

# Managing Neuropathic Pain



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## KEYWORDS

- Neuropathic pain • Neuralgia • Peripheral neuropathy • Radiculopathy
- Anticonvulsants • Interventional treatments • Physical therapy
- Cognitive behavioral therapy

## KEY POINTS

- Neuropathic pain (NP) arises from injuries or diseases affecting the somatosensory component of the nervous system at any level of the peripheral nervous system or central nervous system (CNS).
- Regardless of location of injury, NP is diagnosed based on common neurologic signs and symptoms that are revealed by history taking and on physical examination.
- NP is best treated with a combination of multiple therapeutic approaches, which starts with patient education, and the treatments include conservative, complementary, medical, interventional, and surgical treatment modalities.
- Goals of treatment are the same as in pain management in general, and they include improvement in pain control and in coping skills as well as restoration of functional status. Early identification of realistic treatment expectations is the key to building a successful relationship with a patient suffering from NP.
- In most instances when treating chronic NP, the approach to pain management begins with conservative therapies and advances to more interventional ones only when earlier modalities do not meet goals of pain relief and improved function, because risks increase with the invasiveness of the therapies. Most patients with NP benefit most from an individualized, multimodal approach that emphasizes both pain and function.

## ASSESSMENT OF NEUROPATHIC PAIN

The identification of NP, as with other medical conditions, relies on obtaining a detailed history and careful physical examination. It ultimately reflects a constellation of signs and symptoms and so, unlike other conditions, there is no specific test that

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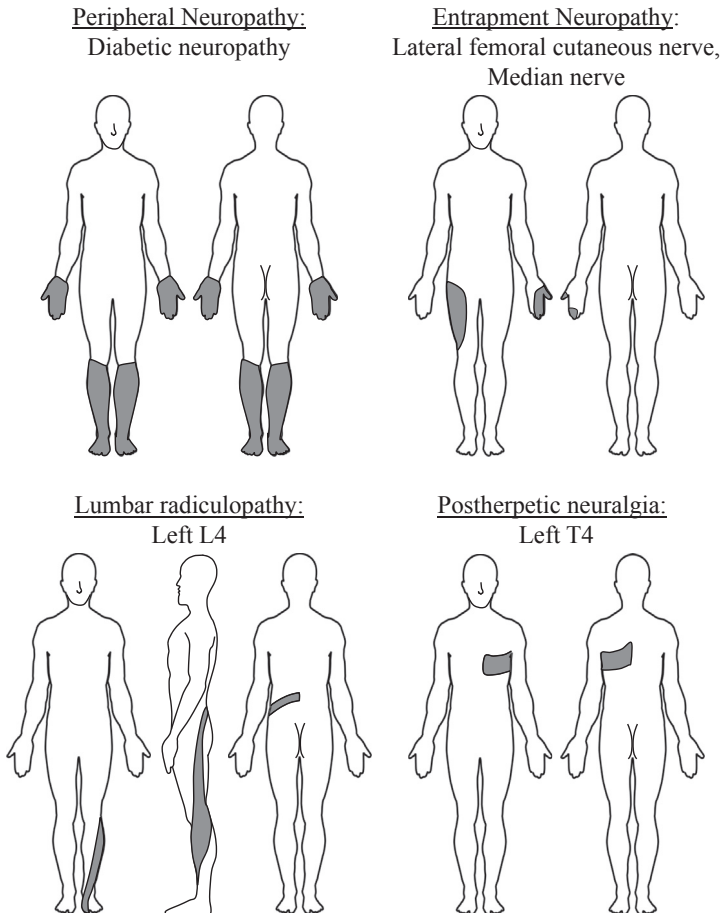
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can confirm its presence. In addition, NP can result from a wide variety of causes; therefore, classification of a patient's pain as neuropathic necessitates subsequent investigation of an underlying cause or multiple causes. Fortunately, NP is relatively straightforward to determine and its identification can be quickly mastered by any conscientious medical practitioner.

### ***History***

The International Association for the Study of Pain defines NP as “pain caused by a lesion or disease of the somatosensory nervous system.”<sup>1</sup> The definition implies that a demonstrable cause should be sought and traced to a sensory component of the nervous system with a corresponding spatial distribution pattern that reflects the affected nerve supply. Examples include dermatomal NP and other sensory symptom distribution caused by disk herniation and impingement on spinal nerve roots, stocking and glove peripheral neuropathy caused by HIV or diabetes, painful extremities in complex regional pain syndrome (CRPS), and wider areas of pain affected multiple sclerosis lesions (**Fig. 1**). Pain associated with all of these lesions share many common features that are crucial elements of the history suggestive of NP. There



**Fig. 1.** Representative pain diagrams of 4 distinct neuropathic pain conditions.

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