

Aim

Many specialists from different countries and a variety of branches of medicine are increasingly involved in Pain Medicine. This is certainly a boost to cultural richness. However, this creates a point of weakness in the lack of uniformity of clinical approaches to the patient and in the different uses of the various available diagnostic tools.

The Montescano School will help pain clinicians to refine their clinical neurological approach and to improve their ability to interpret instrumental and laboratory findings. For the many who do not work in a multidisciplinary team or who rely on external support, the School will also provide the skills for a better understanding of the various diagnostic tests.

Faculty

Allegri Massimo
Bhaskar Arun Kumar
Braš Marijana
Caporali Roberto
Casale Roberto
De Benedittis Giuseppe
Dickenson Anthony
Eisenberg Elon
Giamberardino Maria Adele
Hansson Per
Marini Maria Giulia
Mercadante Sebastiano
Sittl Reinhard

Course Venue



Casa di Cura Privata Piacenza S.p.A.
Via Morigi, 41 - Piacenza

Organizing Secretariat



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6TH MONTESCANO EFIC SCHOOL IN: NEUROLOGICAL DIAGNOSIS IN CHRONIC PAIN "Clinical and instrumental processes"

27th - 30th October 2014

Course Venue
Casa di Cura Privata Piacenza
Via Morigi, 41 - Piacenza

School Director: Dr. Roberto Casale
www.montescanoschool.eu

Endorsed by
European Pain Federation EFIC[®]



MONDAY

Opening Message

- Message from Elon Eisenberg on behalf of EFIC (Executive Board Member)
EFIC Initiatives

The outpatient | M. Braš

In outpatient practice it is important to make a first essential screening (neuropathic, nociceptive, mixed pain). The aim of this section is to give a quick reference flow chart for clinicians mainly working in outpatient clinics.

The interview: empathy for the devil?

- how to improve the patient/doctor relationship
- what the patient tries to tell us about her/his pain
- is empathic approach needed

The ABC of the clinical examination of the somatic sensory system

R. Casale

Minimum instrument set needed and how to use it (hammer, tuning fork, Von Frey hairs, heat and cold, dermatographic pencil)

- Mechanical static, dynamic, deep somatic
- Mechanical pinprick
- Thermal (heat & cold)

The associated motor impairment | R. Casale

- Voluntary, autonomic
- Peripheral, central

Questionnaires and diaries | R. Casale

How to make easy and fast recordings of the clinical picture (analogic, semantic, numerical)

- Complex pain questionnaires and specific, disease-oriented questionnaires
- Quality of life, ADL; Motor impairment

Cartography of pain | R. Casale

- Where the signs and symptoms are perceived and found
- Pain drawing and pain mapping.

Afternoon Practical Training | R. Casale

Visit to the Dept. Clinical Neuropsychology & Pain Rehabilitation Unit, Montescano (PV)

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

Is pain a "simple experience": Psychophysical approach to pain perceptions and hierarchy

The instrumental examination of the somatic sensory system: basics
Quantitative Sensory Testing

Routine neurophysiology testing (clinical indications and limitations)

- EMG ENG
- Reflex responses (blink, RaIII)

Special neurophysiology testing (clinical indications and limitations)

- Microneurography
- Evoked potentials (LASER, dermatomeric, SSEP)
- Brain mapping

Guest lecture on "Diagnosis and treatment of difficult pain in cancer patients" | S. Mercadante

TUESDAY

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
- Symptoms and questionnaires utility for NeP identification
- QST interpretation in pain medicine
- Pressing issues

The clinical examination of muscle and visceral pain | M. A. Giamberardino

Diagnosis and differential diagnosis of different forms of primary and secondary muscle pain, and of different visceral pain phenomena (true visceral pain, referred pain with and without hyperalgesia, visceral hyperalgesia, viscerovisceral hyperalgesia)

- Clinical procedures
- Instrumental procedures

Pain Tournament or Europe against Pain

The First Challenge | Cases reports from Massimo Allegrì

Under the guidance of an expert clinician, a tournament will be organized between participants to verify the level of knowledge acquired after this session. The tournament consists of simulated cases within a range of pain topics from those most frequently seen in the outpatient setting. The aim is to make this an educational exercise while introducing the fun of a competition. The winner will be the participant who obtains the diagnosis in the shortest possible time with the most limited and best use of the laboratory results.

Afternoon Practical Training

The clinical examination of the chronic neuropathic pain patient in practice
Per Hansson

Under the guidance of an expert clinician, 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.

Participants will also have the opportunity to participate to an outpatient consultation and QST testing in some of the most common pain syndromes in neurology painful diabetic polyneuropathy, post herpetic neuralgia, limb nerve entrapment neuropathies (including complicated low back pain).

WEDNESDAY

How to interpret inflammatory flags in the differential diagnosis between nociceptive and neuropathic pain | R. Caporali

Clinical red flags

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

Translation of symptoms into pain mechanisms: a dictionary

A. Dickenson

The lecture will cover the peripheral, spinal and supraspinal mechanisms of pain as evidenced from preclinical studies but in the context translation to patients. Allodynia, hyperalgesia, ongoing pain will be covered.

- Neuropathic, inflammatory and visceral pain mechanisms
- Peripheral sensitization, central sensitization – what these may mean in terms of signs and symptoms
- Can the actions of drugs aid us in terms of understanding pain mechanisms?

Minimally invasive procedures for Peripheral Neuropathic Pain: what to ask for and how to interpret it | A. Bhaskar

Diagnostic peripheral nerve and central neuraxial blockade

- Electrostimulation (SCS, PNS, etc.)
- Bier's blockade with different compounds
- Systemic lidocaine test
- Pharmacological tests

Polling Session:

Use of diagnostic work-up algorithm for inpatient clinical diagnosis in the multidisciplinary approach of the highly complex patient's chronic pain

Afternoon Practical training

Neuropathic or Nociceptive. Rephrasing unclear concepts, uneasy questions from the Participants | R. Sittl

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

THURSDAY

The inpatient:

difficult diagnosis and difficult patients | G. De Benedittis

A patient is referred to a pain clinic mainly for further investigations, confirmation of the diagnostic hypothesis or to start a given treatment. Quite often they can be defined as "difficult patients". In this setting the clinical and diagnostic tools should be used to define the type of pain precisely and determine the possible sites of action of the therapeutic options.

- The multidisciplinary approach and the critical revision of the highly complex patient's history
- Chronic pain and the psychological profile of the difficult patient
- The neuro-psycho-social model

How to use narrative medicine to disentangle the management of chronic pain person | M. G. Marini

- Introduction to narrative medicine: storytelling applied to health care.
- Narrative tools: parallel chart, patient's diary, free and semi-structured stories.
- Storytelling and health care professionals in prevention of burn out: writing as a pragmatic tool.
- Analysis of stories and texts (verbal and non verbal)

Pain Tournament or Europe against Pain | The Final Challenge

R. Casale

Under the guidance of an expert clinician the "losers" of the First Challenge will have a second chance to tackle more complex and challenging cases of chronic pain. As for the First Challenge, the tournament will consist of simulated cases within a range of highly complex pain topics. The aim is always to make this an educational exercise but with the excitement of a competition.

FROM 2 to 3 pm

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.