

## Aim

Physicians from many different specialities are increasingly involved in Pain Medicine. The EFIC Bergamo Pain 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.

## EFIC President

Chris Wells | UK

## Board of Directors

Roberto Casale | Italy  
Elon Eisemberg | Israel (EFIC Executive Board)  
Magdi Hanna | UK  
Per Hansson | Sweden- Norway

## Faculty

Didier Bouhassira   France	Carlo Porro   Italy
Antonio De Tanti   Italy	Paola Sacerdote   Italy
Anthony Dickenson   UK	Piercarlo Sarzi-Puttini   Italy
Luis Garcia-Larrea   France	Riccardo Torta   Italy
Maria Nolano   Italy	Valeria Tugnoli   Italy

## Course Venue



Habilita Care & Research Hospitals  
San Marco Branch,  
Piazza della Repubblica, 10  
24122 - Bergamo, Italy

## General Information

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

More details at:  
[www.painschool.eu](http://www.painschool.eu)  
[www.efic.org](http://www.efic.org)

## Organizing Secretariat



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8<sup>TH</sup> EFIC BERGAMO PAIN SCHOOL  
"NEUROPATHIC PAIN"

10<sup>th</sup> - 13<sup>th</sup> October 2016

**Roberto Casale, MD, PhD**

Scientific Director, Habilita Care And Research Rehabilitation Hospitals  
EFIC Bergamo Pain School, Director

Course Venue



Piazza della Repubblica, 10  
24122 - Bergamo, Italy

Endorsed by  
European Pain Federation EFIC®



Welcome Message from EFIC® President | [Chris Wells](#)

Opening Lecture: Definition and mechanisms | [A. Dickenson](#)  
of pain. Translation of symptoms into pain mechanisms

The 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

Pain generators in the nervous system: a neuroanatomy refresh | [R. Casale](#)  
"Where" a neurological lesion or disease might express itself with neuropathic pain (peripheral or central).

Neurological lesion or disease | [D. Bouhassira](#)

How a neurological lesion or disease express themselves in terms of positive and/or negative sensory symptoms with other (motor, vegetative) symptoms and how to identify neuropathic pain as a player in those conditions.

Coffee Break

Pain questionnaires, diaries and pain mapping | [D. Bouhassira](#)

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

Lunch Break

FROM 2.30 TO 6 pm

Objective pain diagnostics: theory | [L. Garcia-larrea](#)

Assessment of patients with barriers to communication | [A. De Tanti](#)  
Infants, children, patients with cultural, educational or language barriers to communicate, adults with cognitive problems, intubated or in minimally conscious state pose a difficult task. As a consequence there are no shared guidelines that can help the clinician in assessing and treating pain.

Afternoon Clinical Practical training | [A. De Tanti](#)

Under the guidance of experts participants will have the opportunity to participate in assessing pain in minimally conscious state patients.

Objective pain diagnostics: practice

(with the help of Drs N. Tajocchi, A. Furnari, A. Lamanna)

- Routine neurophysiology (Clinical indications and limitations)
- EMG, ENG, Reflex responses (blink, RaIII)
- PEPs, CHEPS etc
- Quantitative Sensory Testing (thermal, vibratory) examination in normal subjects
- Participants will carry out exercises applying QST on themselves.

Objective pain diagnostics: theory and practice – Part 2

The skin biopsy: the intraepidermal nerve fiber density (IENFD) | [M. Nolano](#)

The imaging of Pain | [C. Porro](#)

Autonomic nervous system testing | [V. Tugnoli](#)

Coffee Break

How to interpret inflammatory flags in the differential | [P. Sarzi-Puttini](#)  
diagnosis between nociceptive and neuropathic pain

Clinical red flags

Laboratory red flags (blood samples for inflammatory markers, etc.)

The clinical examination of the chronic neuropathic pain patient | [P. Hansson](#)

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

Lunch Break

Afternoon Practical Training

The clinical examination of the chronic neuropathic pain patient | [P. Hansson](#)  
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, postherpetic neuralgia, limb nerve entrapment neuropathies (including complicated low back pain).

Coffee Break

The QST examination in patients | [P. Hansson](#)

(with the help of A. Lamanna for the technical part)

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.

Guidelines on the pharmacological treatment of neuropathic pain: which one and what revision

Part-1 | Drug classification and terminology from a pain | [P. Sacerdote](#)  
medicine perspective

Drugs acting on transduction: nociceptor activation and peripheral sensitization  
Drugs acting on transmission (from periphery to spinal cord; central sensitisation)

Topical treatments | [R. Casale](#)

Ketamine, baclofen, Lidocaine, capsaicine, benzodiazepine

Coffee Break

Part 2 | [R. Torta](#)

Drug classification and terminology from a pain medicine perspective.

Drugs acting on modulation (descending pathways)

Drugs acting on perception

Pain, immunity, depression

Lunch

FROM 2 TO 3.30 pm

Guidelines on central neurostimulation therapy in chronic pain conditions

[P. Hansson](#)

Aperitif session | [R. Casale](#)

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.

Nociceptive neuropathic or mixed in cancer and non-cancer | [M. Hanna](#)  
pain patients: a reappraisal of unclear concepts

Why and how can cancer pain differ from nociceptive or neuropathic pain.

Coffee Break

Critical Appraisal of Surrogate Human Pain Models: | [M. Hanna](#)  
can they be used for translational research

This lecture will cover all available human pain models from Electrical, chemical to cold etc

Take home messages | [Faculty](#)

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.

End of the Course