2008 marks the ninth published volume of *Pain Medicine*, born at the turn of the century into the brave new world of electronic academic publishing. These 8 years witnessed a revolution in the way our field creates, peer-reviews, and communicates new information in medical science and practice. Pain Medicine as a scholarly field and specialty practice has benefited from an explosion of knowledge about the mechanisms of pain and pain diseases and by the rapid development of new treatment opportunities for patients with chronic pain. At the same time we must continuously negotiate the use of these treatments with health planners empowered to regulate our practices, now armed with tools of evidence-based analysis.

To discuss these trends and plan the journal accordingly, last summer the senior and section editors of *Pain Medicine* met with the publisher and representatives of our sponsoring societies, AAPM, FPMANZCA, and ISIS, in a retreat. *Pain Medicine* is your journal and we would like to share our history, progress, goals and plans. The retreat began with a brief history story of the journal, which deserves a brief recounting. In 1998 Peter Wilson successfully handed me the editorial reins of our then official journal, the *Clinical Journal of Pain*, which under his and the AAPM’s leadership had grown to prominence [1]. But in 1999 the AAPM’s journal task force (Ed Covington, Jeff Engel, Elliot Krames, Dave Haddox, Phil Lippe, Peter Wilson and myself), decided to start our own journal after arduous negotiations guided by the late Roz Rosen failed to convince our publisher that AAPM should, like many society journals, assume at least part ownership. The idea of starting afresh seemed almost preposterous to this editor, but less so than countenancing that our hard-won identity and editorial efforts would continue profiting a private publishing at our members’ expense. Elliot Krames capped one contentious discussion with the CJP publisher with a prescient statement, “Pain Medicine is an idea whose time has come,” giving us heart and the name of our new journal. We liked Blackwell’s personable approach plus their international reach as the world’s leading academic society publisher. After recruiting a distinguished editorial board led by senior editors Ashburn, Bennett, Carr, Fishbain, Marbach, McGrath, Rollman, and Wilson [2], we held our first editorial board meeting, in 1999 at IASP Vienna and were on our way.

The first issue of *Pain Medicine* was prophetic. Ed Covington set the tone with his first President’s message, “Naissance” proclaiming the momentum of our nascent specialty. The lead special article, the prognostic “Limbically Augmented Pain Syndrome” by Howard and Jeffrey Rome, used the case history method of a prototypical patient with treatment-resistant CRPS, to carefully document the evidence for pathophysiological processes, such as kindling and neuroplasticity, and their phenomenological manifestations in CRPS [3]. To the editors their paper heralded behavioral neuroscience that would enable a the conceptual integration of knowledge from many disciplines to form the scientific foundation of our new specialty in the 21st century [4]. Indeed, in 2008 under the leadership of Jianren Mao the new Translational Research Section will be dedicated to informing us of the potential and real applications of scientific development in the field.

Other papers in Volume 1(1) also provided notice. A review of phantom tooth pain by Joe Marbach and Karen Raphael described the need for treatment studies specific to deafferentation neuropathic facial pain, similar to the studies of other neuropathic pain disorders [5]. Two papers from Tufts, by Bill Rogers, Dan Carr and colleagues, using clinical databases derived from Dan’s Tufts practice and Michael Ashburn’s Utah practice, presented for the first time the characteristics and performance of the TOPS, a “chronic pain” version of the SF-36 population-based health assessment [6,7]. The TOPS promised to enable providers and investigators to develop outcomes data that was both sensitive to change within individual patients over time, as well as providing norms for groups of patients that can be compared to other populations of pain patients and patients with other illnesses. Because of these
properties the TOPS is now being used in both clinical trials and epidemiologic studies of pain and in pain practices [8].

Two papers reviewed economic conditions in pain medicine practice, which is a constant theme of our specialty’s dialogue. First, Nik Bogduk and Scott Holmes demonstrated that, given existing USA and Australian reimbursement schedules, evidence-based treatment algorithms for zygapophysial blocks were not cost-effective for cervical blocks in both the USA and Australia and not for lumbar blocks in the USA [9]; Nik went on to develop our spine section in 2003 and catalyzed ISIS sponsorship of Pain Medicine in 2007. Then, Richard Stieg outlined models for risk sharing amongst payers, providers and consumers [10].

Sam Shomaker and Michael Ashburn reviewed the legal implications of healthcare communications [11] heralding the eventual development of the Forensic Pain Medicine Section under Scott Fishman (and now Ben Rich) in 2003. The Forensic Section provides our field with important documentation of the dialogue amongst physicians represented by the AAPM, regulatory groups such the DEA and the Federation of State Medical Practice Board, and law enforcement, leading to the Balanced Pain Policy Initiative and changes in DEA policy regarding office prescribing of controlled substances. Finally a brief report by Arnold Gammaitoni on the effects of compounded ketamine gel on neuropathic pain [12] and a paper by Anne-Marie Cano studying the interaction of marital function, pain and depression [13] further documented respectively our multidisciplinary practice and the biopsychosocial nature of our specialty.

Other important landmarks in the journal’s development not mentioned above include: in 2000 the development of the Ethics Forum edited by Michel Dubois (joined by Allen Lebovits); in 2001, our first special issue, “Ethics in Pain Medicine” edited by Allen Lebovits; in 2003 a positive review in JAMA by John Rowlingson and a successful application for indexing by MEDLINE; in 2004 a doubling of our impact factor from 0.933 to 1.841 (now 2.447); in 2005, the adoption of Pain Medicine by our Australian and New Zealand colleagues in the Faculty of Pain Medicine ANZCA, the special issue on disparities edited by Carmen Green and Ray Tait, our first supplement, on neuropathic pain, edited by Nadine Attal; in 2006, development of the Pain & Aging Section edited by Debra Weiner and the Palliative Care Section edited by Allen Burton and Steven Richeimer, the

Landmines supplement edited by Dan Carr, Norm Harden and Bob Addison, and the first supplement from an AAPM conference proceedings, “Neuromodulation,” edited by Dan Bennett and Todd Sitzman. Our history is marked by a collaborative spirit in the service of our passion for pain research, training and practice and our mission to fulfill our public trust. This foundation provides AAPM, ISIS and FPMANZCA a solid platform from which to launch our future.

At the retreat we discussed new opportunities and challenges for Pain Medicine in 2008 and beyond. These relate to the rapid growth of our basic and clinical science and the growing awareness of the prevalence of chronic pain and its burden to families, communities, the health care system and societies globally. First, our editorial board needs expansion and further reorganization. Our alliance with ISIS requires the development of an enlarged and even more robust Spine Section under the leadership of Drs. Bogduk and Schofferman and additional editorial board members and reviewers. Our clinical science demands the attention of primary care where most pain management is practiced and with whom we must develop solutions to the cost-effective management of pain in our health systems. Matt Bair and colleagues have formed a new section on primary care and health services research to provide a focused forum for this research and commentary. The priority of a robust literature on the use of opioids for the management of pain and the risks of substance abuse and addiction require the focus of a special section, to be led by Drs. Passik and Webster.

A second area of growth involves our international colleagues. Pain medicine is becoming a specialty that transcends national boundaries and politics. Our journal, by virtue of our new partnership among AAPM, ISIS and FPMANZCA, wishes to reach out internationally in a global initiative to improve the control of pain. Note recent scientific papers, not just from our partners down under, but also from several European and Asian countries. In 2007, the Chinese Ministry of Health announced Pain Medicine as a separate specialty [14]. In December AAPM and FPMANZCA leadership met with two leaders, Professor Ji-Sheng Han MD from Beijing, a distinguished basic scientist and founder of the Chinese Association for the Study of Pain (CASP), and Deren Zhang MD, a leading pain physician and vice president of the hospital system in Shenzhen, the most rapidly growing city in China in a special
economic zone near Hong Kong. Our purpose was to begin planning our 2009 annual meeting in Hawaii as a Pan Pacific Pain Medicine collaboration with our colleagues from Asia and down under, as well as discuss translations of *Pain Medicine* into Chinese. We look forward to this important collaboration.

A third area of development is in our editorial process, which must keep pace with the journal's growth. The large increase in submissions and publishing process, combined with expanding supplement opportunities have taxed our editors and reviewers, delaying editorial decisions and creating a backlog of accepted papers waiting for publication. Table 1 summarizes some of the changes we plan for 2008 and beyond to better manage our growth. To improve the efficiency of editorial review, we have instituted several changes under the efficient management of Colleen Healy and our editorial board such as managing reviews through individual sections, adding new, active editorial board members; and recruiting and training new reviewers through workshops (the first held at the AAPM Annual Meeting in Orlando). We are also in the process of developing CME credits for reviewers. To reduce the time to publication and print, all accepted papers are published in On-Line Early. To reduce time-to-print, we have increased pages by 75% in 2008 and plan to publish 12 issues by 2010. To create worldwide access to the timely work of our authors, we are entering accepted research articles and systematic reviews into Pub Med after acceptance rather than awaiting the print version, and also are creating a new “fast track” review process for breaking research.

Table 1  Summary of new features, *Pain Medicine* 2008

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<td><strong>1)</strong> Streamlined process for reviews:</td>
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|   | New editorial board sections  
   | Active recruitment and training of reviewers  
   | CME credits for reviewers  
   | Creation of reviewer board |
| **2)** Rapid global access to accepted papers: |   |
|   | Accepted papers entered into On-line Early on Synergy  
   | On-line Early papers entered into Pub Med |
| **3)** Reduced time to print: |   |
|   | Increase in pages by 75% in 2008  
   | 12 yearly issues by 2010 |

I invite all members of our three societies or any of our readers interested in participating in the journal's manuscript review process to email our managing editor, Colleen Healy (cmh53@comcast.net), myself (rgallagh@mail.med.upenn.edu), or members of the editorial board. The review process, by inviting critical thinking and constructive commentary, provides you with an opportunity to exercise your mind and illuminate the scholarship of authors and ultimately the readers of the journal. Reviews are confidential, and instructive, because you see other’s comments anonymously. By the time this comes to print, we can anticipate having run our first workshop for reviewers at the AAPM’s annual meeting in Orlando.

We have much to celebrate and a lot of work ahead. Our specialty is now serious about greatly improving its standards for training programs, is increasingly being guided by evidence for clinical care, and continues enlarging our scientific enterprise. We are being recognized globally. China’s Ministry of Health recently decreed there will be pain medicine departments in all major hospitals [14], and declared pain medicine as a separate specialty, joining Australia in that regard. England is now considering this. The USA must follow. Recognizing the high prevalence of chronic pain (43%) in returning OIF-OEF veterans, and propelled by the leadership of *Pain Medicine* senior editor Bob Kerns and others, the Veteran Affairs Health System, which is by many indicators [15–18] and judgments [19–22] the healthiest in the USA, is now considering the placement of major clinical resources towards improving the standards of the management of pain throughout the system—the first large US system to do so. Perhaps health planners and politicians, in the upcoming debate about our civilian health system, will take note of the importance of chronic pain as indicated by China, Australia, Europe and our own VA. As we gain respect for the intellectual and professional integrity of pain medicine and make our contributions to solving society’s problems in health care, we will earn the gratification and rewards our important work deserves.

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Philadelphia, PA

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