

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.

EFIC President

Bart Morlion | Belgium

Board of Directors

Roberto Casale | Italy

Silviu Brill | Israel

Per Hansson | Sweden- Norway

Faculty

Silviu Brill | Israel

Didier Bouhassira | France

Roberto Casale | Italy

Anthony Dickenson | UK

Per Hansson | Sweden

Luis Garcia Larrea | France

Maria Nolano | Italy

Piercarlo Sarzi-Puttini | Italy

Paola Sacerdote | Italy

Riccardo Torta | 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

School's Secretariat: efic@defoe.it

More details at:
www.painschool.eu
www.efic.org

Organizing Secretariat



CME Provider ID 199

Tel.: +39.0523.338391 - Fax: +39.0523.1860018

efic@defoe.it - www.defoe.it



9th EFIC BERGAMO PAIN SCHOOL "NEUROPATHIC PAIN"

9th - 12th October 2017

Roberto Casale

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

Course Venue

HABILITA
Hospitals & Research

Piazza della Repubblica, 10
24122 - Bergamo, Italy

Endorsed by
European Pain Federation EFIC®



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

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

Coffee Break

A Neuroanatomy refresh - Part I & II

Part I - Pain generators in the nervous system | [R. Casale](#)

"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 |

[D. Bouhassira](#)

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.

Pain questionnaires, diaries and pain mapping, quality of life and ADL questionnaires: when and how to use them. Assessment of patients with barriers to communication | [D. Bouhassira](#)

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 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 2 TO 6 pm

Objective pain diagnostics: theory and practice - Part I

Routine neurophysiology (Clinical indications and limitations) EMG, ENG, Reflex responses (blink, Ralll). | [L. Garcia-Larrea](#)

SEPs, PEPs, CHEPS (different somatosensory evoked potentials from different types of stimuli and their meaning). | [L. Garcia-Larrea](#)

Testing the autonomic nervous system in clinic. | [V. Tugnoli](#)

Quantitative Sensory Testing (thermal, vibratory) examination in normal subjects. | [R. Casale](#)

Coffee Break

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.

TUESDAY | 10 October 2017

FROM 8.30 TO 1 pm

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

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

Coffee Break

Clinical red flags, laboratory red flags | [P. Sarzi-Puttini](#)

(blood samples for inflammatory markers, etc.) Key points to make a differential diagnosis between nociceptive and neuropathic pain. In the rheumatologic patient

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 in practice | [P. Hansson](#)

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](#)

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 October 2017

FROM 8.30 TO 1 pm

Guidelines on the pharmacological treatment of neuropathic pain: which one and what revision | [P. Hansson](#)

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

Drugs acting on transduction: nociceptor activation and peripheral sensitization

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

Coffee Break

Drug classification and terminology from a pain medicine perspective - Part II | [R. Torta](#)

Drugs acting on modulation (descending pathways)

Drugs acting on perception

Associated therapeutic goals (sleeping disorders, depression etc) | [R. Torta](#)

Cannabinoids | [S. Brill](#)

Lunch Break

FROM 2 TO 6 pm

Topical treatments | [R. Casale](#)

Ketamine, Baclofen, Lidocaine, Capsaicine, Benzodiazepine etc.

Physical modalities for pain control Part I II & III

Part I - Non invasive physical treatments | [R. Casale](#)

- TENS (and non invasive electrotherapy in general);
- Heat & Cold;
- LASER;
- Mechanical stimulation
- Physiotherapy and movement

Coffee Break

Part II - Mirror Therapy, Imagery, "Pain box" | [R. Casale](#)

Aperitiv Session - Wine tasting and the psychophysical approach to pain perception. Is pain a "simple experience"?

Attendants will describe sensations evoked by different stimulatsns (including wine tasting)

THURSDAY | 12 October 2017

FROM 8.30 TO 1 pm

Physical Therapy for pain control Part I II & III

Part III – Invasive or minimally invasive treatments using

physical agents | [S. Brill](#)

Neuromodulation (SCS and related techniques): evidence based evaluation

Coffee Break

Heat and cold for thermoablation and related techniques
Radiofrequency

When to use or not to use invasive or minimally invasive treatments using physical agents: a real word analysis

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.

Lunch Break