Mara. Working with government since 2008. Begin with Hospital Putrajaya for the past 15 years and promoted to Hospital Kuala Lumpur in April 2023. Involve in Pain National Technical Committee Member since 2016. Participate in TOT, module development, conference, symposium and pain free hospital audit certification. Beside she also joined as Committee Member in Multidisciplinary Pain Team at hospital and state level.

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Dr Ozlan Izma Muhamed Kamil earned his MD degree from the Universiti Kebangsaan Malaysia in 1993. Subsequently, he pursued Orthopaedic surgery training at the Hospital Kuala Lumpur and at the Hospital Universiti Kebangsaan Malaysia, obtaining his Masters of Surgery (Orthopaedics) degree from the Universiti Kebangsaan Malaysia in 2000. Dr Ozlan underwent Orthopaedic Trauma, Arthroplasty and Arthroscopy training at the Flinders Medical Centre, Adelaide, Australia, in 2002; Adult Spine Fellowship training at the King Chulalongkorn Memorial Hospital, Bangkok, Thailand, in 2004; and Spine Fellowship training at the Auckland City Hospital, Auckland, New Zealand, in 2005.

Dr Ozlan then pursued a training in pain management and interventional pain procedures. In 2014, he was awarded the designation of Fellow of Interventional Pain Practice (FIPP) by the World Institute of Pain, USA. In May 2018, he was awarded Certified Interventional Pain Sonologist (CIPS) also by the World Institute of Pain, USA.

Dr Ozlan was a member of the working group which formulated the first Malaysian Low Back Pain Guidelines published in 2009. He is a member of the Malaysian Orthopaedic Association, the Malaysian Spine Society, the Malaysian Society for Interventional Pain Physicians and the College of Surgeons, Academy of Medicine Malaysia. He is also an invited speaker of numerous international and national scientific meetings and is actively involved in teaching and training seminars in pain management, spine surgery and interventional pain procedures.

Dr Ozlan previously served as Consultant Orthopaedic and Spine Surgeon at Hospital Kuala Lumpur, the largest hospital in Malaysia, until 2010 when he left for private practice. He is a clinician who is passionate in treating patients with back pain. His practice focuses on pain management, musculoskeletal interventional pain procedures and spinal surgery, particularly in degenerative conditions of the spine.



Ms Preeshaa Adithan is a dedicated physiotherapist with a wealth of experience and expertise in her field. She embarked on her journey in physiotherapy by graduating with a Diploma in Physiotherapy in 2009, marking the beginning of her commitment to healthcare. In 2019, Preeshaa achieved a significant milestone by obtaining a BSc (Hons) in Applied Rehabilitation (Physiotherapy), showcasing her continuous pursuit of knowledge and professional development. With an impressive decade-long track record, Preeshaa has accumulated valuable experience, honing her skills as a physiotherapist. Presently, she serves as an integral member of the healthcare team at Hospital Selayang, where she has been making a positive impact since joining in 2017.

Specializing in chronic pain management, Preeshaa is an active member of the Multidisciplinary Pain Team, playing a crucial role in treating and managing chronic pain patients in the pain clinic at Hospital Selayang. Her dedication is further highlighted by her role as the physiotherapy in charge of the MENANG PROGRAM, a chronic pain management initiative, demonstrating her commitment to comprehensive patient care. Additionally, Preeshaa participated in the 6th IASP Southeast Asia Pain Management Camp in Bangkok, Thailand, in April 2023, enhancing her skills and staying at the forefront of advancements in pain management.

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Dr Saiful Adli bin Bukry is an esteemed Senior Lecturer at Universiti Teknologi MARA (UiTM), based at the Puncak Alam Campus. Holding a Doctor of Philosophy (PhD) in Physiotherapy from UiTM, attained in 2022, he demonstrates a profound understanding of his field cultivated through extensive research and academic rigor. Dr Saiful Adli interests span sports injury rehabilitation, musculoskeletal rehabilitation, and pain neuroscience education. His academic journey commenced with a Bachelor of Physiotherapy from UiTM in 2009, laying the groundwork for his future pursuits. Driven by a passion for advancement, he pursued a Master's degree in Musculoskeletal and Sport Physiotherapy from the University of South Australia

in 2011, refining his expertise in specialized areas of physiotherapy. Dr Saiful Adli's solid academic foundation underpins his research interests and field of expertise, which encompass three key areas within physiotherapy. Recent studies include a systematic review exploring the influence of fatigue on landing biomechanics in individuals with anterior cruciate ligament (ACL) reconstruction. Additionally, his research delves into the impact of ankle taping on dynamic balance and functional performance in elite youth soccer players with chronic ankle instability. Through his multifaceted research endeavors, Dr Bukry significantly contributes to advancing knowledge in sports injury rehabilitation, ultimately optimizing outcomes for patients.



Dr Shawn Lee Ji Kwan is a practicing Clinical Psychologist, specialising in using cognitive behavioural therapy and clinical hypnosis to manage depression, anxiety and pain.

Shawn is a senior lecturer at Monash University Malaysia. He is the Chief Clinical Psychologist at RealEase, a digital health technology company focusing on chronic pain management based in China. In addition, Shawn is a visiting psychologist at Hospital Selayang's Pain Clinic. He also runs a private psychological services centre, Psytle Consultancy and Training, where he sees selected clients, as well as

providing supervision and training to clinical psychologists in training.

Shawn completed his PhD at Universiti Putra Malaysia, on psychological techniques to manage chronic pain. He earned his Masters in Clinical Psychology from Universiti Kebangsaan Malaysia, and Bachelor of Psychology from HELP University.

Shawn's professional affiliations are with the Malaysian Society of Clinical Psychology, Malaysian Association for the Study of Pain, American Society of Clinical Hypnosis, and International Association for the Study of Pain.

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Mrs Siti Hajar @ Herniza Binti Mohamad Zan is a physiotherapist with 20 years of experience since graduating in 2003 with a Diploma in Physiotherapy. She commenced her career at Hospital Pakar Sultanah Fatimah in Muar, Johor, before joining the Multidisciplinary Pain Team at Hospital Selayang in 2010, where she continues to contribute significantly.

She specializes in chronic pain management and has been a key facilitator for the MENANG and mini MENANG programmes, showcasing her commitment to innovative and effective patient care. Beyond direct patient involvement, she played a vital role in the Mentor Mentee programme between Selayang Hospital and Duchess of Kent Hospital in 2012, fostering collaboration and knowledge exchange.

In 2015, Siti Hajar demonstrated her dedication to advancing pain management by contributing to the publishing committee for “MENANG Pain Management Programme: A Guide for Healthcare Providers.” This publication underscores her commitment to sharing insights and best practices within the healthcare community.

With an impressive two-decade career, Siti Hajar stands out as a compassionate and skilled healthcare professional, leaving a lasting impact on the field of physiotherapy, particularly in the specialized domain of chronic pain management. Her continued dedication reflects a commitment to excellence and a passion for enhancing patient outcomes through her extensive expertise.



Ms Rohaizah Ahmad Rafaei is an Occupational Therapist who started working at University Malaya Medical Centre, Kuala Lumpur, Malaysia in 1998 after underwent training from Diploma of Occupational Therapy, Ministry of Health, General Hospital of Kuala Lumpur. Graduated from Bachelor of Applied Rehabilitation (Occupational Therapy) University of Teesside, United Kingdom (Francais: University Institute of Technology Mara), 2010. She has over 25 years of experience in almost all Occupational Therapy's Clinical Areas. Whereas, her present Clinical Areas are Pain, Oncology & Palliative Patient.

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Mr Saravanan A/L Rajadurai is a dedicated Physiotherapist (U44) with a Bachelor of Physiotherapy from Universiti Kebangsaan Malaysia in 2012. His primary area of interest lies in musculoskeletal physiotherapy, where he excels in preventing workplace injuries and effectively managing chronic pain. Notably, Saravanan has developed a specialized exercise rehabilitation module tailored for Pulmonary Re-Conditioning in Post Covid-19 Patients, contributing significantly to their recovery. He actively shares his expertise as a speaker on ergonomic practices in the workplace and pain management, and he has also published two indexed papers, further enhancing his reputation as a knowledgeable and forward-thinking professional.

In summary, Saravanan is a dynamic Physiotherapist with a strong educational foundation and a passion for musculoskeletal physiotherapy. His commitment to improving the lives of patients and preventing workplace injuries makes him a valuable asset to any healthcare or rehabilitation team.



Dr Teoh See Wie is a dedicated Family Medicine Specialist with a wealth of experience spanning over a decade and a half. Graduating with a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Malaya in 2006, he continued his academic pursuit, obtaining an Executive Master of Business Administration from Wawasan Open University in 2010. His passion for family medicine led him to accomplish a Master of Medicine in Family Medicine from the University of Malaya in 2015. Dr Teoh further specialised in Palliative Medicine in Primary Care through a Subspecialty Programme awarded by the Ministry of Health in 2022.

Dr Teoh's career trajectory showcases a commitment to patient care and healthcare enhancement. His expertise extends to hypertension management, palliative care, and integrating technology in healthcare, evidenced by his numerous publications, presentations, and active involvement in guideline development.

Notably, his contributions as a member of guideline development groups, co-editorships, and administrative leadership roles underline his commitment to advancing healthcare practices. Currently serving as the Head of the Clinic at Klinik Kesihatan Salak, Sepang, Dr Teoh drives patient-centric care while contributing actively to medical literature and healthcare policy advancements. He is currently piloting the children palliative care service in the community. Moreover, he is also setting up a pain clinic in Klinik Kesihatan Salak to ease the burden from the hospital.

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Dr Ungku Ahmad Ameen Ungku Mohd Zam is a Consultant Geriatrician and Head of Geriatrics Unit at Hospital Tengku Ampuan Rahimah, Klang. He completed fellowship in Geriatrics Medicine in 2014, and did his Master degree in Internal Medicine in 2009. Concurrently, he is a Visiting Geriatrician to Hospital Banting and Hospital Rehabilitasi Cheras. Dr Ameen also holds positions in local Hospital, State and National Level. He is the Head of Thrombolysis Service Unit, Medical Department, HTAR; Lean Facilitator for LEAN Program HTAR Klang; Committee member of National Geriatric Program & Policy Development; Committee member of National Pain Free Program and auditor for KKM Hospital Pain free program; Committee member of national stroke council; Committee member of Drafting the Private Aged Healthcare Facilities and Services Act 2018 ("PAHFAS"). He is the Adjunct Lecturer for Post Graduate Diploma in Geriatrics Medicine Sunway University, and Lecturer & Advisor, Advanced Diploma in Gerontological Care, Kolej Kejururawatan, Melaka. Dr Ameen's interest in community geriatrics, elderly stroke and cognitive disorder. He is also the President of Malaysian Society of Geriatric Medicine for term 2020 - 2022.



Datin Dr R. Usha S. Rajah is a Pain Medicine Specialist, Consultant Anaesthesiologist and Head of Department of Anaesthesiology and Intensive Care at the Penang Hospital. She also holds the position of the Director of Pain Management for the state. Graduating from the University of Madras, Chennai, India in 1993, she received her Masters in Medicine (Anaesthesiology) from the Universiti Kebangsaan Malaysia in 2001. She subsequently attained Fellowship in Pain Management from the Prince of Songkla University in Thailand and successfully passed the Pain management Exit Exam, Ministry of health Malaysia in 2011.

Her passion for pain management has stretched over a period of fifteen years and she currently represents the Malaysian Ministry of Health (MOH) lecturing and facilitating the implementation of pain as the 5th vital sign and Pain Free Program in all MOH hospitals.

She is also trained in Needling therapies for chronic pain and runs the sessions at Pain Management Clinic. Dr Usha's current areas of special interest are management of chronic pain states in a multi-disciplinary setting, techniques of perioperative pain management, cancer pain, needling therapy procedures, anaesthesia for oncology surgery and obstetrics analgesia.



SPEAKER ABSTRACTS

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Beyond Opioids: Engaging Endogenous Pain Modulation in the Brain

Professor Dr Catherine Bushnell

*Professor of Anesthesia, Dentistry and Neurology
McGill University, Canada*

The opioid crisis has raised the question of how we can treat pain without taking drugs. Much of my work over the years has focused on how drugs work in the brain to reduce pain and how we can engage those systems without drugs. This lecture will address how pain is processed in the brain, how systems in the brain work to dampen or augment pain, how chronic pain can change the brain, and some lifestyle choices that can help reduce pain. There are multiple ascending pain pathways in the brain. These multiple pathways correspond to the complexity of the pain experience that includes sensory, emotional and cognitive components. In the cerebral cortex, pain sensation and pain emotion are processed differently, with the somatosensory cortices being more important for sensation and frontal areas, including the cingulate and insular cortices, being more important for the emotional component of pain. There are also multiple descending pathways in the brain that can dampen or enhance pain information. Opioid receptors are involved in multiple parts of the descending pain modulatory pathways and are important for the relief of pain by opiates. Nevertheless, there is accumulating evidence that the descending pain pathways are altered in chronic pain patients, so that opiate drugs may not work as effectively in patients as in healthy people. Given that pain modulatory systems may not be working as well in chronic pain patients as in healthy people, it is particularly important to find ways to engage these systems without taking drugs. Many studies show that aspects of the psychological state, including attention and emotions, can increase or decrease pain via descending pathways in the brain. Our studies show that attention and emotions activate different modulatory circuits in the brain, but both can increase or decrease the pain experience. Certain lifestyle choices, including exercise, meditation or yoga, can reduce pain by activating descending control systems in the brain.

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Fear of Movement: Past, Present and Future for Pain and Rehabilitation

Professor Dr Johannes Vlaeyen

*Professor in Psychology and Translational Research
University of Leuven, Belgium*

Pain is a biologically relevant and vital signal of bodily threat, urging the individual to protect him/herself. Beyond being a sensory experience, chronic pain part of a motivational system that alarms, directs, and energizes behavioral actions to minimize impending bodily harm. This flexible system enables one learning to predict, prevent and control harmful events in a continuously changing environment. Pain learning reflects of form of plasticity of the nervous system, enabling the organism to respond more adaptively to stimuli, due to the continuous stream of changes in the environment. One of the most frequent pain actions are preventing harm by avoiding stimuli that have been associated with pain, by direct experience, observation or verbal instruction. These avoidance behaviors can potentially interfere with daily lives of the individual. Sometimes it is difficult for individual to discriminate cues that predict harmful events from those that predict safety. A “better safe than sorry” strategy is then used. Avoiding the cues that potentially predict harm is usually adaptive in the presence of actual harm.

However, avoidance becomes dysfunctional in the absence of such harm, and when costs of avoiding harm cues are higher than their benefits. Once installed, extinction of these actions is a difficult and fragile process, that occurs after repeated prediction errors. The fragility of extinction is also evidenced by renewal (return of avoidance behavior in new contexts) and reinstatement (return of avoidance behavior after an unexpected pain episode). Here we briefly present recent data showing how pain learning terms of predicting and preventing harmful events. We also show how prediction errors can lead to behavioral changes that help the individual to reach his valued life goals.

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Vlaeyen JWS, Crombez G. Behavioral Conceptualization and Treatment of Chronic Pain. Annual review of clinical psychology 2020;16:187-212.

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Non-Opioid Analgesics - Opioid Free Vs Opioid Sparing Strategies

Dr Law Yen Shuang

*Consultant Anaesthesiologist and Pain Specialist
Kensington Green Specialist Centre, Johor*

Opioids has been used traditionally in the perioperative period as part of balanced anesthesia technique as well as to provide adequate pain management. However, its use has recently been challenged by the feasibility and benefits of opioid free anesthesia strategies. With the increased awareness over the negative effects of opioids, physicians may be geared towards aggressively reducing the use of opioids during surgeries. A variety of pharmacological agents and regional techniques can be used as alternatives for opioids to reduce pain as well as to blunt the sympathetic stress response during the perioperative period. The commonly used medications as alternative to opioids include dexmedetomidine, ketamine, lignocaine and magnesium sulphate. Interestingly, it was shown that pain outcomes did not differ significantly in patients being spared opioids during their surgery. Besides that, patients who were not given opioids had a consistent reduction in the incidences of post operative nausea and vomiting, which was not surprising. Knowing these facts, it is yet to be justified that opioid free anesthesia is the answer to an ideal surgical patient outcome. It is important to be aware that some of these non-opioid hypnotic and analgesic drugs have ceiling effect in terms of analgesia and may result in life threatening adverse effects. Therefore, it is only relevant that anesthesia technique should be individualized according to the patient's comorbidities and analgesic requirement without compromising safety. More importantly, we should not forget that our goal is to optimize patient's comfort and pain relief, incorporating multimodal analgesia and nonpharmacological techniques, starting from the pre-operative period until a full recovery is established.

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Predictors for Persistent Postsurgical Pain - From Bedside to Biomarkers

Dr Kiung Sze Ting

*Consultant Anaesthesiologist and Pain Specialist
Hospital Kuala Lumpur*

An average of 10% of surgical population reported pain post operatively at 1 year and up to 5% of all surgical patients report severe disabling pain at 1 year developing chronic post surgical pain¹. This translates to a significant global burden when an estimate of more than 300million surgical procedures are performed every year.

Chronic post surgical pain (CPSP) inclusion into the ICD 11 has highlighted the condition as a disease rather than a symptom. Consistent clinical predictors in studies include preexisting pain, high post operative pain intensity, younger age, female and patients with anxiety, depression and pain catastrophising². Subsequently, numerous predictive models based on clinical risks bundles were developed to capture high risk patients. However reliability of the models and its effect on CPSP prevention remains debatable³. Pain biomarkers involved in transition from acute to chronic pain (brain neuroimaging, omics, quantitative sensory testing)⁴ is evolving. Combining biomarkers and clinical risks may provide diagnostic tools that has precision in identifying patients developing CPSP in an objective way thus making prevention measures more effective in the future.

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Perioperative Neuraxial Analgesia Vs Truncal Block: Evidence For Best Practice

Dr Mohd Aizad Mohd Yusof

*Consultant Anaesthesiologist and Pain Specialist
Gleneagles Hospital Medini, Johor*

Neuraxial analgesia for thoracic, abdominal and lower limb surgical procedures have been considered gold standard for many years. However, recently truncal blocks have been gaining popularity amongst anaesthesiologists as accessibility to and familiarity with ultrasound equipment increases. Truncal blocks are also largely considered relatively easier to perform and technically easier to learn. This presentation examines the most up to date evidence on the use of neuraxial analgesia and truncal blocks in the context of perioperative care.

Pre-Recorded Hypnotic Intervention: A Feasible Approach for Emotional and Psychological Peri-Surgical Care

Dr Shawn Lee Ji Kwan

*Clinical Psychologist
Monash University Malaysia, Subang Jaya, Selangor*

The evidence supporting the efficacy of hypnosis and other psychological interventions in pain management to date is abundance. Hence, future research should go beyond simply proving efficacy, and establish protocol and techniques that can be adopted into the healthcare system with minimal adjustments. The current session describes a study that took place in Hospital Kuala Lumpur from January 2015 and July 2016 which incorporated a pre-recorded hypnotic intervention to reduce the risk factors associated with chronic post-surgical pain (CPSP) in patients receiving total knee replacement (TKR). We proposed that the use of pre-recorded hypnotic intervention before and after surgery will alleviate pain, anxiety, depression, pain catastrophizing, and pain interference, which in turn reduces the incidence of CPSP. Our findings showed that the intervention exerted medium effects for reducing acute post-surgical pain and large effects for reducing peri-surgical anxiety and pain catastrophizing. A larger sample size is needed to determine the intervention's effects on preventing CPSP. Regardless, this study is an exemplar of psychological intervention that can be incorporated into the surgical setting with ease.

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Price For PEACE And LOVE: A Recipe For Early Ambulation?

Dr Saiful Adli Bukry

Lecturer

Centre of Physiotherapy, Universiti Teknologi MARA Selangor

Rehabilitation of soft-tissue injuries poses a complex challenge. Over time, the acronyms guiding their management have evolved from ICE to RICE, and eventually to PRICE. While these acronyms are widely recognized, they predominantly address acute care, neglecting the subacute and chronic phases of tissue healing. Modern acronyms, such as PEACE and LOVE, encompass the entire rehabilitation continuum, emphasizing patient education and psychosocial factors to enhance recovery. Despite the pain relief and functional benefits associated with anti-inflammatories, these acronyms caution against their potential interference with optimal tissue repair, suggesting they may not be suitable for standard soft-tissue injury management. The central controversy revolves around the effectiveness of cryotherapy. While cryotherapy has traditionally been integral to initial musculoskeletal injury treatment within the RICE framework, doubts about its efficacy have surfaced in recent years. The current recommendation leans towards the PEACE approach for acute-stage treatment, which involves protecting and elevating the injured limb, avoiding anti-inflammatory drugs and applying compression, and educating the patient. Meanwhile, the LOVE approach advocates for the continuation of this management strategy, promoting load, optimism, vascularization, and exercise to potentially decrease the risk of re-injury. Consequently, the implementation of the PEACE and LOVE approaches, coupled with early ambulation, is crucial for achieving optimal physical and psychological outcomes for patients.

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Expose or Avoid? The Scientific Evidence of Exposure Treatments

Professor Dr Johannes Vlaeyen

*Professor in Psychology and Translational Research
University of Leuven, Belgium*

Pain is considered a hardwired signal to bodily disturbance, and which belongs to a basic motivational system that urges the individual to act and to restore the body's integrity rather than just a sensory and emotional experience. Avoidance is a learned form of protective behaviour that is based on the prediction that the engagement in certain movements or activities will have detrimental consequences. Excessive avoidance may lead to increased social isolation, disability levels, and affective distress. Exposure-based treatments for individuals with chronic pain share the aim of facilitating or restoring the pursuit of and engagement in valued life goals in the face of persistent pain. To achieve these goals, individuals are encouraged to explore novel actions rather than exploit protective behaviours. In this presentation, I will review the effectiveness of novel exposure techniques in both youth and adults with chronic pain. This includes RCT's but also studies employing single-case experimental designs.

The overall picture is that exposure-based treatments are successful in reducing pain-related fear and perceived harmfulness of physical activity. There is also moderate evidence for reductions in disability and affective distress. Further improvements in exposure-based treatments may require a paradigm shift toward more personalized approaches, rather than group-based approaches.

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Screening and Treatment of Painful Diabetic Peripheral Neuropathy

Associate Professor Dr Lim Lee Ling

MBBS (Mal), PhD (CUHK), FRCP (Lond), FRCP (Edin), AM

Associate Professor of Medicine and Head of the Diabetes Care Unit

University of Malaya Medical Centre, Kuala Lumpur, Malaysia

Diabetic peripheral neuropathy (DPN) is a common disease of the peripheral nervous system and affects millions of patients worldwide. However, the recognition and diagnosis of DPN continues to be a challenge for healthcare providers.

Symptoms of DPN can be multifaceted and are sometimes misinterpreted, ignored, or not noticed, both by patients and clinicians, which is adding burden on the path to diagnosis. Often patients do not even report their symptoms, are not able to verbalize what they experience or also deprioritize DPN symptoms, so clinicians cannot perform examinations. As a result, the disease remains undiagnosed in many patients for an extended time and cannot be treated early to avoid long-term consequences and impairment of quality of life. Several studies from different countries have shown that up to 80% of patients with DPN are undiagnosed and every 8th patient had never reported the symptoms.

It is key to overcome the challenges faced by clinicians and patients for diagnosing DPN early. These will bring about significant improvement to health outcomes and healthcare expenditure.

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Culture and Musculoskeletal Pain: Strategies, Challenges, and Future Directions to Develop Culturally Sensitive Physical Therapy Care

Professor Dr Romy Parker

Director of Pain Management Unit

University of Cape Town, South Africa

This presentation will explore the intersection between culture and musculoskeletal pain within the African context. In the context of resource-constrained environments, this presentation will explore the intricate interplay between culture and musculoskeletal pain, offering innovative strategies, acknowledging challenges, and proposing future directions for the development of culturally sensitive physical therapy care.

In many developing countries, cultural factors play a pivotal role in shaping individuals' experiences of musculoskeletal pain. The plenary session aims to unravel these complexities, shedding light on the diverse cultural perspectives that influence how pain is perceived, expressed, and managed within communities facing diverse challenges. Practical experiences will be shared to demonstrate how cultural competence can be integrated into the fabric of physical therapy, ensuring that interventions are contextually relevant and accessible.

Effective strategies to infuse cultural sensitivity into musculoskeletal pain management within the constraints of limited resources will be elucidated. By highlighting cost-effective and culturally congruent approaches, the physiotherapist aims to empower healthcare practitioners in developing countries to navigate the unique cultural landscapes of their patients. Creative methods to overcome barriers such as language differences, cultural taboos, and limited access to healthcare resources, fostering an environment of resilience and adaptability will be shared.

Emphasizing the importance of community engagement, grassroots initiatives, and collaborative partnerships, the presentation envisions a landscape where cultural competence is not only embraced but becomes an integral component of healthcare policy and practice.

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Cannabinoids In Primary Care: The Thai Experience

Associate Professor Dr Nantthasorn Zinboonyahgoon

*Division of Pain Medicine, Department of Anesthesiology
Mahidol University, Thailand*

Cannabinoids work through CB1 and CB2 receptors via two major active ingredients: delta-9-tetrahydrocannabinol (THC), which is a psychoactive substance and cannabidiol (CBD), which is a non-psychoactive substance. The evidence supporting the analgesic benefits of cannabinoids is still controversial. While many organizations recommend that cannabis may be considered for chronic cancer and chronic neuropathic pain, evidence of cannabinoids in acute pain is still scarce. However, the risks associated with acute and chronic use are significant. As the rapid legalization of medical cannabis in Thailand was initially associated with increased reports of adverse events, well-planned strategies, including supervision, availability of standardized products, and increased public awareness before implementation, are needed.

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Cancer Pain Management In Primary Care

Dr Teoh See Wie

Consultant Family Medicine

Klinik Kesihatan Salak, Sepang, Selangor

Managing chronic cancer pain at the primary care level represents a pivotal aspect of comprehensive healthcare delivery. Health clinics and primary care providers play a supportive yet important role in navigating the complexities of chronic cancer pain by emphasising a patient-centered approach.

At the primary care level, the strategic utilisation of pharmacological tools such as opioids, non-opioids, and adjuvant medications is balanced with a keen understanding of potential side effects and patient-specific considerations. Additionally, non-pharmacological approaches encompass a spectrum of interventions, from physical therapy to psychological support, enriching pain management strategies and improving patients' overall well-being.

For patients and caregivers, effective communication strategies within health clinics, involving patients and caregivers in shared decision-making, and continuous monitoring and follow-up mechanisms further underscore the essential role of primary care in ensuring consistent, adaptive, and patient-centric chronic cancer pain management.

For the system, it is important for health clinics to foster interdisciplinary collaboration, integrate palliative care, and provide robust supportive services. This includes addressing spiritual, emotional, and social dimensions of pain and fostering a comprehensive healing environment.

I advocate for a holistic approach within health clinics, highlighting the indispensable role of primary care providers in orchestrating an integrated, compassionate, and multidisciplinary response to chronic cancer pain.

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Neuropathic Pain in Primary Care: Getting A Proper Diagnosis and Treatment

Assistant Professor Dr Jimmy Barus

Senior Lecturer of Neurology and Vice President of the Indonesian Pain Society

School of Medicine and Health Science, Atma Jaya Catholic University of Indonesia, Indonesia

Neuropathic pain is an interesting clinical entity that deserves attention in primary care. This pain has a slightly different approach to other pain syndromes. Neuropathic pain is specific in its clinical characteristics and appearance. The quality of pain with a spontaneous pattern is often reported in the form of a burning sensation, electric shock, pinprick, painful cold, and tingling. Meanwhile, some sensations arise due to stimulation in the form of allodynia and hyperalgesia. The phenomenon of neuroanatomical plausibility means that this pain needs to be confirmed through a good physical examination. The next step is causal and comorbidity evaluation. This is to conclude further management that is adjusted to the availability of facilities and therapeutic modalities. As with other chronic pain, evaluation of biopsychosocial aspects is necessary. Referrals related to neuropathic pain can be considered if (1) assessment and evaluation modalities are not fully available, (2) medications are not available in full, (3) the patient does not tolerate the side effects of available medications, (4) pain is not controlled with optimal doses. available medications, (5) co-incidence with severe psychological problems, and (6) patients requiring multidisciplinary treatment based on biopsychosocial assessment.

Key words: neuropathic pain, primary care, biopsychosocial assessment, referral

Self-Management Tools For Chronic Pain: How To Get Your Patient To Embrace Change

Dr Mazlila Meor Ahmad Shah

Consultant Anaesthesiologist and Pain Specialist

Hospital Selayang, Selangor

Chronic pain often affects the daily activities and overall well being of chronic pain patients. The focus should towards enhancing overall well-being rather than solely alleviating pain, promoting physical and emotional resilience.

There are many obstacles to changes namely unrealistic expectations, fear avoidance, limited pain education, unhelpful thoughts, past treatment failure, stigma around pain, lack of motivation and so forth.

The approach involves a comprehensive strategy by education, communication with healthcare providers, setting realistic goals, adhere to treatment plan, embrace lifestyle modifications and tracking progress, patient can regain control over their lives and manage their pain better.

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10 Tips to Motivate Chronic Pain Patients for Physiotherapy

Ms Preesha Adithan

Physiotherapist

Hospital Selayang, Selayang

Physiotherapy has become a key aspect in managing chronic pain as part of a multidisciplinary, bio-psycho-social approach. Physiotherapy interventions that include patient education, patient empowerment, exercise and function, has been a very effective strategy in helping chronic pain patients improve their quality of life.

Self-management is one of the most fundamental and important aspects of physiotherapy for chronic pain patients. Patients who adhere to their prescribed exercises are significantly better at achieving their goals and demonstrate a greater increase in physical function.

The role of physiotherapy in managing chronic pain can be very challenging; those living with chronic pain conditions often find it difficult to stay motivated and adhere to their planned exercise regimes due to their pain and various other factors. As a result of non-adherence, avoidance of physical activity will cause further physical decline.

Hence, it is vital to ensure that patients remain motivated and engaged throughout the whole program. In this talk, we will explore some of the motivating factors that can ensure patients engagement towards the prescribed interventions. These few tips will be of benefit for us to help our patient stay focused to the planned interventions in order to achieve the best possible outcomes to help them 'move' despite their pain and progress them closer towards their desired goals.

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Graded Motor Imagery for Phantom Limb Pain and Complex Regional Pain Syndrome

Professor Dr Romy Parker

*Director of Pain Management Unit
University of Cape Town, South Africa*

Grounded in the principles of neuroplasticity, Graded Motor Imagery (GMI) offers a systematic and progressive intervention to retrain the brain's representation of the affected painful limb, thereby alleviating pain and improving functional outcomes.

The theoretical underpinnings of GMI and its application in the context of PLP and CRPS will be briefly presented. The sequential stages of GMI, encompassing left/right discrimination, imagined movements, and mirror visual feedback. Practical insights and case studies showcase the efficacy of GMI in providing relief for individuals grappling with the debilitating nature of phantom limb pain and CRPS.

This presentation will provide a bridge between theoretical understanding and clinical application, equipping healthcare professionals with valuable insights and tools to apply in the clinical setting.

Malaysian Cancer Pain Guideline 2024 - Upscaling Management Strategies

Dr Aaron Hiew Wi Han

*Consultant Internal Medicine and Palliative Care
Hospital Kuala Lumpur*

Cancer pain is a common and distressing symptom that affects many patients with advanced cancer. Despite the availability of effective treatments, cancer pain remains undermanaged in many settings. This is due to various factors, such as inadequate assessment, lack of knowledge and skills, poor communication, and barriers to access analgesics.

Poor management of cancer pain can have negative impact on physical, psychological, social, and spiritual aspects of well-being. Therefore, a comprehensive management strategy is essential to address all these aspects of pain.

While developing the cancer pain clinical practice guideline 2nd Edition, there were a few things that we have learned.

The basic clinical skills remain the foundation of good cancer pain management. This includes succinct and accurate assessment, individualised management plan, and a combination of pharmacological and non-pharmacological methods.

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Neuromodulation for Chronic Pain: Current Evidence and Challenges in the Developing Countries

Associate Professor Dr Nantthasorn Zinboonyahgoon

*Division of Pain Medicine, Department of Anesthesiology
Mahidol University, Thailand*

Neuromodulation is the alteration of nerve activity through electrical stimulation or chemical agents such as spinal cord stimulation (SCS) and intrathecal pump (ITP). Strong evidence supports the benefit of SCS in terms of pain relief and improved quality of life in post-laminectomy pain syndrome, complex regional pain syndrome, peripheral vascular disease, intractable angina, and painful diabetic neuropathy. Intrathecal opioid pump is beneficial for cancer patients with intractable pain. Even though these technologies are considered high-cost treatments, they are cost-effective in appropriately selected patients. The challenges of neuromodulation in developing countries arise not only due to limited budgets and qualified personnel but also from low recognition of chronic pain and this technology.

Pain and Pain Assessment in Children with Severe Cognitive Impairment

Professor Dr G Allen Finley

*Professor of Anesthesia
Pain Management and Perioperative Medicine, Dalhousie University, Canada*

Children with cerebral palsy, neurodegenerative diseases, or on the autism spectrum may have more causes of pain than most children from procedures, spastic muscles, invasive devices, constipation, urinary dysfunction, etc., and they are less able to explain or complain about their pain. Consequently, they are less likely to receive treatment for pain, and therefore they suffer more.

Untreated pain in children with developmental delay causes an even greater slowing of development, resulting in a failure to make even the minimal progress that they should expect.

The usual pain assessment tools may not be effective or appropriate in children with cognitive or communications impairment. Verbal responses may be limited and behavioural cues may seem paradoxical. Special approaches are required, often depending on observers who are the greatest experts on that specific child - the parents.

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Consequences Of Poorly Managed Pain in Children

Dr Farah Khalid

*Consultant Paediatrician and Paediatric Palliative Care
University Malaya Medical Centre, Kuala Lumpur*

There continues to be growing evidence illustrating the burden of pain among children and the detrimental effects of poorly managed pain. Despite this, pain in children remains poorly managed. Trauma and underlying illnesses such as arthritis are possible causes of pain in children. Children presenting to hospitals have reported pain from medical procedures to be the 'worst pain' they have experienced. There are also conditions where pain is not associated with obvious tissue damage or specific disease states such as functional abdominal pain.

Like adults, pain in children is more than just a sensory response. There are multiple factors that contribute to the pain experience in children thus making pain a unique experience for each child. This renders self-reporting the gold standard for assessing pain in children. However self-reporting can be challenging especially in infants, young children and in children with cognitive disabilities given the limitations in their verbal communication and language capabilities.

Poorly managed pain can result in short term and lifelong adverse effects. In an acute setting, poorly managed post-surgical pain contributes to medical complications such as pneumonia and thus delays the healing process. Pain can have a negative impact of the child's quality of life as it can affect mood, sleep and activities including attending school.

Pain experiences in the past is a predictor of the child's pain experience following surgery. Pain severity during the pre- and post-surgical periods are also recognised risk factors for the development of chronic post surgical pain. Suboptimal pain management in the form of inadequate analgesia can result in diminished effects of analgesia used subsequently even in adequate doses. Poorly managed pain in childhood has also been shown to cause needle fear in adults and healthcare avoidance. Adverse neurodevelopment outcome include poor sensory processing.

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Regional Anaesthesia for Postoperative Pain Management

Dr Nur Hafiizhoh Abd Hamid

*Consultant Paediatric Anaesthesiologist
Hospital Sultanah Bahiyah, Kedah*

Regional Anaesthesia practice in paediatric patient has gained acceptance worldwide over the past few decades as it plays an important role for perioperative analgesia with additional benefits of

- i. improving quality of emergence from anaesthesia
- ii. improving postoperative pain scores
- iii. reducing total perioperative opioid consumption
- iv. reducing incidence of postoperative respiratory complications
- v. reducing incidence of postoperative nausea and vomiting
- vi. promoting early oral intake and early mobilization
- vii. reducing length of hospital stay
- viii. reducing incidence of persistent postsurgical pain & progression into chronic pain

In 2020, ERAS[®] society had published a perioperative care consensus for neonatal intestinal surgery. Despite only targeting the neonatal age group, the protocol had strongly incorporated regional anaesthesia to enhance their recovery after surgery; demonstrating safety of regional anaesthesia in children. Therefore, regional anaesthesia practice should be offered to all paediatric patient coming for any surgery whenever possible.

My aim is to share a spectrum of modality in practising regional anaesthesia in paediatric patients. It can be initiated by both anaesthesiologists and surgeons to ensure these children are pain-free and happy to have a better perioperative experience.

Chronic Pain In The Elderly: Too Little Or Too Much?

Dr Ungku Ahmad Ameen Ungku Mohd Zam

*Consultant Internal Medicine and Geriatric Medicine
Hospital Tengku Ampuan Rahimah, Selangor*

Pain management in older persons is often overlooked due to stereotyping of older persons as well as the complexity of their medical conditions with atypical presentation making it challenging in identifying, assessing and instituting the optimal pain management. Most often that not, reservations amongst health care providers in using strong analgesia such as opioids may cause suboptimal pain control that results in complications and prolonged hospital stay. I hope to address these issues in managing pain in older persons.

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Dealing With People: Handling Stigma & Discrimination

Mr Izwan Ruslan

*Chief Clerk, Training Coordinator and Event Organizer
Pusat Mel Nasional, Shah Alam, Selangor*

Living with chronic pain since 2016. After a motor vehicle accident on the way home from work, bedridden for a month waiting for the first appointment with the Selayang Hospital Orthopedic Specialist. Treatments, surgeries and rehabilitation took another 1 year and 6 months of absence from work.

Returning to work is no longer the same. Limited ability prevents from performing daily tasks and responsibilities causing delays and difficulties in achieving own KPI. This also effecting team's KPI in the long run.

Misconceptions and bad assumptions are increasing. Friends are no longer friends, others turned into enemies. Coupled with internal injuries that cannot be seen with the naked eye, inviting various bad perceptions. Accusations of taking advantage and pretending to be sick, are among the daily meals to digest every working day.

The need to frequently attend doctor's appointments and check-ups causes a high rate of absenteeism. Other employees have started to dispute every holiday or sick leave that applied for, which creates a lot of pressure, causing depression and anxiety.

However, life must go on for the sake of responsibility and family. Various efforts are made based on referrals from experts, doctors, reading material, personal experience and the experience of other with the same problem as well as forums and support groups.

Now although not completely, but to some extent have been able to live a working and social life like a normal person. Bearing responsibility and trust as a staff as well as an educator in various fields by the community.

Managing the stigma of people around us and the community is not easy, especially when we often experience discrimination in our work and living in disabilities.

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Return To Work Program for Chronic Pain & Disability

Mr Azirruan Bin Arifin

*Head of Employment Insurance System Social Security Organization
Kuala Lumpur*

Background: Chronic pain conditions can substantially hinder a person's capacity to return to work, frequently resulting in extended absences and diminished productivity. Additionally, the occurrence of chronic pain among PERKESO insured individuals is 37.9%. Consequently, this investigation aims to examine the combined impacts of integrating diverse components, including physical rehabilitation, psychological assistance, and workplace adjustments, into Return-to-Work (RTW) Programs to improve overall results. The study endeavours to assess the efficacy of RTW Programs, specifically emphasizing and evaluating various factors associated with the implementation of a comprehensive approach to multimodal pain management. Results: Based on the findings of this study, PERKESO employs a methodology to assess the impact of pain management on insured individuals with disabilities or injuries, utilizing three key variables: the Numerical Rating Scale (NRS), the Depression, Anxiety, Stress Scale (DASS- 21) and Activities of Daily Living Assessment (ADL). The results demonstrate a decrease in both pain and psychological symptoms, with reduction rates of 9% and 54%, respectively. In contrast, the ADL variable exhibits significant improvement, registering a notable increase of 72.6% on the scale between pre and post-tests. Additionally, the Return-to-Work (RTW) program incorporates the Disability Rating System: Traffic Light Module, an AI-driven tool that efficiently screens and categorizes cases based on their severity, emphasizing targeted interventions and RTW pathways. Conclusion: The examination of this study underscores the comprehensive nature of Malaysia's Return-to-Work Programme, functioning as a program that integrates multimodal pain management to facilitate effective return to work and enhanced work integration. The noted enhancements in both physical and psychological variables serve as evidence of a holistic approach, validating the effectiveness of the measures instituted within the Return-to-Work Programme.

Keywords: Pain Management, Return to Work, Workplace Integration

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Bridging the Gap: Evidence and Resources for Children's Pain

Professor Dr G Allen Finley

Professor of Anesthesia

Pain Management and Perioperative Medicine, Dalhousie University, Canada

Pediatric pain has been the subject of significant research over the past 30+ years. Since the first publications recognizing the under-treatment of pain in children in the 1980s, there has been an exponential increase in scientific publications in the area, yet still many children around the world suffer from untreated pain, or even worse, from unprevented pain inflicted by those they are supposed to trust: doctors, nurses, and other health professionals.

Failure to implement the knowledge we already have is one of the great tragedies in pediatric care. Clinical research findings can take many years to appear in clinical practice, if they ever do. A number of initiatives have been developed to improve access to and acceptance of this information, but it will still take advocacy from all of us to make universal changes around the world.

This presentation will discuss a number of programs, including Solutions for Kids in Pain (kidsinpain.ca), ChildKind International (childkindinternational.org), and the new Canadian Pediatric Pain Management Standard for Hospitals (<https://healthstandards.org/standard/pediatric-pain-management-can-hso-13200-2023-e/>).

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Persistent Low Back Pain: Challenges And Opportunities

Dr Ozlan Izma Muhamed Kamil

*Senior Consultant Orthopaedic, Trauma and Spine Surgeon
Prince Court Medical Centre, Kuala Lumpur*

Low Back Pain is presently one of the leading causes of years lived with disability due to persisting pain and high levels of disability. In my lecture, I will discuss some of the recently published studies focusing on interventions incorporating Psychological and Physiotherapy principals. These interventions when compared to the usual standard of care showed substantial and sustained reduction in pain and disability.

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Musculoskeletal Clinical Translational Framework: Putting Evidence to Practice for Back Pain

Dr Ong Say Yang

*Consultant Anaesthesiologist and Pain Specialist
National University Hospital, Singapore*

Low back pain is a dynamic interaction between biological, psychological, and social factors. It is well-known that biological factors alone (such as injury severity) do not correlate well with pain intensity, pain persistence and disability. Promoting resilience through good emotional support systems, addressing psychological distress and sleep disturbances, can facilitate healing and reduce pain chronification. The Musculoskeletal Clinical Translational Framework is the product of a highly experienced team of physiotherapy practitioners and researchers at Curtin University, Perth, Australia. It provides a contemporary understanding of the interplay of biological, psychological, and social factors in musculoskeletal pain.

Biomechanical And Neurophysiological Effects of Manual Therapies

Professor Dr Catherine Bushnell

*Professor of Anesthesia, Dentistry and Neurology
McGill University, Canada*

With the opioid epidemic, more people are turning to non-drug alternatives, including manual therapies. Some of these therapies involve deep tissue manipulation, whereas others involve light touch of cutaneous tissue. This lecture will focus on mechanisms possibly underlying the therapeutic effect of manual therapies. With chronic pain, mechanical forces can induce maladaptive remodeling of connective tissues in the body. Animal studies now show that manual therapies that include soft tissue stretching improve mechanical sensitivity and normalizes gate after an inflammatory injury to low back. Within the brain, there is evidence that touch sensation and touch pleasantness are processed differently, with the somatosensory cortices being more important for touch sensation and the insular and frontal cortices being important for the pleasantness of manual therapy touch. Further, massage-like deep touch may be mediated by different afferent systems than light touch. Nevertheless, whether a manual therapy involves deep tissue manipulation or superficial touch, top-down descending control mechanisms mediated by psychological state, can influence the effects of the therapy.

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Managing Fear Avoidance: Application of Exposure-based Techniques

Professor Dr Johannes Vlaeyen

*Professor in Psychology and Translational Research
University of Leuven, Belgium*

Pain is considered a hardwired signal to bodily disturbance, and which belongs to a basic motivational system that urges the individual to act and to restore the body's integrity rather than just a sensory and emotional experience. Given its eminent survival value, pain is also a strong motivator for learning. Discovering relations between pain and other events provides the possibility to predict, control harmful events. One way to control further bodily harm is by avoiding painful events. Avoidance is adaptive in the short term but paradoxically may have detrimental long-term effects. Humans juggle between multiple goals and needs. The urge to protect the body from further harm often competes with other demands in the person's dynamic environment, creating various response-conflicts.

Exposure-based treatments for individuals with chronic pain share the aim of facilitating or restoring the pursuit of and engagement in valued life goals in the face of persistent pain. To achieve these goals, individuals are encouraged to explore novel actions rather than exploit protective behaviours. Using video clips, I will illustrate the basic ingredients of an exposure treatment for an individual with chronic disabling back pain. This includes the initial assessment, the educational part clarifying the paradox of avoidance, the identification of fear-eliciting events, the behavioral experiment, and the generalization of extinction towards other contexts.

Reference:

Vlaeyen JW, Morley S, Linton S, Boersma K, De Jong J. Pain-Related Fear: Exposure-Based Treatment for Chronic Pain. Seattle: IASP Press, 2012.

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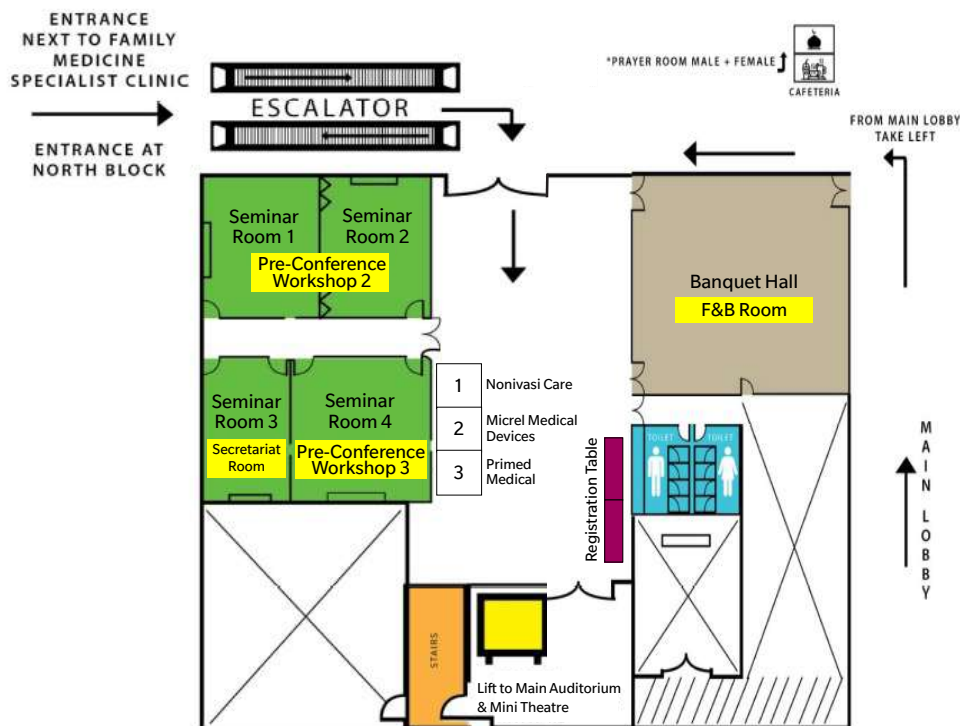


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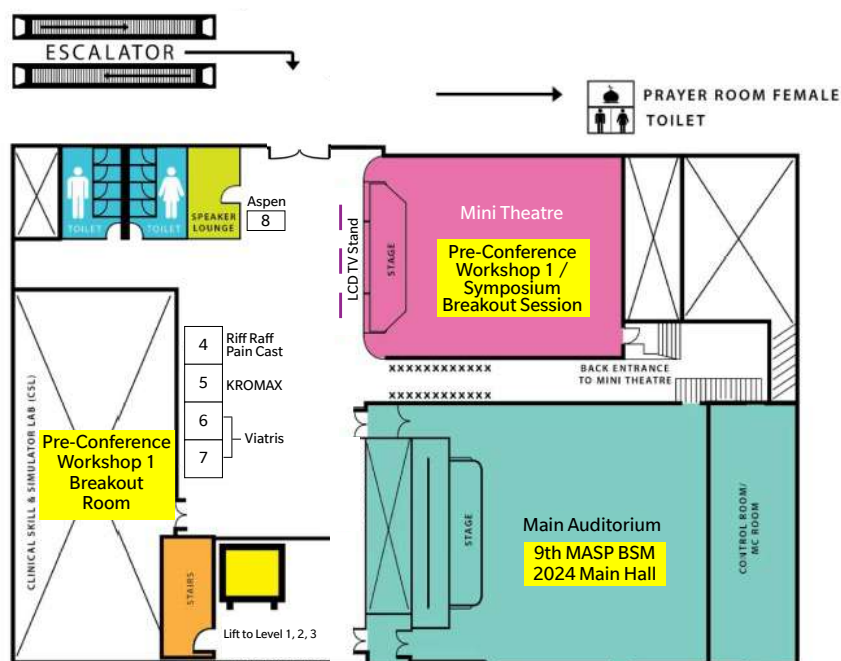


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Abbreviated Prescribing Information*

COMPOSITION: Celecoxib **INDICATION:** For the management of acute pain in adults and for the treatment of primary dysmenorrhea. Relief of the acute and chronic pain and inflammation of rheumatoid arthritis and osteoarthritis. Relief of signs and symptoms of ankylosing spondylitis. For the management of low back pain (100 mg and 200 mg only). **RECOMMENDED DOSAGE:** Celecoxib capsules can be taken with or without food. **Acute pain and Primary dysmenorrhea:** The recommended dose of Celecoxib is 400mg, initially, followed by an additional 200mg dose, if needed on the first day. On subsequent days, the recommended dose is 200mg twice daily, as needed. **Ankylosing Spondylitis:** 200mg to 400mg daily. **Osteoarthritis (OA):** 200mg once daily. **Rheumatoid arthritis (RA):** 200mg twice daily. **Low Back Pain (LBP):** Usual dosage for adults is 100mg of Celecoxib orally twice daily, morning and evening after meal, or 200mg once daily. Elderly: No dosage adjustment is necessary. However, for elderly patients with a lower than average body weight (<50kg), it is advisable to initiate therapy at the lowest recommended dose. **Hepatic impairment:** Patients with severe hepatic impairment have not been studied (Child-Pugh Class C). There is no clinical experience in severe liver impairment. **Renal impairment:** No dosage adjustment is necessary in patients with mild or moderate renal impairment. There is no clinical experience in patients with severe renal impairment. **CONTRAINDICATIONS:** Hypersensitivity to any ingredient of the product; known sulfonamide hypersensitivity. Patients who have experienced asthma, urticaria or allergic-type reactions after taking ASA or other NSAIDs, including other COX-2, peri-operative from CABG surgery, established cardiovascular disease (ischemic heart disease and stroke). **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** **Cardiovascular effect:** May increase risk of serious cardiovascular thrombotic events, myocardial infarction and stroke. The lowest effective dose should be used for the shortest duration possible. May lead to the onset of new hypertension or worsening of pre-existing hypertension and should be used with caution in patients with hypertension and monitor BP closely. Used with caution in patients with compromised cardiac function, pre-existing edema, or other conditions predisposing to, or worsened by, fluid retention including those taking diuretic treatment or otherwise at risk of hypovolemia. **Gastrointestinal effect:** Upper and lower GI perforations, ulcers or bleeds have occurred in patients treated with celecoxib. These serious adverse events can occur at any time, with or without warning symptoms, in patients treated with Celecoxib. Other factors that increase the risk of GI bleeding in patients treated with NSAIDs include longer duration of NSAID therapy; concomitant use of oral corticosteroids, antiplatelet drugs (such as aspirin), anticoagulants; or selective serotonin reuptake inhibitors (SSRIs); smoking; use of alcohol; older age; and poor general health status. The lowest effective dose should be used for the shortest duration possible. **Renal:** Caution should be used in dehydrated patients. It is advisable to rehydrate patients before starting Celecoxib. Renal function should be closely monitored in patients with advanced renal disease who are administered Celecoxib. **Anaphylactoid Reactions** refer to contraindication. Celecoxib should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity. **Hepatic:** In liver dysfunction, patients on Celecoxib should be monitored for evidence of a hepatic reaction. Celecoxib should be used with caution when treating patients with moderate hepatic impairment (Child-Pugh Class B) and initiated at half the recommended dose. Patients with severe hepatic impairment (Child-Pugh Class C) have not been studied and Celecoxib is not recommended. Patient with symptoms and/or signs of liver dysfunction, or in whom an abnormal liver function test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with Celecoxib. **Anticoagulation/INR** should be monitored in patients taking a warfarin/ coumarin-type anticoagulant after initiating treatment with Celecoxib or changing the dose. The concomitant use of Celecoxib and a non-aspirin NSAID should be avoided. **Serious skin reactions** some of them fatal, including drug reaction with eosinophilia and systemic symptoms (DRESS syndrome), exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis, have been reported very rarely in association with the use of celecoxib. Patients appear to be at highest risk for these events early in the course of therapy, the onset of the event occurring in the majority of cases within the first month of treatment. Celecoxib should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity. **COMMON SIDE-EFFECTS:** Bronchitis, sinusitis, upper respiratory tract infection, urinary tract infection, ear and fungal infection, insomnia, dizziness, hypertension (including aggravated hypertension), cough, vomiting, abdominal pain, diarrhoea, dysphagia, irritable bowel syndrome, GERD, nausea, diverticulum, dyspepsia, flatulence, Pruritus (includes pruritus generalized), rash, oedema peripheral edema, myocardial infarction, angina pectoris, dyspnoea, hepatic enzyme increased, muscle spasms, nephrolithiasis, vaginal haemorrhage, prostatitis, benign prostatic hyperplasia, blood creatinine increased, prostatic specific antigen increased, weight increased. **FORMULATION and PREPARATION:** 200 mg Capsules-Packs of 10, 30 & 100. 400 mg Capsules-Packs of 10.

API-CELEBRESX-MYS-072020

Full prescribing information is available upon request.

References: 1. Bensen WG et al. Mayo Clin Proc. 1999;74:1095-1105. 2. Strand V et al. J Rheumatol. 2011;38:2625-2634. 3. Cheung R et al. 2007; 29. p.2498-2510. 4. Rahla L et al. Revista Brasileira de Medicina 2008;65(11):378-387. 5. Nissen SE et al. 2016;375(26):2519- 2529. 6. Chan FK et al. Lancet. 2010;376(9736):173-179. 7. Cryer B et al. 2013;108:392-400. 8. Celebex Malaysia Prescribing Information dated 15 July 2020. 9. Data On File (20 Years).

Disclaimer: Viatris does not promote the use of Celebex in patients with established CVD. We believe the study results will enable physicians to make better informed decisions based on validated scientific research about treatment options for patients who require long term pain management

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