Neuropathic pain

Neuropathic pain is a pain condition that can affect any part of the body

Neuropathic pain is the result of injury or damage caused to the sensory nervous system, which is responsible for transmitting pain-related information from the skin and other parts of the body to the spinal cord and brain. Patients often refer to this condition as 'nerve pain' and report their symptoms as severe, significantly affecting their activities of daily living and quality of life. Neuropathic pain varies in nature and intensity and may get better or worse over time.

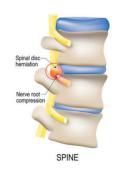
Pain is defined as chronic or persistent if it outlasts the healing process, which is normally three months. A recent study shows that chronic pain affects between one-third and one-half of the population of the UK, corresponding to just under 28 million adults¹. There's an 8-9% estimated prevalence of chronic neuropathic pain. With the increase in life expectancy, the rate is anticipated to rise.













CAUSES AND SYMPTOMS

There are multiple causes of neuropathic pain, the most common being shingles, diabetes mellitus, trapped or compressed nerves (can give rise to radicular pain — often referred to as sciatica), nerve or spinal cord injury, central pain, post-surgical scar pain, post-stroke, cancer, trigeminal neuralgia, post-amputation. infections, chemoalcoholism multiple sclerosis. Complex Regional Pain Syndrome, a severe type of nerve pain, can present with or without an injury.

Neuropathic pain symptoms may be constant or intermittent and are diverse, with descriptors of burning pain, 'pins and needles', electric shocks, sharp, stabbing, cold, or lancinating. Affected areas often feel extremely sensitive to the touch, with an enhanced response to pain, or, in some cases, symptoms include numbness or abnormal sensations.

MANAGEMENT

Persistent pain presents a considerable daily challenge with potentially devastating effects on patients. To successfully manage a chronic pain condition, focus should be on reducing the impact of pain with the aim to improve one's quality of life and long-term physical, functional and emotional wellbeing.

Depending on the type of

pain, assessment is carried out to confirm the diagnosis. It's important for patients early in the illness to be educated neuropathic on pain, the steps necessary to treat this condition and the occupational and lifestyle to adopt. Prevention and dealing with underlying causes such as in diabetes, reduces the incidence and progression of neuropathic pain to a chronic state. There are national and international efforts to increase the awareness and management of this condition.

The International Association for the Study of Pain (IASP) sponsors and promotes the Global Year Against Pain, a yearlong initiative designed to raise international awareness of pain. Each year, IASP focuses on a different aspect of pain that has global implications. 2014-2015 was the Global Year Against Neuropathic Pain.2

PAIN CLINIC

Neuropathic pain is difficult to treat; on the whole, it requires a combination of techniques. Patients whose pain is severe and/or those suffering with considerable effects on their ability to function and quality of life will benefit from attending a pain clinic.

Individualised patient treatment involves a multidisciplinary team and entails a holistic approach that targets pain with medications and appropriate pain procedures. The medications used include anti-depresand anti-convulsants, which target nerves along the pain pathway. Opioids are generally not recommended because of the high risks from their longterm use. Only a few people benefit from opioids (fpm.ac.uk/ opioids-aware).

If the area of pain is localised, it may be amenable to application of local anaesthetic creams/ plasters, capsaicin cream/plaster application (qutenza). Simple techniques like heat and cold, massage and exercises are encouraged.

PAIN INTERVENTIONS

Neuropathic pain interventions can take several forms, from injection of local anaesthetics and/or steroids to a range of stimulation techniques and implants. These are performed close to the nerve or along the pain pathway. Some common treatments include: blocks, dorsal root ganglion and nerve root blocks and Botox. Patients respond variably to injection treatments.

The window of pain relief should be utilised for performance of strengthening and endurance exercises, improving posture and mobility.

To modulate the transmission of pain in the nerves/ nervous system, electrical stimulation techniques like pulsed radiofrequency can be used in the pain clinic. For selected cases, implants such as peripheral or spinal cord stimulation is available in highly specialised centres. There are neuropathic pain conditions that need an operation to relieve nerve or spinal cord compression.

As with any chronic pain condition, effective treatment requires self-management engagement skills. rehabilitation-physiotherapy and, where appropriate, psychologically based therapy. These strategies can be delivered as separate sessions or as part of a multidisciplinary pain management programme.



