

AQDC

LIST OF
PAIN CLINICS

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SOCIETY

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RESEARCH CENTER

QUEBEC PAIN RESEARCH
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PROGRAM



ASSOCIATION QUÉBÉCOISE
DE LA DOULEUR CHRONIQUE



We are there for you!

November 2013 | Advertorial

www.chronicpainquebec.org

➤ BREAKING THE TABOO

More than **1,500,000** people
suffer from chronic pain in Quebec...

➤ **ARE YOU ONE OF THEM?**

The Legislative Assembly of Quebec has declared the first week of November of each year

" Chronic Pain Week in Quebec "

In 2013, the week of **November 3 to 9** is therefore dedicated to this cause.

Help the AQDC break the taboo!

It's not always easy to admit you suffer from chronic pain, but keeping it to yourself can be even harder.

Since it isn't visible from the outside, people who've never experienced chronic pain aren't always empathetic to those who suffer from it. That's why the Association québécoise de la douleur chronique (AQDC) is so grateful to hockey legend Guy Carbonneau for daring to break the ice in 2011 when he revealed he had suffered from chronic pain for nearly ten years until his double hip replacement.

Then in January 2013, singer Laurence Jalbert stepped forward, publicly revealing on the TV program *Deux filles le matin* that she's been suffering from fibromyalgia for eight years. She has been able to perform on TV with the help of medication, but she still finds it physically demanding.

This type of resilience doesn't happen overnight. It took four years for Pénélope McQuade to be able to talk about the devastating car accident she was in. In the August

2013 *Sélection du Reader's Digest*, she sheds light on her daily struggle with pain and the emotional rollercoaster she has been on since the accident, but also her absolute determination to live life to the fullest.

Medically speaking, chronic pain is still too often considered a symptom of a disease or injury. It is associated with chronic illnesses such as arthritis, multiple sclerosis, inflammatory bowel disease, and recurring kidney stones.

On behalf of the two million Quebecers living with chronic pain, AQDC is fighting for this to change, and for chronic pain to be recognized as a separate condition. The effects it has on biological and psychosocial function are significant and complex, and not necessarily related to other recognized chronic diseases.

The AQDC has been working tirelessly for nine years to ensure a continuum of care

adapted to chronic pain sufferers across Quebec by participating in the *Table sectorielle de la douleur chronique* organized by the Ministère de la Santé et des Services sociaux.

We provide direct support to chronic pain sufferers and their families, with free access to the Chronic Pain Self-Management Program (CPSMP), which provides strategies to help them manage their condition. Participants are also invited to join one of our chronic pain support groups to put an end to their isolation.

Our website (www.chronicpainquebec.org) is an excellent source of information on a variety of topics related to chronic pain. You can also watch videos of conferences given by experts and browse an index of diseases that is continuously being updated thanks to input from patients and health care providers alike.

The AQDC is now more than 8,000 members strong. Why not join us? Membership is free! As our numbers grow, so will our influence with decision-makers, for the good of everyone.



Jacques Laliberté
President

Our helpline

Have you heard about 1-855-DOULEUR, a support hotline for people living with chronic pain?

The program was launched in May 2012. A health care worker with years of experience in a specialized chronic pain treatment clinic takes your calls on Tuesdays and Wednesdays from 9:00 a.m. to noon and 1:00 to 4:30 p.m. You can also leave her a message. Urgent requests are given priority, but all calls will be returned.

"My role is not to take the place of their doctor, but to give people advice about their medication and other things that will help

them manage their pain," explains Louise Vézina, who manages the helpline.

This free service is made available by the Association québécoise de la douleur chronique (AQDC) with support from its collaborators and partners.

The AQDC is a charitable organization. Receipts are issued on request for donations of more than \$25.



This insert was produced by LE SOLEIL

Should you hide your pain to keep your job?

The challenge of finding or holding onto a job is truly daunting when you suffer from chronic pain. So is it better to keep quiet or negotiate with your employer for more favorable working conditions?

The hiring process

There's a thin line between an employee's right to privacy and an employer's right to find the best candidate. And employers often start digging for information pretty early in the hiring process. Some employers filter out candidates before even looking at their résumés. "They ask you if you have a chronic disease or if you've been on SAAQ or CSST," says Alain, who has missed out on countless jobs because of health problems. "If you say yes, then that's the end of it."

And yet Alain is qualified for many jobs: bus driver, armored car security officer or, guard. Tall and stocky, he also has the perfect build. When he applied for jobs, he would pass whatever test they threw his way: role-play scenarios, French and English language tests, drug tests, etc. On more than one occasion, he even started working after being assured the pre-employment medical exam was just a formality. And then a few days later, he would get the inevitable letter saying his application had been rejected.

The thing is Alain's health problems aren't visible on the outside. You have to see the x-rays of his spinal column to get an idea of the constant pain he lives with. A serious car accident more than 20 years ago caused several herniated discs in the lumbar and cervical regions of his back. "The police were searching for a body because the car was completely totaled. They couldn't believe I walked away from the accident," recalls Alain.

On top of this pain, Alain experiences ocular migraines, sometimes called migraines with aura. In most cases, the onset is preceded by warning symptoms—stars fill his field of vision to the point where he can't read anything, even up close. When that happens, his reflex

is not to move, to sit there as if nothing was wrong. Then about 20 minutes later, a throbbing headache sets in, magnified by the slightest noise, light, or physical effort.

What does the law say?

It can be very difficult to prove employment discrimination, according to Ghislaine Paquin, information services manager for Au bas de l'échelle, a grassroots organization defending the rights of non-unionized workers. "The law prohibits employers from asking questions that aren't directly related to the skills required for the job, but they do it anyway and if you lie, you could get fired."

Disclosing your illness can be risky. Au bas de l'échelle generally recommends not offering up the information unless an employer specifically asks.

"There's no one-size-fits-all solution," admits Ghislaine Paquin. "But if the company has an equal access employment program, revealing that you have a disability may work to your advantage because they may want to hire you to meet their disabled-hiring quota."

Another option, says Paquin, is to negotiate more favorable working conditions so you can perform your duties without causing undue hardship on the employer.

Holding on to a job

Three years after changing careers, Alain is still terrified of losing his job. "My greatest fear in life is ending up on the street because of my back. That's pretty much it. I'm afraid of not being able to work anymore, of not having a roof over my head, of not being able to put food on the table," he says.

So he doesn't dare miss a day of work, arrive late, or leave early—even when his pain is severe. "I'd rather suffer in silence than be

labeled and written off. I don't want to give them any cause to say, 'Look, he gets migraines and he's got back problems. We don't want him!'"

An understanding workplace

You need to weigh several factors before deciding whether or not to share your personal life at work. Céline Charbonneau, who sits on the AQDC's board of directors, worked for her employer for many years before her condition became "visible."

She was born bow-legged and played many sports that took their toll on her knees. She

had already been living with chronic pain for a good number of years before undergoing her first operation in 2004. It took periods of convalescence, rehabilitation, and two more operations in the years that followed before she could walk without a mobility aid.

Her employer and coworkers supported her 100%. "I was lucky to have a generous work environment," she says. "My request for a handicapped parking space was granted. I was allowed to take short naps on my lunch break and take painkillers when I needed them. I was able to keep working and I never felt belittled."

ONLY 18% ABLE TO WORK

Of the 6,200 Quebecers suffering from chronic pain who are enrolled in the Quebec Pain Registry (QPR), only 18% are still able to work full time—a group that includes Alain, who asked to use a pseudonym, and Céline Charbonneau in the main article. Another 9% work part time. These low figures can be explained by the fact that many pain sufferers also struggle with depression and sleep problems—issues that are not exactly conducive to work.

According to Dr. Manon Choinière, a researcher at the University of Montreal Hospital Research Centre (CRCHUM), these figures are only the tip of the iceberg. "The QPR only counts patients who have been referred to one of the large clinics specializing in pain treatment in a tertiary care setting, and many people living with chronic pain don't have access to those specialized services."

Financial impact

The average age of patients in the registry is 52.8 years old. Nearly 40% of them are on permanent or temporary disability. Their chronic pain has either interrupted their career or, in many cases, ended it completely.

"The financial cost of pain as evaluated in the STOP-PAIN study of patients in tertiary care averaged \$3,122 per month per patient in terms of medication, treatment, etc. That includes all expenses directly or indirectly related to chronic pain: lost workdays for employees and lost productivity for employers, transportation costs, childcare, and caregiver expenses, just to name a few," adds Dr. Choinière. "The study also showed that approximately 95% of those costs came directly out of patients' pockets."

For primary care patients, the direct costs of pain (e.g., for treatment, medication, etc.) averaged \$9,499 per patient per year, according to a study conducted by Lyne Lalonde and Dr. Manon Choinière in 2013. Add to that an estimated \$7,072 in lost productivity for a total of \$16,571.

"For people who don't have disability insurance or some other safety net, this can be a disastrous and terrifying situation. Many people who are struggling with this issue have shared their feelings of helplessness with us. Some have even contemplated suicide," says AQDC president Jacques Laliberté.

When fear wins out over pain

Pain-induced fear and the avoidant behavior it results in (e.g., participation in fewer physical activities, fear of taking medication, etc.) can actually exacerbate pain. And the feeling of helplessness can even prevent the pain sufferer from pursuing certain treatment options.

This fear can conceal a heavy emotional burden. "Patients tell us, 'I was with my mother right up to the end. I gave her mor-

phine and now the doctor's telling me that I need morphine,'" explains Marie-Josée Rivard, a clinical psychologist specializing in

pain management*. "It can be really scary to get put on the same medication, even for just a little while."

Consequently, some patients try to eliminate certain movements or activities that might cause them pain, just to avoid taking a certain medication. "In the short term, it may alleviate their anxiety, but in the medium to long term, it creates a vicious cycle," says the psychologist. The patient's physical condition deteriorates and the aches and pains that follow perpetuate the cycle of fear and avoidance.

Other sufferers see pain as a sign of weakness; they focus only on the negative and fall into depression. According to Marie-Josée Rivard, this fear paralyzes people and keeps them from taking action.

A glimmer of hope

Sometimes it's not our own fear we have trouble dealing with—it's other people's fear. Active within the AQDC since 2007, Francine St-Hilaire suffers from complex regional pain syndrome.



Francine St-Hilaire



Marie-Josée Rivard, Ph.D.

Her pain—an intense, constant burning in her hands accompanied by a squeezing sensation in her wrist—appeared after an operation to reposition her thumb and give her back the use of her hand, which had been deformed by arthritis. When they removed her cast, doctors discovered there was no blood flow to her hand. The pain has been there ever since. “I was at nine out of ten on a scale of zero to ten, all the time,” says St-Hilaire. “I couldn’t do anything but cry all day—that’s how intense the pain was.”

At the pain clinic, she was given various treatments and a prescription for two drugs in the family of opiates. A math teacher, St-Hilaire has a methodical approach to things. She decided to keep a handle on her medication by taking notes on their effectiveness and any side effects she experienced. As her pain became more tolerable, she felt able to resume her normal activities. But some of her friends and coworkers tried to convince her to stop taking her medications.

“They wanted me to stop because they were afraid I would get addicted,” explains St-Hilaire, who gradually distanced herself from the alarmists.

Overcoming the stigma

At the university where she teaches, they’ve nicknamed Francine St-Hilaire “the woman with blue hands.” The orthopedic braces she wears allow her to write on the blackboard, carry teaching materials, and protect her hands from things that can trigger the pain—even mild stimuli like air conditioning or clothing.

She no longer tries to hide the fact that she takes opiates on a daily basis. “If I have to take my medication, I do it right out in the open. If anyone says anything, my response is, ‘Do I look stoned to you? When I’m in so much pain I can’t even speak, then it’s pain that’s has looking like I’m stoned.’”

If she gets a muscle spasm in the middle of teaching a class—a warning sign of an impending flare up—she tells her students and takes her medication straight away. According to St-Hilaire, “Being open about it is what will help us overcome the stigma.” And she responds frankly to anyone who is curious about what drugs she takes.

The teacher in her tries to debunk the myth that opiate users have to keep increasing their dosages to get the same level of relief. Since she has a good understanding of how the drug acts in her body, she can safely cut back her dosage during the summer when the weather is warmer, with her doctor’s approval. “If I forget to take a pill, it means my pain isn’t so bad. And that makes me feel like dancing.”

Improving quality of life

Marie-Josée Rivard insists that pain relief is a legitimate right. No one should be resigned to carrying the daily burden it imposes. Unfortunately many people seem to think there’s a miracle pill or treatment out there, but there isn’t. More often than not, controlling pain requires a combination of treatments and approaches.

Far from being an exact science, treatment of chronic pain is complex. It takes plenty of trial and error. “You get a prescription, but then you have to see how your body’s going to react. So then they adjust the dosage. And then come the questions—Does it bring you any relief? Does it help your flexibility, your

mobility? Can you resume some of your activities?”

To overcome fear and boost your confidence, you have to take the first step—try the suggested exercise or treatment, and stick with it. “Expecting your pain to drop to zero isn’t realistic. Success might mean more mobility, greater flexibility, improved exercise tolerance, the ability to keep doing an activity for longer, or even dealing with your emotions better because you have less emotional

turmoil—not necessarily lessening the intensity of the pain.” And as these little successes add up, morale will improve.

* Marie-Josée Rivard, Ph.D. is the author of the book *La douleur : de la souffrance au mieux-être*.

PAIN CLINICS: A PARTNERSHIP BETWEEN PATIENTS AND THEIR MEDICAL TEAMS

The average wait time for a consultation at a pain clinic is about two years. When patients finally get an appointment, they have great expectations and are usually surprised to learn that the degree of relief they can expect will depend on their willingness to work closely with the medical team.

“The old mentality that the doctor runs the show and the patient just sits back is a thing of the past,” explains Dr. Aline Boulanger, anesthetist and director of the Hôtel-Dieu and Sacré-Cœur pain clinics. “Patients need to understand that they’re a part of the solution. Chronic pain isn’t like appendicitis—you can’t just operate and be done with it.”

Realistic expectations

Some doctors promise their patients that pain clinics will solve their problem. Although pain can be alleviated, it’s rare for it to disappear entirely.

“Patients should expect a 50% reduction in pain,” estimates Dr. Boulanger. “We can’t keep upping the dosage indefinitely if we want people to be able to drive, concentrate, and function on a social level.”

Combined with medication, infiltrations, psychological techniques, and rehabilitation, the support of the pain clinic can help patients regain control of their lives so pain is no longer the center of their existence. But the onus is on the patient, stresses Dr. Boulanger. “Do the exercises, take the medication, force yourself to go out, pay attention to your sleep hygiene and your diet—success depends on many different factors.”

Be prepared

Even if your doctor has sent a copy of your medical file to the pain clinic, it’s a good idea to take the time to outline a brief history of your condition, including the dates of major events like an accident, surgery, or your return to work, if applicable.

You should bring an up-to-date list of medications you currently take and the names of any treatments or medications that didn’t work for you to discuss during your appointment. Your medical team needs this information to understand how your condition has developed. And most importantly, remember that the best way to establish a therapeutic relationship with your treating physician is to be honest and not to exaggerate—or downplay—your symptoms.

Not tonight, honey—when pain invades the bedroom

Chronic pain affects many areas of a person's life and sexuality is no exception. But how to find the courage to admit that pain has made its way into your bedroom? This is probably one of the most deeply ingrained stigmas there is.

Most of the chronic pain sufferers who come to see Zoé Vourantoni, a clinical sexologist at Centre de réadaptation Lucie-Bruneau, are looking for ways to rekindle the intimacy in their relationship. "The patients I see have gone through a period that's been all about rehabilitation, pain, and mourning. Maybe they've tried to be sexually intimate and it hasn't gone so well because the pain was too intense."

Emotional distance sets in. The partner suffering from chronic pain may feel inadequate in the relationship and be afraid of more discomfort. And the other partner—afraid of being rejected or exacerbating the pain—may avoid taking the initiative. Sex becomes something to avoid at all costs.

Is it possible to have a satisfying sex life in spite of chronic pain? Absolutely, assures the sexologist. The need for physical and emotio-

nal intimacy may not outweigh the need for food and shelter, but in one way or another, this intimacy is vital to the health of the relationship and the individual. "It's the feeling of connection in the couple, a feeling of wellbeing that makes you feel closer to your partner and more self-confident."

How to broach the subject

After seeing Linda wracked with physical and emotional pain after several failed attempts to have sex, her husband was ready to write off that aspect of their married life for good. "I was the one who wanted to keep trying because it was important for me personally, for me to feel like a woman, and for us as a couple," she says.

Linda had consulted a doctor several times for vaginitis and had been assured that it was common for women to have recurring yeast

infections. So she began marginalizing her pain. "When you have an issue in the genital area, you don't really feel like sharing. It's really awkward because it's twice as taboo."

Over time Linda developed vestibulodynia, exacerbated by undiagnosed diabetes. The condition damages the nerve endings in the vestibule, or entrance to the vagina, causing them to bombard the brain with pain signals. "Flare-ups can last for five or six days," says Linda. "It feels like I'm being poked with needles or stabbed with a knife. The pain is so bad it shoots right up to my belly button."

But Linda couldn't bring herself to discuss her condition with her husband. Flipping through the channels one night, she stumbled on a program about women suffering from conditions much like hers. Her first instinct was to record the show.

"I said to my husband, 'I'd like you to watch it with me when you have time.' So we watched it together when we were alone one night, and he got it. The men on the program were sharing how they felt and it was a reflection of what he'd been experiencing."

They waited a few days before discussing what they'd watched. But right away, Linda felt a change in her husband's attitude. She felt like he was more loving, more attentive. And the feeling was mutual.

Then one day he told her that he had been feeling guilty because Linda's issues with vaginitis had started when they first began dating 22 years earlier. It was a turning point in their relationship. "I remember thinking, hey, I think we can still go the distance together," says Linda.

The elephant in the room

"Talking about something you've always kept under wraps can be intimidating because it forces you to admit that there's a problem and that you need to switch to solution mode," explains Zoé Vourantoni.

People may feel reticent if they're afraid sex will hurt or exacerbate their pain. And if that's the case, it's important to think of ways to manage it. It's also important to remember that less strenuous erotic games can be just as pleasurable as penetration, if not more so. Endorphins, or pleasure hormones, released



Zoé Vourantoni, sexologist

during arousal are also known to help alleviate pain.

Saying nothing when you're sad because you miss the sexual dimension of your relationship creates tension and keeps you from working to find a solution as a team. "It's like the elephant in the room that no one wants to discuss. It creates distance that neither partner really wants," adds the sexologist. "More often than not, behind this avoidance lies the fear of being judged and of not being 'normal.'"

For people who may not be ready to seek professional help, Vourantoni points out that there are excellent resources available on the website of the Association québécoise de la douleur chronique (www.chronicpainquebec.org).

Also, if you tackle the subject in a less intimate context, it may relieve some of the pressure to act immediately.

One thing's for certain—if a woman were to confide in Linda that she is suffering from a similar problem, Linda would encourage her to persevere. "You could never imagine what an impact it can have on your life as a family, a couple, and a woman," she says. "Thankfully now I can see a light at the end of the tunnel."



Support groups—a good place to talk

What do you do when the psychological distress that accompanies chronic pain becomes as debilitating as the pain itself—if not more so? The hold it has over you keeps tightening until you feel like you're wearing an invisible straitjacket.

It is certainly an all-too-familiar scenario for Catherine Ménard. Like so many other chronic pain sufferers, she felt completely isolated. Apart from her family doctor and the staff of the neurology department at Hôpital de l'Enfant-Jésus in Quebec city, she didn't have anyone to talk to after she was fitted with a neurostimulator—a device designed to emit electric pulses to treat neurological pain. At her nurse's suggestion, in 2011, she joined a support group that had just been formed for people living with chronic pain.

The support group made her feel heard and accepted for the first time. And more importantly, she promised herself she'd go back. "At first, I only went to be with other people. I attended the meetings but never said anything. I would just cry for an hour and a half straight," she confides. No one else in the group had her diagnosis of algodystrophy (also known as complex regional pain syndrome [CRPS], characterized by widespread severe pain that is aggravated by the slightest stimulation), but everyone was suffering from chronic pain."

Since they've all been through pretty much the same emotional rollercoaster, participants have a lot of empathy toward newcomers. No one has to convince anyone of the challenges they're facing. "You can say what you want. You can be yourself and no one looks at you funny. It's reassuring and comforting to realize you're not alone."

Catherine Ménard can see the positive side of things a little more easily now—partly because of her "little club". The woman who three years ago was incapable of opening up to anyone has agreed to speak openly about her experiences in the chronic pain lecture series to be held at Hôpital de l'Enfant-Jésus in Quebec City, in 2014.

Monthly meetings

The Hôpital de l'Enfant-Jésus support group is one of two in Quebec City supported by the Association québécoise de la douleur chronique. There are also three in Montreal and two in Montérégie. The association would eventually like to have at least one support group in every administrative region in Quebec.

"Our goal is to provide a safe haven where people with the same concerns and the same feelings can support one another," explains Line Brochu, founder and facilitator of the CHU-Enfant-Jésus and CHU-CHUL support groups and vice-president of AQDC. "There's a real need, because families and loved ones often feel powerless to help and end up not

wanting to listen to sufferers talk about their pain anymore."

People have experienced profound loss and sometimes rejection. According to Line Brochu, many new participants are anxious and uneasy. Over time, they gain a new perspective on their disease and become more emotionally stable. Some never miss a

meeting while others only go to one. The needs vary enormously. For Line Brochu, transformations like Catherine Ménard's are a source of great pride and excellent motivation to continue her work.

To start or join a support group in your region, visit AQDC's website or call 514 355-4198 or 1 855 230-4198 (toll-free).



Line Brochu and Catherine Ménard

CHRONIC PAIN SELF-MANAGEMENT COURSES

There may not be a cure for chronic pain, but there are tools to help sufferers control and reduce their pain. The Chronic Pain Self-Management Program (CPSMP) is offered at no cost by the Association québécoise de la douleur chronique, in partnership with McGill University Health Centre's My Tool Box: The Building Blocks of Self-Care. The goal is to teach people the skills they need to live better with chronic conditions.

"The self-management concept was developed at Stanford University over 25 years ago and it applies to all types of chronic diseases," explains Mario Di Carlo, a volunteer facilitator for CPSMP. "The Stanford principles were adapted specifically for the self-management of chronic pain in 2008."

A good toolbox

CPSMP is intended for people suffering from chronic pain. Pain is considered chronic when it lasts longer than three to six months—the normal time needed to heal from an injury.

The program provides people with the skills they need to break the vicious cycle of pain. Tools include stress reduction and relaxation techniques, dealing with difficult emotions, appropriate use of medications, healthy eating habits, an adapted exercise program, communicating with health care providers, a daily action plan, problem-solving techniques, and more.

The CPSMP program, which includes one 2 1/2-hour session per week for six weeks, is available in several Quebec regions.

For more information or to register, visit AQDC's website at www.chronicpainquebec.org or call 514 355-4198 or 1 855 230-4198 (toll-free).

For the Montreal region, contact Diana Braia, a My Tool Box program coordinator, at 514-934-1934, ext. 71585 or visit www.mytoolbox.mcgill.ca.



Pain Clinics

The list of pain clinics including their full address is available on our web site www.chronicpainquebec.org

QUEBEC CITY REGION

Centre hospitalier universitaire de Québec-CHUL
Hôtel-Dieu de Lévis
Institut de réadaptation en déficience physique

MONTREAL REGION

Centre hospitalier de Verdun
Centre hospitalier universitaire de Montréal-CHUM
Chronic pain management clinic – Montreal geriatric institute
Clinique d'adaptation à la douleur chronique – Centre de réadaptation Lucie-Bruneau
Constance-Lethbridge rehabilitation Center
Hôpital du Sacré-Cœur
Hôpital Maisonneuve-Rosemont
Hôpital Sainte-Justine
Jewish general hospital- Sir Mortimer B. Davis
McGill university health center
Montreal children's hospital

MONTREAL SOUTH SHORE REGION

Centre montréalais de réadaptation
Hôpital Charles-LeMoine
Hôpital Pierre-Boucher – Gestion de la douleur

MONTREAL NORTH SHORE REGION

Cité de la Santé de Laval
Hôpital Hôtel-Dieu de Saint-Jérôme

SHERBROOKE REGION

Centre hospitalier universitaire de Sherbrooke

OTHER REGIONS

Centre hospitalier de Gaspé (Pavillon Hôtel-Dieu)
Centre hospitalier régional de Rimouski
Centre hospitalier Rouyn-Noranda
CHRTR – Pavillon Sainte-Marie
Clinique antidouleur CSSSÎ
CSSS Domaine-du-Roy
CSSS Maria-Chapelaine

The AQDC stands for

- **NON PROFIT ORGANIZATION AND CHARITABLE ORGANIZATION**
- **MORE THAN 8 000 MEMBERS**
- Stakeholder in the development of a national evaluation, treatment and management program for chronic pain
- Representation of patients on each RUIS
- Member of the RQRD advisory committee
- Partner of the ACCORD program (<http://www.programmeaccord.org>)
- Conferences of experts available on the AQDC's website and canal *Savoir* (in French only)
- Scholarships for health care professionals interested in studying chronic pain (23 awarded so far)
- Bilingual website, electronic news bulletin, Facebook page
- Support groups in Quebec city, Montreal, West Island and South Shore of Montreal
- Chronic Pain Self-Management courses (Stanford University certification)
- Toll-free hotline offers information and support 1 855 368-5387.



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You can register on-line on our Web site: www.chronicpainquebec.org

Or send this form to: Association québécoise de la douleur chronique
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