Pain Medicine and Oxford University Press: Building a Scholarly Pain Community Together

Pain Medicine has grown rapidly over its first 16 years thanks to authors from around the world who have contributed their scholarly work for review and publication as well as to the dedication of its editorial board, editorial staff, reviewers, and publisher. This January 2016 issue of Pain Medicine is the first with our new publishing partner, Oxford University Press (OUP), with whom we have forged a very strong 5 year publishing agreement. Oxford, fully aware of the growth of our field and the important roles of our three sponsoring societies (American Academy of Pain Medicine [AAPM], the Spine Intervention Society [SIS], and the Faculty of Pain Medicine at the Australian and New Zealand College of Anaesthetists [FPM ANZCA]) in national and international pain medicine, believe, as we do, that Pain Medicine has a bright future. I am most grateful to leaders from these societies as well as from members of our own editorial board (particularly Drs. Bogduk, Harden, Lam, Maus, and Webster), who assisted in this process. Oxford’s Pain Medicine team, led by Rachel Warren, has worked diligently with our managing editor, Colleen Healy, and editorial and AAPM staff to guarantee a smooth transition from Wiley. Managing publisher Alison Labbate, a strong partner in growing Pain Medicine at Blackwell and then Wiley after their merger, has helped smooth the transition, and we are most grateful for her, and her team’s, service over the years.

Oxford joins our Pain Medicine enterprise at an important time in the history of pain medicine research, practice, and policy. The costs of the public health problem of pain and its consequence—opioid over-use—have made health services research increasingly important. We must now consider a population-based approach to managing costs and to improving safety and quality-of-life outcomes, with a focus on primary prevention (engaging people in strategies that reduce the risks of pain-causing disease or injury), secondary prevention (preventing chronification following pain onset), and tertiary prevention (preventing or ameliorating the consequences of chronic pain). Our translational and clinical science has progressed. The gulf between the translational study of the actual practice of pain management and clinical practice of pain management is rapidly narrowing as the silos of social, behavioral, and medical sciences in pain are being subsumed by big data and more sophisticated behavioral neuroscience. Our study of the organogenesis of pain after injury or disease onset has revealed much about the mechanisms of chronification and about who is at risk. Thus, we must investigate the entire continuum of pain and not focus exclusively on chronic pain, as has traditionally been done. Our Acute & Perioperative Pain section and the Acute Pain Medicine Shared Interest Group (SIG) of the AAPM and the International Association for the Study of Pain reflect this new focus on the beginning of the pain care continuum, and our journal’s new Integrative Health section reflects our strong interest in teaching self-management to prevent pain and integrative health therapies to prevent chronicity.

At the end of this continuum, where patients are disabled by pain, we are putting to work our knowledge of the power of social engagement and cognitive-emotional-behavioral therapies in support of graduated rehabilitation to achieve better, more sustainable, clinical outcomes. We now understand much more about how our brains change in response to persistent pain and its psychosocial impacts and why rehabilitation approaches, supported by cautious pain control, work better than purely pharmacologic or procedural interventions, which when used must be applied selectively and expertly. As we unravel the neuroscience of central nervous system (CNS) plasticity and discover the best ways to prevent or reverse chronification, we must also be trained to know when and how to apply these interventions expertly to block the pain stimulus from entering and impacting the CNS and the person. Our SIS, AAPM, FPM, and global researchers must and do focus expertly on this domain, rigorously examining the techniques, the indications, and the effectiveness of procedures for treating pain.

Thus our mission must necessarily be broad, reporting on all aspects of pain, its treatment, and its social significance. We must honor the special narrow expertise in social, psychological, and medical sciences that discovers mechanisms and unveils new treatments for specific conditions and different groups of people with those conditions. Yet we must cut across intellectual domains to discover how and when to integrate treatments expertly when treating our patients, and we must study implementation strategies in health systems to reduce the burden of pain on society. Finally, we must learn and teach others about good pain care and how to practice it.

Our leaders feel very confident that Oxford is the right partner to meet the challenges of 2016. Journal publishing, indeed scholarly communication more generally, is
changing rapidly. Today all print media are challenged to sustain the revenue that supports the increasing costs of editorial review and print production while managing a transition to a more versatile on-line publication format that supports scholarly communication and learning through social media and technology, including dialogue among authors, editors, and readers and the capacity to visualize procedures. Oxford’s emphasis on quality and innovation and commitment to the strategic growth and development of all of its journals has led to its ranking as the most commercially successful university press in the world. *Pain Medicine* is OUP’s flagship journal in pain, and the publisher is committed to growing our readers and subscribers and our global importance. Dan Carr, president-elect of AAPM, a founding senior editor who helped me launch *Pain Medicine* in 2000, joined me in attending Oxford Journals Day this past October, a yearly special meeting of OUP publishing staff and their journal editors. The tightly run, informative meeting included sessions on altmetrics, open access, open data and research transparency, publication ethics, emerging markets, digital platforms, and social media and engaged small group discussions on these and other topics. We were both impressed and inspired. As OUP’s only pain journal, *Pain Medicine* will receive the publisher’s full attention, as has already been demonstrated in our transition phase. The company’s thoughtful and ambitious plans for supporting the development of *Pain Medicine*’s social media and technology potential, global outreach and marketing, and excellent references portend a very successful partnership.

A new publisher for *Pain Medicine* also heralds a new era for AAPM and the field of pain medicine. AAPM was founded as a medical society that focused on the development of the new medical specialty of pain medicine with a focus on chronic pain. The FPM early on created a model of pain medicine specialty training and sustainment. SIS has focused on developing an evidence base for commonly used spine procedures and training in correct technical approaches. Our field has progressed, and pain practice has evolved into a “team sport”; whether in acute or chronic pain settings or in primary or specialty care, good pain care truly relies on an interdisciplinary team that collaborates with the patient in a stepped model of longitudinal pain management. This past year AAPM invited clinicians and scholars with the intellectual training and professional skills in multiple health disciplines, including primary care, to become members. These new members will support the further development of our field and the work of *Pain Medicine*’s many editors, reviewers, and authors from all pain-related disciplines. Early editorial board leaders, such as Bob Kerns (who soon became senior editor), Bob Jamison, Rosemary Polomano, Karen Raphael, Ray Tait, and Keela Herr, have been joined by many others, including the editors of successful sections, such as Rob Edwards, Vitaly Napidow, Marty Cheatle, Allen Lebovits, and Jeff Fudin, and newer section editors, such as Dave Williams, Jennifer Kiebles, Lonnie Knudson, Steve Sanders, and Sheri Silfies, who with other non-physician editorial board members are acknowledged leaders in the field. Our primary care leaders, such as Section Editors Debra Weiner (founding), Cary Reid and Joseph Shega of the Pain and Aging Section, Matt Bair, *Pain Medicine*’s Primary Care section editor, and AAPM’s president Bill McCarberg, also an editorial board member, in 2010 formed an AAPM Primary Care SIG, which is now the theme of our 2016 annual meeting. Beth Darnall, Ethics Forum co-editor with Michael Schatman, has formed a Pain Psychology SIG at AAPM. We hope other disciplines will follow suit and that the “team” for good pain science and commentary at *Pain Medicine* will grow to the benefit of our field and the public we serve.

Oxford is fully aware of our desire to see *Pain Medicine*’s continued development as a journal that is both relevant to the needs of our field with its reports on important advances in the practice of pain medicine and prominent in citable research and reviews. For this we will continue to rely on your ideas, your intellect, and your dedication to our mission. Please feel free to communicate with me and our other editors about ideas for improving our performance, and of course, don’t hesitate to reach out to Colleen Healy, our managing editor, with any questions for the editorial office.

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