

Hong Kong Pain Society Annual Scientific Meeting 2010

Workshop 2 - Assessment of Neuropathic Pain in Primary Care

Time: 1400 – 1600

Venue: Queen Elizabeth Hospital

Neuropathic pain has been known for centuries and mostly been appreciated in the setting of traumatic nerve injury as seen e.g. following amputation, but also in central lesions such as stroke or spinal cord lesions. Neuropathic pain have been classified in various ways including a classification on basis of symptoms, etiology or anatomical location. A symptom based description includes characteristics such as burning, smarting sticking, stabbing lancinating electric, shooting pains. Recently screening tools have been introduced to classify neuropathic pains mainly based on the characteristic symptoms observed. An etiological classification attempts to classify pains based on the underlying pathology such as neuropathy, herpes zoster, nerve cut, spinal cord injury etc. The anatomical classification of neuropathic pain divides pain according to the location of the lesion i.e. the peripheral nerves, nerve roots, spinal cord, brain etc. None of these classifications are ideal and has the ability to grasp all features of neuropathic pain.

Neuropathic pain has by the International Association for the Study of Pain (IASP) been defined as pain initiated or caused by a primary lesion, dysfunction or transitory perturbation in the peripheral or central nervous system. With this definition a variety of conditions such as fibromyalgia, chronic low back pain, chronic regional pain syndrome (CRPS) and whiplash associated disorder are included under the umbrella of neuropathic pain, which may be difficult to distinguish from proper neuropathic pain. As a consequence of this unclarity a new and more distinct definition of neuropathic pain has been proposed. According to this neuropathic pain is now defined as pain arising as a direct consequence of a lesion or disease affecting the somatosensory system. Without a gold standard for what constitutes neuropathic pain it is necessary to introduce a grading system with increasing evidence of neuropathic pain. In the new proposal it is suggested that neuropathic pain is graded into 3 categories: *possible, probable and definite* neuropathic pain. In the primary care setting time constraints and lack of specific knowledge in certain cases may limit the ability to obtain higher level than “possible” neuropathic pain. The use of this classification scheme in primary care will be described.