

AQDC

Cliniques de la douleur  
affiliées à l'UdeM

La Société Québécoise  
de la douleur

Le réseau québécois de  
recherche sur la douleur

The Alan Edwards Centre  
for Research on Pain

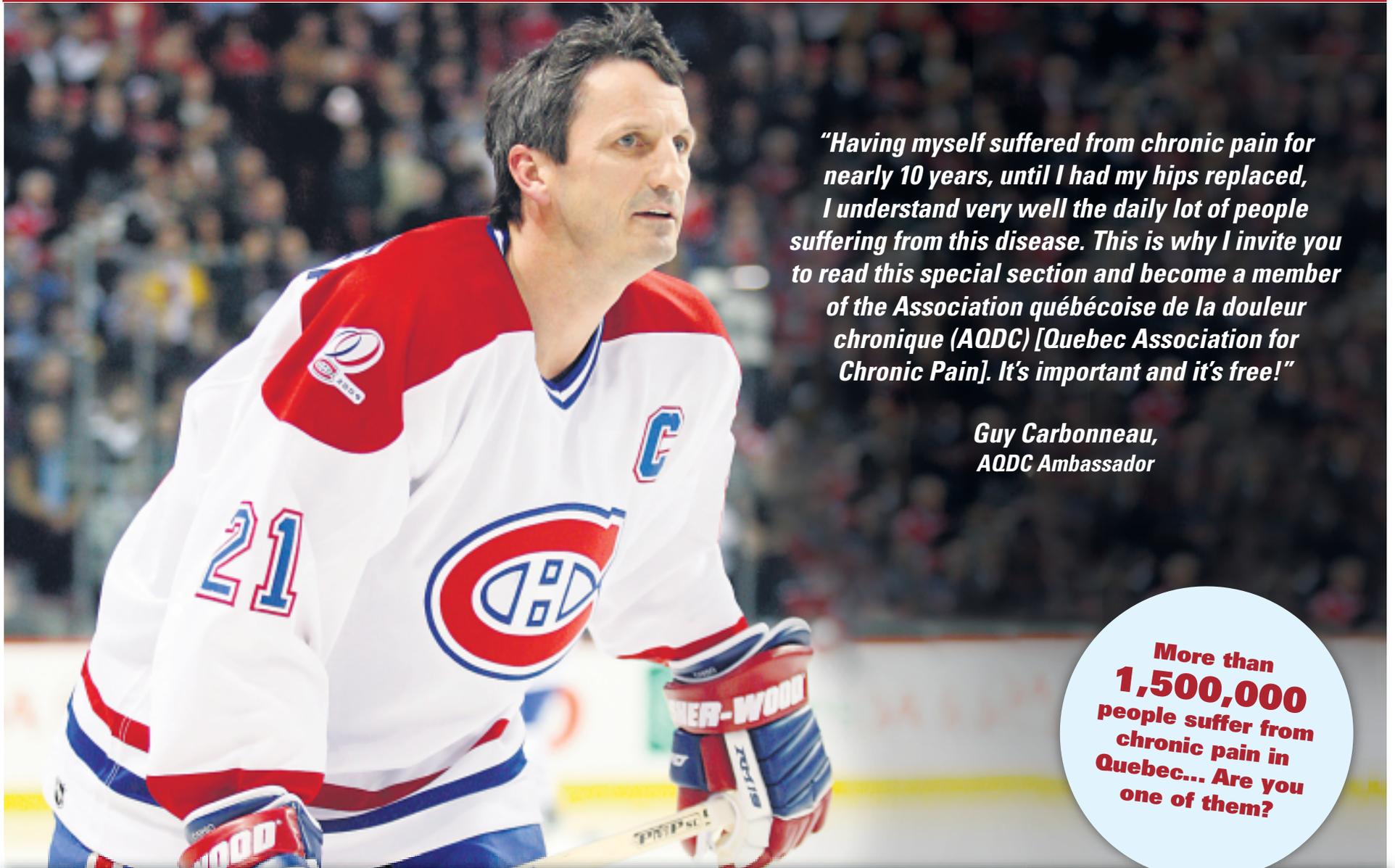
Programme  
ACCORD



ASSOCIATION QUÉBÉCOISE  
DE LA DOULEUR CHRONIQUE

*We are here for you!*

**WWW.CHRONICPAINQUEBEC.ORG**



*"Having myself suffered from chronic pain for nearly 10 years, until I had my hips replaced, I understand very well the daily lot of people suffering from this disease. This is why I invite you to read this special section and become a member of the Association québécoise de la douleur chronique (AQDC) [Quebec Association for Chronic Pain]. It's important and it's free!"*

**Guy Carbonneau,**  
AQDC Ambassador

**More than  
1,500,000  
people suffer from  
chronic pain in  
Quebec... Are you  
one of them?**

## **CHRONIC PAIN WEEK IN QUEBEC**

The Legislative Assembly of Quebec has declared the first week of November of each year *Chronic Pain Week in Quebec*. In 2010, the week of November 7 to 13 is therefore dedicated to this cause.

*We are here for you!*



ASSOCIATION QUÉBÉCOISE  
DE LA DOULEUR CHRONIQUE

## AQDC's uncompromising fight for the wellbeing of people suffering from chronic pain

**The Association québécoise de la douleur chronique (AQDC – Quebec Association for Chronic Pain) is dedicated to improving the condition of persons suffering from chronic pain and to reducing their isolation. The non-profit organization mission is constantly focused on patient welfare. If an activity doesn't provide added value to the patient or those around him, "we just won't do it", stated Jacques Laliberté, President of the association.**

Founded a mere six years ago, the AQDC has already made its mark. In Quebec, over the past year, Mr. Laliberté has emphasized the AQDC's participation in seven public conferences addressing chronic pain. The associa-

tion is simultaneously working on all fronts, collaborating with basic researchers, clinical researchers, physicians and other associations or groups in Quebec, Canada and worldwide. Taking a proactive approach, the association chooses to build its presence through training and by providing financial grants to health professionals wanting to perfect their training and expand their understanding of chronic pain.

In fact, the association is involved in all aspects that could potentially accelerate the process of recognizing chronic pain as a disease as well as obtaining better services for its members and all other persons suffering from chronic pain, explained Mr. Laliberté. He was very proud to announce that the AQDC has started to train guides to form support groups in pain clinics devoted to people suffering with chronic pain.

The association's commitment is also reflected by its close cooperation with the Project for Development of a National Program for Evaluation, Treatment and Management of Chronic Pain. The AQDC also participates in seminars and conferences of the Canadian Pain Coalition and the Canadian Pain Society as well as being part of the 13<sup>th</sup> World Congress on Pain which was lately held in Montreal.

The goal of the AQDC, stated the chairman, is to represent and to give a voice to patients suffering from chronic pain. Mr. Laliberté also mentioned that "being a member, which is totally free, prevents isolation. It is knowing that members of an association will work with you and for you, offering support, empathy and will never let you down."



Jacques Laliberté

## Treating chronic pain is a team effort

Treatment of chronic pain should ideally call on a multidisciplinary approach provided by contributions from the fields of medicine (doctors and nurses), psychology and rehabilitation. "This is a team effort and everyone needs to work together aiming at the specific needs of the patient", anaesthesiologist Aline Boulanger, Director of the CHUM Pain Clinic and professor at the Université de Montréal, said in an interview.

She stresses, for example, the importance of psychological support when it is estimated that from 30% to 60% of patients with chronic pain will develop depression directly related to their suffering and that half of them will at one time or another consider suicide. Other patients need rehabilitation therapy to regain their physical fitness.

As for medical treatment, several means of intervention are available. The best known, the

specialist explains, are drugs and cortisone injections. In addition there are advanced technologies such as pumps and neurostimulators implanted under the skin. Surgery is certainly still one of the strategies of relief, "but we operate less and less, since it does not necessarily cure everything".

### Light at the end of the tunnel

When pain is treated early and aggressively there is less chance that it will become chronic and patients heal better, emphasized Dr. Boulanger. On this subject, she deplored the long waiting times for pain clinics, especially if all the services are needed, adding in the same breath that she anticipates that this should improve with the plan to build a network that is more accessible for all patients.

She added that there are other positive factors on the horizon: increased awareness by government and the public about the social, family

and economic realities of CP, evaluation and treatment of pain that are now in the training curriculum of future doctors at the University of Montreal Faculty of Medicine and probably other institutions, and finally the Pain School at CHUM that offers courses to patients (Learning to Manage Pain) who are unable to obtain appropriate care.

Research is progressing and doctors are receiving better training. Patients provided with more information tend to seek consultation more often wanting their pain to be treated. "It is important to keep our hopes up and not to stay inactive at home, otherwise discouragement can quickly set in."



Dr. Aline Boulanger

## Not giving up when confronted with their child's pain

**Parents cannot get used to seeing their child or children suffer. Mr. Mario Côté and his wife felt helpless when confronted with, their 9-year-old daughter's Marie-Ève's pain. "We wanted to see her pain relieved", confided her father during an interview.**

Marie-Ève's story illustrates the vulnerability of parents confronted with their children's pain, especially if the former are uninformed or have learning issues. Mr. Côté, a health management professional with twenty years of experience in a rehabilitation team working with adult patients suffering from severe orthopaedic injuries at the Centre Lucie-Bruneau in Montreal, almost doubted the seriousness of his daughter's problem.

He recounted how, until one year ago when she began to complain of increasing pain, Marie-Ève

was an athletic young girl and a horseback riding enthusiast. Until then, she had always been in good health. They consulted with a doctor at the neighbourhood medical clinic who suspected a urinary tract infection, but tests were negative. The answer they were then given was "it will pass." Dissatisfied, they consulted with another doctor, which led to an intestinal x-ray that showed the presence of air in the intestines. Once again, the answer was that this was not a problem and would go away. Her pain persisted.

### Beyond Doubt

Far from being reassured and convinced that their daughter wasn't just complaining—"this was not like her."—the Côté family headed for the emergency room at Sainte-Justine Hospital. Marie-Ève told the doctor her story and he listened attentively before prescribing a series of tests. The results were specific, accurate and heartening. She had suffered a fractured vertebra that would heal

and the pain would also disappear. Marie-Ève, who never lacked courage or interest in her studies, gradually resumed her sports activities.

Mr. Côté admits that he sometimes felt bewildered by the doubts expressed by some of the professionals he and his family consulted. His experience drove him to seek information from the library and the internet to learn more about children's pain. The family's ordeal required a sympathetic environment to make sure they maintained their high morale, something the AQDC is able to provide. Furthermore, it was critical for the family to find fun and enjoyment in their daily activities and adapt to their child's situation.

He concluded that our society still has a lot to learn about pain, and the belief that there's a pill to cure every ill is still too common. "It takes a certain kind of courage to go above and beyond the initial diagnosis."



Mario Côté

## Quality of life beyond chronic pain

**Chronic pain and quality of life can go together if we learn to tame the pain and recognize its physical limits, says Mr. Jean-Claude Lamouche, who more than once came close to despair. The constant support of his family and appropriate medical treatments now allow him to assert that "there are always good things to come and despite everything, we can do the things that we love".**

Mr. Lamouche has been suffering from chronic back pain since the 1990s as the result of a workplace accident. His first operation was performed in 1994 and four more soon followed and he now has a metal plate in his back. He felt well for about a year, but the pain gradually came back. "I've spent nights sleeping on the floor, unable to

find a comfortable position in bed," confided Mr. Lamouche during an interview.

His pain has crushed his dreams of playing with his children as well as his hunting and fishing adventures; being a First Nations member these two activities always held a special place in his heart and life. He spent two years in a wheelchair and many thought "that's where I was supposed to end up."

### Importance of Support

He then admitted that his spirits had fallen so low that he flirted with clinical depression. Learning to ask for help is difficult especially if a person has always been very independent, however "at one point; you just have to get used to it!" It's at these specific moments in time that he began to understand how having people around him and ready to help him became important.

As member of the AQDC Board of Directors, Mr. Lamouche remembers when he had to drive at least two or three times from Drummondville to Montreal to attend association meetings. Today, all he needs is one pit stop, he can now play games with his grandson, something he couldn't do with his own children, and he is also catching up on his fishing and bow hunting as well as working at his hobby: making small furniture. The staff at the Centre hospitalier universitaire de Sherbrooke (Sherbrooke University Hospital Centre) Pain Clinic offers him great relief by treating him with injections, medication (morphine) and other methods that help control his pain.

This story is reassuring to all those who suffer from chronic pain. It is a call to "not suffer in silence," but to take action, to learn about pain and clearly express their needs to their

physician. "Look ahead, the best is yet to come, believe in and reach for it."



Jean-Claude Lamouche

*We are here for you!*



ASSOCIATION QUÉBÉCOISE  
DE LA DOULEUR CHRONIQUE

## Chronic pain must become a major issue

**Chronic pain, a major public health issue, will become as conspicuous as breast cancer in Quebec by 2013. This statement was made by Dr. Manon Choinière, PhD, Researcher at the Centre Hospitalier de l'Université de Montréal Research Centre and main initiators of the ACCORD Program. The plan, put forward by a group of researchers from McGill University as well as the Universities of Montreal and Sherbrooke, is intended to improve the evaluation and treatment of chronic pain.**

In fact, ACCORD (Application Concertée des Connaissances et Ressources en Douleur – Concerted Application of Pain Knowledge and Resources) is the product of an extraordinary community alliance between the AQDC, FADQO, leading clinicians, pain experts, university program directors for continuing professional development, professional orders, various bodies within Quebec's MSSS as well as a solid team of researchers with

complementary expertise. The program was created in 2008 and was granted a budget to ensure its operation until 2013.

Dr. Choinière stated during an interview that the program seemed a little slow in starting. It was a little slow starting, however, the desired rate of growth has finally been achieved. A quicker start would have been preferred, but due to the large number of people involved and coming from a wide range of fields: "A period of adjustment was needed to learn how to work together."

### Three Phases

ACCORD is based on three major phases:

1. The creation of an Atlas on chronic pain and treatment resources in Quebec;
2. Improved access and quality of health care (through training of first line clinicians and better equipment);
3. Improved sharing and transmittal of knowledge to consumers and patients.

The coalition has already completed some of its goals including the publication of ten

brochures\* intended for people suffering from chronic pain and those around them (available at the AQDC website); ACCORD discussions throughout the province; an interactive platform to better inform the general public about chronic pain; interactional schools targeting patients suffering from lumbago and fibromyalgia and information kiosks at Complexe Desjardins last November 1 and 2.

The ultimate goal of the ACCORD Program is to determine methods of intervention and demonstrate their effectiveness to ensure its presence throughout the province by the end of its mandate, explained the investigator. Everyone needs to be aware of the importance of interdisciplinary training in this field, which is a "requisite condition for intervention in chronic pain, a very complex and varied issue."

*\*1. Recognising and treating chronic pain; 2. Managing your energy to control your pain; 3. Get moving to relieve your pain... An essential component of your treatment plan; 4. Establishing healthy sleep habits; 5. Breath control for pain control-Anyone can do it; 6. When emotions run high; 7. Psychology can also help; 8. For family and friends: Help out-Don't burn out; 9. All you need to know about your medication; 10. How to talk to your doctor.*



**Dr. Manon Choinière, PhD**

## Did you know that...

**The World Health Organization (WHO) has recognized chronic pain as a disease since 2004. This scourge affects 24% of Quebec women and 20% of Quebec men, or 1.5 million people. In Canada, it is estimated that costs generated by the utilisation of health care resources and the productivity loss exceed 6 billion dollars per year.**

**In the 18-55 age group in the United States, back pain alone generates more disability and is more costly than cancer, cardiovascular disease, strokes and AIDS combined.**

**(Cousins et al, 1995/Loeser, 1999.)**



## Quebec, a leader in pain research

**Chronic pain research has come such a long way over the past two decades that Quebec can now boast a status of world leader in this field. "Many things have been put in place, we have the wind in our sails and there is plenty of hope on the horizon", stated Dr. Yves De Koninck, professor with the Université Laval and researcher at the Robert-Giffard Research Centre.**

Dr. De Koninck is also Director of the Réseau québécois de recherche sur la douleur (RQRD - Quebec Pain Research Network) created in 2001 for the purpose of gaining a better understanding of chronic pain's mechanisms. This network, involving four major universities in the province (Laval, Sherbrooke, Montreal and McGill), gathers together some 250 specialists into research teams. Their mission is to improve the quality of life of Quebecers suffering from pain via a multitude of research approaches, such as basic, clinical, evaluative and epidemiological research.

Critical results have already marked the RQRD's short history. Initially there is the originality of its funding, which comes from government support as well as from the pharmaceutical industry. Not only does this partnership with private industry provide financial support, it also unites the efforts of some one hundred industry researchers with those of the RQRD. It may have started out as a gamble but the resulting synergy is quite valuable explained Dr. De Koninck.

### **Making Strides**

Long considered taboo, chronic pain is now recognized as a disease and has become an issue that needs to be addressed. Chronic pain is in effect an alarm system indicating the presence of another condition that needs elucidation to make the pain disappear. "In the past, we didn't dare discuss pain for fear of being thought of as whiner".

Among other remarkable achievements, Dr. De Koninck cites the Pain management expertise centers from the Réseaux universitaires intégrés de santé (RUIS - Integrated University

Health Network), which the MSSS implemented into four leading universities (Montreal, McGill, Sherbrooke and Laval). According to Dr. De Koninck, these centers of ultra specialized expertise represent a valuable asset for physician training in chronic pain. This achievement resulted in the establishment of a network of multidisciplinary pain clinics.

Dr. De Koninck stated that the AQDC played a leading role in the dissemination of relevant information and in defending patients' rights. The association also provided a valuable and unprecedented channel for expression. The doctor is optimistic that maintaining a provincial registry of patients suffering with chronic pain could be an interesting step towards personalized medicine. There are all types of chronic pain and by knowing exactly what type of pain the patient and what the patient needs; treatment suited to the individual can be determined and begun. "It won't happen tomorrow morning, but if the resources are in place we'll eventually get there, so there's hope!"



*Dr. Yves De Koninck, PhD*

## Did you know that...

**Refractory pain represents one of the most significant causes of disability reducing quality of life today. In fact, chronic pain is the devastating silent epidemic, affecting over 20% of the population, a prevalence that increases dramatically to 50% with age.**

**Persons with chronic pain have suffered 7 years on average and nearly half (47%) consider that their pain is not controlled according to the Quebec Pain Research Network (QPRN).**



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ASSOCIATION QUÉBÉCOISE  
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## The role of medication in the treatment of chronic pain

Although chronic pain is in the process of being recognized as a disease in itself, it can not be treated like most one-dimensional diseases. "This is a multi-faceted disorder that has an impact on both body and mind, and which manifests itself differently from one patient to another", explains Dr. Yoram Shir, Professor of anaesthesiology at McGill University and Director of the Alan Edwards Pain Clinic at the Montreal General Hospital. "This is why medical authorities prefer to focus on the symptoms rather than causes, since for most patients the medications prescribed only act to relieve symptoms and restore some functional ability to patients."

### Three types of medication

Dr. Shir adds that medication prescribed to patients suffering from chronic pain may be classified into three categories. Depending on the patient, these drugs may be used in combination to offer a better quality of life.

"In the first category there are non-narcotic analgesics that are sold over the counter in pharmacies", he says. "These are the soft drugs, but their efficiency should not be overlooked."

In the second category are narcotics, more potent analgesics such as codeine, morphine, hydromorphone, etc. "In the 1980s, the advent of the first long acting morphine tablets or capsules was undoubtedly one of the most significant breakthroughs in pharmacology", says Dr. Shir. "We can now combine long acting drugs with fast acting drugs to relieve acute pain peaks."

"Finally, there are adjuvant drugs such as antidepressants and anticonvulsants that are known to have analgesic properties. Antidepressants can also have an effect on mood and thereby help patients improve their quality of life."

### Multidisciplinary approach

Since chronic pain is a multi-faceted disorder, its treatment requires the participation of many specialists such as neurologists, rheumatologists, anaesthesiologists, nurses, dentists, physiotherapists, psychologists, pharmacists, etc. "It is essential that these health professionals communicate with each other to better understand how pain manifests itself in each patient", says Dr. Shir. « Patient education is also very important. In fact many of them play an active role by doing their own research on the Internet. I encourage my patients to develop a critical sense when faced with the treatments they receive. I learn every day in contact with my patients."

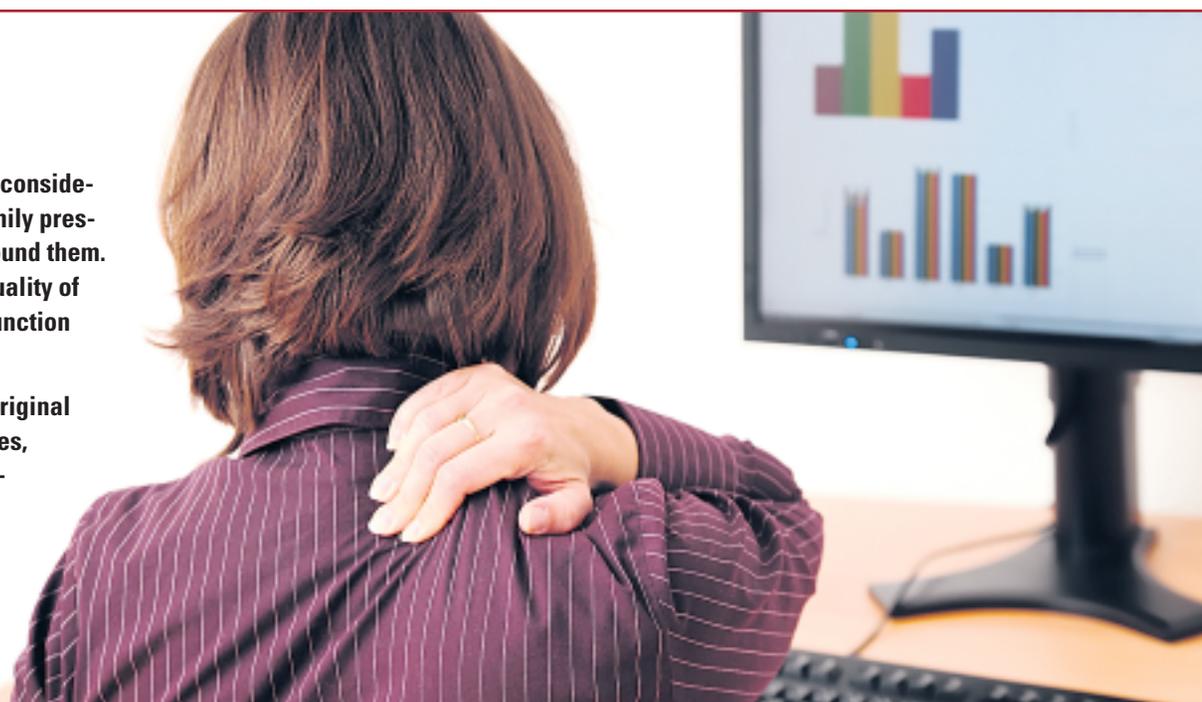


Dr. Yoram Shir

## Did you know that...

In addition to its direct economic costs, chronic pain causes considerable hidden costs by imposing social, psychological and family pressures of great significance for people suffering and those around them. Chronic pain, notes the QPRN RQDD for its part, affects the quality of life both in terms of emotional well-being and the ability to function normally.

Chronic pain can take many forms. It can persist even if the original disease has healed, such as neuralgia pain caused by shingles, for example. It can be triggered by a degenerative or progressive illness, develop after an accident, be intermittent such as a migraine or be constant such as osteoarthritis and arthritis.



## Get out of your shell!

**If you are suffering from chronic pain, you need to seek help right away in order to take control of your pain, recommends anaesthesiologist Aline Boulanger, Director of the Pain Clinic at CHUM and professor at the Université de Montréal. This approach is based on at least four fundamental rules: 1) break your isolation, 2) end the silence surrounding your situation, 3) take care of yourself, and 4) make the move to consult a physician or health professional.**

We all know that physicians are very busy and that their time is valuable. It is therefore very important to carefully prepare for the interview you will have with a general practitioner or other health professional.

You should be able to explain your problem and ask any questions about it when you talk to your physician. In the weeks or even months before your interview, be sure to write down the symptoms you feel and their frequency, as well as the

time and the circumstances when they appear. Be specific; don't just say that it hurts.

Try to determine, for example, if the pain is sharp, dull, throbbing, cramping, tingling, burning... and where, if it is sensitive to the touch and the intensity of this suffering. You may be asked to speak of a pain scale, that is, to quantify the intensity of your pain on a scale of 1 to 10. Remember that aches and pains are not the same for everyone.

Write down specific questions that you want to ask the physician, putting them in an order of priority. List any medication (prescription or over the counter), vitamins, natural or homeopathic products that you take and the doses. Don't be afraid to tell the whole truth, remembering that the physician has already heard it all.

When the long awaited moment arrives, don't forget your Medicare card or your medical record, if you have one (or your notes, of course). Ask for leaflets or brochures for additional information if necessary, or even for how to get them. Consult the website of the Association québécoise de la douleur chronique — Quebec Association for Chronic Pain ([www.chronicpainquebec.org](http://www.chronicpainquebec.org))

where you will find a wealth of most relevant and reassuring information tools.

Once back home, make sure to follow the recommendations and instructions received and

remember that you are the person best placed to ensure your own quality of life. The most important thing is to get out of your shell!



## Did you know that...

**Three types of pain can be identified according to their place of origin: somatic when it arises from the skin, muscles, ligaments or bones, visceral when it is generated by an inflammatory process emanating from a full internal organ (such as the liver) or a hollow organ (such as the intestine), and neuropathic when it occurs from nerve damage or improper functioning of a nerve. The aches felt are different depending on the origin.**

**Even if you feel pain, it is important to remain as active as possible, at least 30 minutes per day, if possible. Otherwise, you will quickly lose your physical fitness and recovery will be a longer process.**

**If you forget to take your medication, do not double the dose without first speaking with your physician or pharmacist.**



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ASSOCIATION QUÉBÉCOISE  
DE LA DOULEUR CHRONIQUE

## Pain clinics

### QUEBEC CITY REGION

#### CENTRE HOSPITALIER UNIVERSITAIRE DE QUÉBEC-CHUL

2705 Laurier Blvd, Sainte-Foy

#### HÔTEL-DIEU DE LÉVIS

143 Wolfe St, Lévis

#### INSTITUT DE RÉADAPTATION EN DÉFICIENCE PHYSIQUE

525 Wilfrid-Hamel Blvd, Quebec City

### MONTREAL REGION

#### CENTRE HOSPITALIER DE VERDUN

4000 Lasalle Blvd

#### CENTRE HOSPITALIER UNIVERSITAIRE DE MONTRÉAL - CHUM

Hôtel-Dieu de Montréal 3840, Saint-Urbain St

#### CENTRE DE RÉADAPTATION LUCIE-BRUNEAU CLINIQUE D'ADAPTATION À LA DOULEUR CHRONIQUE

2275 East Laurier Ave

#### CONSTANCE-LETHBRIDGE REHABILITATION CENTER

7005 West Maisonneuve Blvd

#### JEWISH GENERAL HOSPITAL- SIR MORTIMER B. DAVIS

3755 Côte-Sainte-Catherine Rd

#### HÔPITAL DU SACRÉ-CŒUR

5400 Gouin Blvd

#### HÔPITAL MAISONNEUVE-ROSEMONT

5415 Assomption Blvd

#### HÔPITAL SAINTE-JUSTINE

3175 Côte-Sainte-Catherine Rd

#### MCGILL UNIVERSITY HEALTH CENTRE

Hôpital général de Montréal,  
1650 Cedar St

#### MONTREAL CHILDREN'S HOSPITAL

2300 Tupper St

### MONTREAL SOUTH SHORE REGION

#### CENTRE MONTÉRÉGIEN DE RÉADAPTATION

1800 Dessaulles St, Saint-Hyacinthe

#### HÔPITAL CHARLES-LEMOYNE

3120 Taschereau Blvd, Greenfield Park

#### HÔPITAL PIERRE BOUCHER - GESTION DE LA DOULEUR

1333 Est Jacques-Cartier Blvd, Longueuil

### MONTREAL NORTH SHORE REGION

#### CITÉ DE LA SANTÉ DE LAVAL

1755 René-Laennec Blvd, Laval

#### HÔPITAL HÔTEL-DIEU DE SAINT-JÉRÔME

290 De Montigny St, Saint-Jérôme

### SHERBROOKE REGION

#### CENTRE HOSPITALIER UNIVERSITAIRE DE SHERBROOKE

3001 North 12<sup>th</sup> Ave

### OTHER REGIONS

#### CENTRE HOSPITALIER DE GASPÉ (PAVILLON HÔTEL-DIEU)

215 York West Blvd, Gaspé

#### CENTRE HOSPITALIER DE PIEDMONT-YAMASKA

205 Leclerc Blvd, Granby

#### CENTRE HOSPITALIER RÉGIONAL DE RIMOUSKI

150 Rouleau Ave, Rimouski

#### CENTRE HOSPITALIER ROUYN-NORANDA

4 9<sup>th</sup> St, Rouyn-Noranda

#### CHRTR - PAVILLON SAINTE-MARIE

1991 Carmel Blvd, Trois-Rivières

#### CLINIQUE ANTIDOULEUR CSSSI

45 Père-Divet St, Sept-Îles

#### CSSS DOMAINE-DU-ROY

45 Brassard Ave, Roberval



## Become a member of the AQDC

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Telephone : \_\_\_\_\_ Office: \_\_\_\_\_

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You are invited  
to make a donation

Charitable organization  
N/E 860295633RR0001  
AQDC-11-2006-A

Amount of the donation:

\_\_\_\_\_ \$

Signature

METHOD OF PAYMENT

Cheque

Visa \_\_\_\_\_ Exp. \_\_\_\_\_

MC \_\_\_\_\_ Exp. \_\_\_\_\_

You can register on line on our Web site : [www.chronicpainquebec.org](http://www.chronicpainquebec.org)

Or send this form to : **Association québécoise de la douleur chronique**  
**61, Maison de la poste, Montréal (QC) H3B 3J5**

The Association québécoise de la douleur chronique (AQDC) is a charitable organization (N/E 860295633RR0001) which representing people suffering from chronic pain in Quebec.