

## 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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ROBERTO CASALE	SYMEONIDOU ZAIRA
ANTHONY DICKENSON	PAOLA SACERDOTE
PER HANSSON	RICCARDO TORTA
JAN M KEPPEL HESSELINK	VALERIA TUGNOLI
LUIS GARCIA LARREA	

## Supported by

**HABILITA**

Hospitals & Research

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

**defoe**®  

CME Provider ID 199

Tel.: +39.0523.338391 - Fax: +39.0523.1860018

[efic@defoe.it](mailto:efic@defoe.it) - [www.defoe.it](http://www.defoe.it)



## 10<sup>th</sup> EFIC BERGAMO PAIN SCHOOL "NEUROPATHIC PAIN"

8<sup>th</sup> - 11<sup>th</sup> October 2018

### Roberto Casale

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

### Course Venue

Centro Congressi Papa Giovanni XXIII  
Viale Papa Giovanni XXIII, 106  
24122 - Bergamo, Italy

Endorsed by  
European Pain Federation EFIC®



MONDAY | 8 October 2018

FROM 8.00 TO 1 pm

Message from EFIC President [Bart Morlion](#) and from HABILITA President [Roberto Rusconi](#)

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

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

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)

Coffee Break (30 minutes)

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, pain mapping, quality of life and ADL questionnaires: when and how to use them | [D. Bouhassira](#)

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

Lunch Break (1 hour)

FROM 2 TO 6 pm

Objective pain diagnostics: theory and practice - Part I

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

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

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

Coffee Break (30 minutes)

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

Afternoon practical training | [R. Casale](#)

The interview: How to collect a pain history in practice and how to use the interview to address physical examination as well as to establish instrumental diagnostic procedures. What the patient tries to tell us about her/his pain. The bio-psycho-social model. Participants will carry out exercises planning a diagnostic workout for neuropathic pain. They will also use and compare different pain questionnaires on themselves.

TUESDAY | 9 October 2018

FROM 8.00 TO 1 pm

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

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

Coffee Break (30 minutes)

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 (1 hour)

FROM 2 TO 6 pm

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).

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 | 10 October 2018

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 (30 minutes)

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)

Discussion on guidelines from a national perspective and introduction to topicals (faculty and attendants)

Lunch Break (1 hour)

FROM 2 TO 6 pm

Topical treatments | [JM Keppel Hesselink](#)

Topical innovation in the treatment of localized peripheral neuropathic pain: the case of phenytoin. The intimate relation between pathogenesis and mechanism of action

Topical treatments with Ketamine, Baclofen, Lidocaine, Capsaicin, Benzodiazepine | [Z. Simeyonidou](#)

Coffee Break (30 minutes)

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 (painful and non painful stimulation, including acupuncture, vibration and massage)

- Mechanical stimulation, Vibration

- Physiotherapy and movement

- Virtual reality, mirror therapy, serious games etc.

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 | 11 October 2018

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 | [A. Bashkar](#)

Neuromodulation (SCS and related techniques): evidence based evaluation

Coffee Break (30 minutes)

Heat and cold for thermoablation  
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.