

DAY 1

Keynote Forum



JOINT EVENT

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&

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Deadly viruses that cross international borders

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The global medical community is witnessing incredible trends in globalization, increase in population, which provides grounds for emergence and reemergence of viral epidemics throughout the world. These epidemic can potentially overwhelm the healthcare delivery systems for provision of a comprehensive medical care delivery. In the past two decades, we have witnessed some of the deadly viral epidemics of the 21st century such as the Ebola virus epidemic in West Africa, the 2009 flu pandemic, dengue fever and Zika outbreak especially in Brazil. From such outbreaks occurring unpredictably around the world, global health experts acknowledge viruses now have evolved to rapidly cross international borders.

In 2014, an outbreak of Ebola occurred in West Africa, primarily in Liberia, Sierra Leon and Guinea. The virus took the lives of more than 11,000 people in three countries. Recovery from Ebola is dependent on early disease onset, adequate supportive care, and the patient's immune system.

Influenza outbreaks take place during the winter months. The virus has genetically evolved to continuously modify itself by what is known to be antigenic shift and drift.

In the case of antigenic shift, the virus evades immune system. Another medical concern is dengue virus which is an acute febrile illness. It is transmitted by mosquitos of the genus *Aedes*. This virus was discovered in 1943 by two Japanese scientists in Nakasaki. It is an old virus that has reemerged during the latter half of the 20th century. The infection primarily is caused by four serotypes; DEN-1, DEN-2, DEN3, and DEN-4. Another virus that has crossed international boundaries is Zika virus. Most recently, Venezuela is facing a resurgence in dengue, Zika, Chagas disease and malaria due to its ongoing political and humanitarian crises which have already further compromised it's already existing broken down health system and is seriously threatening its public health infrastructure. Although tremendous progress has been made in the past years to improve epidemiological surveillance and rapid detection of viruses that cross international borders, yet capacity-building for rapid detection and optimal care delivery are just examples of few obstacles and challenges that global health faces especially in resource-limited countries. To meet the global challenges in the context of deadly viral infections, interdisciplinary collaborations facilitate synergism with respect to an optimal healthcare delivery system.

Biography

Dr. Nassiri is a former Associate Dean of Global Health at the Michigan State University (MSU). He also served as MSU director of Institute of International Health. He is currently Professor of Pharmacology and Toxicology, Professor of Family and Community Medicine, and, lecturer in Global Health, Infectious Diseases and Tropical Medicine. He currently works on international public health issues relating to chronic diseases and has expertise in global health. He has made contributions in various fields of medical sciences including clinical investigation and health education. On the basis of his extensive experience and expertise in chronic infectious diseases including HIV/AIDS, TB as well as antimicrobial resistance and human gut microbiome, he developed clinical research programs in Brazil, South Africa, Haiti, Dominican Republic and Mexico. He had served as editorial board member for the journal of HIV and AIDS Review. He is currently on editorial board member for AIDS Patient Care and STDs. Prof. Nassiri has delivered seminar presentations on Tropical Medicine, HIV/AIDS, TB, Global Health and public health interventions in numerous national and international conferences

and workshops. He is internationally recognized for his work in the areas of building effective international partnerships particularly in global health, community health, clinical care capacity building, and technical assistance mechanism. He is the founder of Michigan State University Osteopathic and Primary Health Clinic in Merida, Yucatan, Mexico. He has developed academic and research partnership programs with Federal University of Para Institute of Tropical Medicine in Belem, Brazil.

His research interests are Clinical Pharmacology of HIV/AIDS & TB, human gut microbiome, antibiotic resistance, prevention and control of infectious diseases, neglected tropical diseases, community health, global health, socio-ethical determinants of health, and community-based public health interventions. In collaboration with his Brazilian colleagues, he conducts research in the eastern Brazilian Amazon population on incidence and prevalence of HIV, TB, Hepatitis C, HPV, and antimicrobial resistance.

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Shared literary reading for chronic pain

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In two pilot studies since 2014, the Centre for Research into Reading, Literature and Society has demonstrated alleviation of physical and psychological symptoms in chronic pain sufferers resulting from a literary reading intervention developed and delivered by award winning UK national charity, The Reader. The shared reading model is based on small groups coming together weekly, to read fiction and poetry together aloud, pausing to reflect on how the reading relates to their lives. The reading material ranges across genres, period and is chosen for its intrinsic interest, not pre-selected with a particular condition in mind. Quantitative evidence indicated improvements in mood/pain for up to two days following the reading group while qualitative analysis showed a far greater range in emotional experience and expression compared with the control intervention (cognitive behavioural therapy) as well as the power of the literary material to find (non-threateningly) buried emotional pain (Billington et al, *Journal of Medical Humanities*, 43:3, 155-65, 2016). This research has resulted in the commissioning of a reading group at the pain clinic of Royal Liverpool University Teaching Hospital, UK, over several years.

This presentation will demonstrate the intervention in practice via video footage collected as part of the research in order to give firsthand experience of some of the processes which led to our findings. In addition, the presentation will indicate how qualitative data from our research studies is proving critical to a follow up neuro scientific research study on how literary reading affects the chronic pain brain.

Biography

Josie Billington is Reader and Deputy Director of the Centre for Research into Reading, Literature and Society (CRILS), University of Liverpool. She has led several multi-disciplinary research studies on the value of literary reading in relation to depression, dementia, chronic pain and prisoner health and has published extensively on the power of literary reading to influence mental health and wellbeing, most recently *"Is Literature Healthy?"* She is a Member of the Research Council UK Peer Review College and a National Teaching Fellow. Her edited volume, "Reading and Mental Health", will be published by Palgrave in 2020.

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Interdisciplinary approach towards analgesia in low back pain and lumbo-sacral radiculopathy: Impact of paravertebral infiltrations, laser therapy and deep oscillation (a comparative study of five rehabilitation complexes)

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The goal of current work is to compare the impact of drug therapy versus different pre-formed physical modalities in the complex rehabilitation algorithm of patients with back pain. We observed a total of 455 patients with low back pain and lumbo-sacral radiculopathy; randomized into five therapeutic groups (of 91 patients each one). In all patients we applied a complex physiotherapy programme, including analytic exercises; soft tissue techniques (post-isometric relaxation, stretching, manual massage, tractions and mobilizations); patient education in the back school principles. In patients of the first group (gr 1) we added paravertebral infiltrations (with corticosteroide, lidocaine and B vitamins). In the next two groups a preformed physical modality was included: lasertherapy (gr 2 - Laser) or deep oscillation (DO - gr 3). Patients of the last two groups received combined therapy (drugs plus physical analgesia): gr 4 - infiltrations and laser; gr 5 - infiltrations + DO. Patients were controlled before, during and at the end of the rehabilitation course and one month after its end using

a battery of traditional and contemporaneous methods for objectivization of the vertebral and radicular syndromes (including visual analogue scale of pain, vibroesthesiometry; thermosensibility; lasseque sign; ICF assessment). Based on this detailed qualitative and quantitative evaluation we proved the efficacy of application of paravertebral infiltrations, laser therapy and deep oscillation in the complex rehabilitation algorithm of patients with back pain and lumbo-sacral radiculopathy. Drug therapy is most effective during the first days, physical analgesia begins slowly, but the effect is most durable. We obtained better results in groups with combined therapy (infiltrations and physical analgesia). We discuss some theories, concerning the mechanisms of physical analgesia. Some aspects of spinal biomechanics and kinesiology are mentioned. The evidence proved the better efficacy of combined analgesia in patients with low back pain and lumbo-sacral radiculopathy.

Biography

Ivet B Koleva is a Medical Doctor, Specialist in Physical and Rehabilitation Medicine and in Neurology with European certification in PRM. She defended two theses (Philosophy Doctor and Doctor in Medical Sciences) in the field of Neurorehabilitation. Her scientific interest are in the field of Pain and Physical Analgesia; Grasp and Gait rehabilitation; Functional assessment, etc. Actually, she is Professor at the Medical University of Sofia, Bulgaria.

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