



**10<sup>th</sup> EFIC BERGAMO PAIN SCHOOL IN:  
“NEUROPHATIC PAIN”  
8<sup>th</sup> - 11<sup>th</sup> October 2018  
Preliminary program**

**Aim**

*The recognition that a disease or a lesion of the somatosensory system itself can be associated with the experience of pain has been a major insight. The recent change in the definition of neuropathic pain and its role as a descriptor has prompted a reappraisal of how to deliver this topic (EFIC Core Curriculum for the European Diploma in Pain Medicine - 3.2). The **Bergamo EFIC School** will assist pain clinicians to refine their clinical neurological diagnostic and assessment approach to identify neuropathic pain and to improve their ability to interpret clinical, instrumental and laboratory finding and to establish the most appropriate treatment.*

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## **Preliminary Scientific Programme**

**MONDAY, 8<sup>th</sup> October**

### **FROM 8:30 TO 13:00**

#### **08:30 – 10:30 Definition and mechanisms of pain. Translation of symptoms into pain mechanisms**

This pivotal lecture will cover mechanisms of pain in the context translation to patients.

Transduction, Transmission: Perception. Modulation. Nociception and pain. Pain without nociception and nociception without pain. Nociceptive and neuropathic pain

### **FROM 10:30 TO 11:00**

#### ***Coffee Break***

#### **11:00 – 12:00 A neuroanatomy refresh- Part I & II**

##### **Part I - Pain generators in the nervous system.**

“Where” a neurological lesion or disease might express itself with neuropathic pain (peripheral or central),

##### **Part II - How a neurological lesion or disease might express itself**

Positive (allodynia, hyperalgesia, hyperpathia) and/or negative sensory symptoms with other (motor, vegetative) symptoms and how to identify neuropathic pain as a player in those conditions.

#### **12:00 – 13:00 Pain questionnaires, diaries, pain mapping, quality of life and ADL questionnaires: when and how to use them. Assessment of patients with barriers to communication. D**

A critical reappraisal of their usefulness and limits with special regards on **Neuropathic pain questionnaires** (LANSS; BPI, NPQ, DN4 etc ;).

Infants, children, patients with cultural, educational or language barriers to communicate, adults with cognitive problems, intubated or in minimally conscious state patients pose a difficult task. As a consequence there are no shared guidelines that can help the clinician in assessing and treating pain.

### **FROM 13:00 TO 14:00**

#### ***Lunch break***

### **FROM 14:00 TO 18:00**

#### **14:00 –16:00 Objective pain diagnostics: theory and practice – Part 1**

**Routine neurophysiology (Clinical indications and limitations)** EMG, ENG, Reflex responses (blink, RaIII).

**SEPs, PEPs, CHEPS** (different somatosensory evoked potentials from different types of stimuli and their meaning).

**Testing the autonomic nervous system in clinic.**

**Quantitative Sensory Testing (thermal, vibratory) examination in normal subjects.**



FROM 16.00 TO 16.30

***Coffee break***

**16.30-18.00 Afternoon Practical training**

Participants will carry out exercises planning a diagnostic workout for neuropathic pain and applying some of the above-mentioned techniques (e.g. nerve conduction velocity, QST, vegetative tests ,etc) on themselves.

They will also use and compare different pain questionnaires on themselves.

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## TUESDAY, 9<sup>th</sup> October

### FROM 8:30 TO 13.00

#### **Objective pain diagnostics: theory and practice – Part 2**

**08:30 – 09:15 The skin biopsy: the intra epidermal nerve fibres density (IENFD).**

**09:15 – 10:15 The imaging of pain.**

### FROM 10:15 TO 10.45

#### **Coffee Break**

**10:45 – 11:30 Clinical red flags, laboratory red flags** (blood samples for inflammatory markers, etc.) Key points to make a differential diagnosis between nociceptive and neuropathic pain. In the rheumatologic patient.

#### **11:30 –13:00 The clinical examination of the chronic neuropathic pain patient**

This pivotal tutorial will examine diagnostic approaches to most common pain syndromes in neurology i.e.: painful diabetic polyneuropathy, post herpetic neuralgia, entrapment neuropathies (including complicated low back pain).

- Data from clinical evidence and case scenarios are presented and discussed in relation with guidelines on Neuropathic pain (IASP NeupSig EFNS etc)
- Diagnostic work-up of neuropathic pain flow chart
- QST interpretation in pain medicine
- Pressing issues

### FROM 13:00 TO 14:00

#### **Lunch break**

### FROM 14:00 TO 18:00

#### **Afternoon Practical training**

#### **14:00 – 16:30 The clinical examination of the chronic neuropathic pain patient in practice**

Under the guidance of an expert clinician, participants will have the opportunity to participate to an outpatient consultation of the most common pain syndromes in neurology painful diabetic polyneuropathy, post-herpetic neuralgia, limb nerve entrapment neuropathies (including complicated low back pain).

### FROM 16.15 TO 16.45

#### **Coffee break**

**16:30 – 18:00 The QST examination in patients** Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, role playing and multimedia simulations including QST testing.



## WEDNESDAY, 11<sup>th</sup> October

### FROM 8:30 TO 13.00

**08:30 – 9:30 Guidelines on the pharmacological treatment of neuropathic pain: which one and what revision.**

**09:30 – 10:30 Drug classification and terminology from a pain medicine perspective. Part-I**

Drugs acting on transduction: nociceptor activation and peripheral sensitization

Drugs acting on transmission (from periphery to spinal cord; central sensitisation)

### FROM 10.30 TO 11.00

**Coffee break**

**11:00-12:00 Drug classification and terminology from a pain medicine perspective. Part II**

Drugs acting on modulation (descending pathways)

Drugs acting on perception

**12:00- 12:30 Associated therapeutic goals ( sleeping disorders, depression etc)**

**12:30 – 13:00: Cannabinoids**

### FROM 13:00 TO 14:00

**Lunch break**

### FROM 14:00 TO 18:00

**14:00-14:30 Topical treatments**

(Ketamine, Baclofen, Lidocaine, Capsaicin, Benzodiazepine, etc)

**Physical modalities for pain control Part I II & III**

**14:00 – 16:00 Part I – Non invasive physical treatments**

- TENS (and non invasive electrotherapy in general);
- Heat & Cold;
- LASER;



- Mechanical stimulation (painful and non painful stimulation, including acupuncture, vibration and massage)
- Physiotherapy and movement

**FROM 16.00 TO 16.30**

***Coffee break***

**16:30 – 18:00 Part II - Mirror Therapy, Imagery, “Pain box”**

**Aperitif session**

**Wine tasting and the psychophysical approach to pain perception. Is pain a “simple experience”?**

Attendants will describe sensations evoked by different stimulations (including wine tasting) to understand how sometimes can be difficult to describe them.



## THURSDAY, 12<sup>th</sup> October

### FROM 8:30 TO 13.00

**08:30 – 10:30 Physical Therapy for pain control Part I II & III**

**Part III – Invasive or minimally invasive treatments using physical agents**

- Neuromodulation (SCS and related techniques): evidence based evaluation

### FROM 10.30 TO 11.00

**Coffee break**

**11:00 – 12: 00**

- Heat and cold for thermoablation and related techniques
- Radiofrequency

**12:00 – 12: 30** When to use or not to use invasive or minimally invasive treatments using physical agents: a real word analysis

**12:30 – 13.00 Take home messages & Learning questionnaires**

In this setting, the clinical and diagnostic tools learned during the School will be discussed and compared, with teachers, in relation to real clinical cases.

### FROM 13:00 TO 14:00

**Lunch break**

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## General information

School's Director: [robertocasale@habilita.it](mailto:robertocasale@habilita.it)

School's Secretariat: [efic@defoe.it](mailto:efic@defoe.it)

## School Venue



**Habilita Care & Research Hospitals**  
San Marco Branch, Piazza della Repubblica, 10  
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## Organizing Secretariat



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