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Neuropathic Pain

DEBRA NELSON-HOGAN
Editor

"My hand feels like it is on fire,"

is what a person with neuropathic pain might report. It could also be their foot or even their entire body that is experiencing the burning sensation of this "hard-to-diagnose, no picnic to treat" debilitating condition. Last March, the Neuropathic Pain Network estimated that neuropathic pain affects the lives of 2.8% to 4.7% of the world's population. Neuropathic pain can significantly impact lives by leaving many people unable to work, walk, or even wear clothes, since the contact of cloth with their skin can cause an unbearable burning sensation.

If unbearable burning pain is one of the hallmark symptoms of neuropathic pain and a large portion of the world population is affected by this condition, why do patients still have to wait an average of 19 months and visit two or more doctors before they receive an accurate diagnosis? Data from the Neuropathic Pain Network's seven-country survey (United Kingdom, Germany, Italy, Korea, Mexico, Spain, and Finland) suggest the reason may be that first line diagnosticians, generally primary care physicians, do not readily recognize neuropathic pain nor differentiate it from other pain conditions.

The problem seems to stem from an overall lack of education and awareness about neuropathic pain on the part of clinicians and, perhaps, an inability of patients to accurately communicate their symptoms and medical histories. This shared responsibility for leaving neuropathic pain undiagnosed or misdiagnosed may also be hampered by the lack of appropriate language to describe the pain, the lack of standard screening tools for clinicians, and an inadequate amount of time devoted to diagnosis.

This issue of *The Pain Practitioner* is focusing on several aspects of neuropathic pain. We start of with a discussion of post amputation pain (PAP). **Norm Harden, MD**, Medical Director for the Center of Pain Studies at the Rehabilitation Institute of Chicago, is characteristically blunt in his interview about what started as a question about phantom limb pain and evolved into a discussion of the diagnosis and treatment of the several types of PAP. Regarding diagnosis, he says, "Hopefully, clinicians are thorough with the history and physical exam, and will let their patients 'tell' them what they need to know."

Suelane Do Ouro, MD, attending physician at Beth Israel Medical Center in New York, talked to me about the challenges for a clinician in treating neuropathic pain, and managing patient goals and expectations. "I work very hard to make the patient understand the goal is to manage pain, not cure it. Especially with chronic pain, patients need to understand that chronic pain is a chronic disease. I compare it with diabetes because most people understand that once you are diagnosed all you can do is control it, not cure it," she says.

Melanie Swan, OTR/L, tells us that although most physical and occupational therapists are introduced to the pathophysiology and treatment of myelopathy, neuropathy, and neuroma during their clinical education, few clinicians enter practice with a strong repertoire of treatment approaches for CRPS. She writes about physical therapy treatments for the person with CRPS, one of the most debilitating and hard to treat neuropathic pain disorders.

Patient and physician communication is the subtext of many of the articles in this issue. **Jeff Unger, MD**, talks about obstacles surrounding the diagnosis and management of diabetic neuropathy. This study-based article talks about how to talk about diabetic neuropathy treatment with patients.

To round out this issue of neuropathic pain, we have included some resources for those of you who want additional material.

In addition to the neuropathic pain focus, we have several other articles that should interest you. **Sarah Whitman, MD**, a psychiatrist who has a private practice in Philadelphia and is on the faculty of Drexel University, shares exercises on mindfulness that she uses with people in pain.

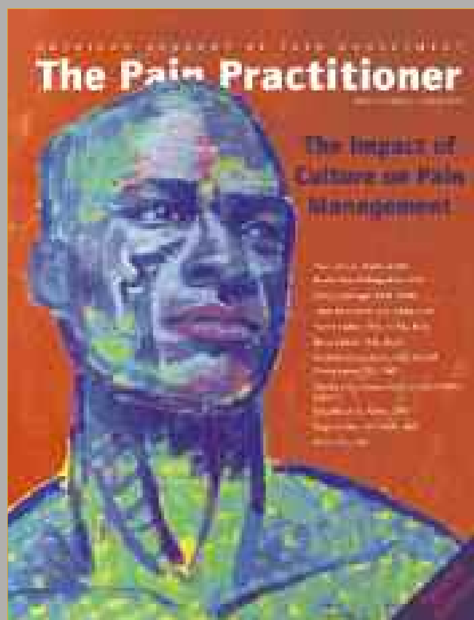
Finally, **Lynn Webster, MD**, Medical Director, Lifetree Clinical Research and Pain Clinic, Salt Lake City, Utah talked to us about the Zero Unintentional Deaths Campaign to educate clinicians and patients about the potential for accidental overdose of methadone, a particularly good analgesic, especially for neuropathic pain. However, methadone, which has a poorly-understood respiratory depressant aspect, was mentioned in 13% of all U.S. drug-related deaths in 2004, up from 4% just 5 years earlier.

As always, we appreciate your feedback and comments.

OMMISSION:

In the summer 2007 issue of *The Pain Practitioner* the following statement was not included at the end of an article entitled “Closing: A Last Word,” by Betty Ferrell, PhD, FAAN, and Chan Thai, BA:

Material was adapted from the book in press by Betty Ferrell and Nessa Coyle, *The Nature of Suffering and the Goals of Nursing*, (Oxford University Press, 2008).



ERROR:

In addition, we apologize for misspelling Dr. Gloria Juarez’s name. Dr. Juarez, PhD, RN, was interviewed by Shirley Otis-Green for article/interview called “Working with Cultural Groups: Some Practical Suggestions.”

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