Neuropathic Pain

Causes, Management, and Understanding
Neuropathic Pain

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Edited by

Cory Toth MD
Associate Professor, Department of Clinical Neurosciences;
Member, Hotchkiss Brain Institute;
Research Director, Calgary Chronic Pain Clinic, University of Calgary and Alberta Health Services,
Calgary, Alberta, Canada

Dwight E. Moulin MD
Professor, Departments of Clinical Neurological Sciences and Oncology;
Earl Russell Chair of Pain Medicine, University of Western Ontario, London, Ontario, Canada
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Contributors

Yohance M. Allette
Department of Cell Biology and Anatomy, Indiana University School of Medicine, Indianapolis, IN, USA

Christophe Altier
Department of Physiology and Pharmacology, Inflammation Research Network, Snyder Institute for Chronic Diseases, University of Calgary, Calgary, Canada

Charles E. Argoff
Department of Neurology, Albany Medical College, Albany, NY, USA

Nadine Attal
INSERM U987, Centre d’Evaluation et de Traitement de la Douleur, Hôpital Ambroise Paré, APHP, Boulogne-Billancourt, and Université Versailles-Saint-Quentin, Versailles, France

Paul J. Austin
Discipline of Anatomy and Histology, School of Medical Sciences, University of Sydney, Sydney, NSW, Australia

Didier Bouhassira
INSERM U987, Centre d’Evaluation et de Traitement de la Douleur, Hôpital Ambroise Paré, APHP, Boulogne-Billancourt, and Université Versailles-Saint-Quentin, Versailles, France

Lynn Kerene Cooper
President, Canadian Pain Coalition

Michael R. Due
Department of Anesthesia, Indiana University School of Medicine, Indianapolis, IN, USA

Mary-Ann Fitzcharles
Montreal General Hospital Pain Centre, Montreal General Hospital, and Division of Rheumatology, McGill University, Montreal, Quebec, Canada

Robyn Flynn
Department of Physiology and Pharmacology, Inflammation Research Network, Snyder Institute for Chronic Diseases, University of Calgary, Calgary, Canada

Andrea D. Furlan
Division of Psychiatry, Department of Medicine, University of Toronto, Toronto Rehabilitation Institute, University Health Network Institute for Work and Health, Toronto, Ontario, Canada

Vishal Gupta
Department of Anaesthesia, Western Infirmary, Glasgow, UK

Maija Haanpää
Department of Neurosurgery, Helsinki University Hospital, HUS, Finland

Jennifer Hah
Division of Pain Management, Department of Anesthesia, Stanford University Medical Center, Stanford, CA, USA

Steven H. Horowitz
College of Medicine, University of Vermont, Burlington, VT, USA

John Hughes
Division of Pain Medicine, James Cook University Hospital, Middlesbrough, UK
**List of contributors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark R. Hutchinson</td>
<td>Discipline of Physiology, School of Medical Sciences, University of Adelaide, Adelaide, Australia</td>
</tr>
<tr>
<td>Dwight E. Moulin</td>
<td>Departments of Clinical Neurological Sciences and Oncology, University of Western Ontario, London, Ontario, Canada</td>
</tr>
<tr>
<td>Scott Jarvis</td>
<td>Multiple Sclerosis Program, Hotchkiss Brain Institute, and the Department of Clinical Neurosciences, University of Calgary, Calgary, Alberta, Canada</td>
</tr>
<tr>
<td>Harsha Nagaraja</td>
<td>Department of Neurology, Albany Medical College, Albany, NY, USA</td>
</tr>
<tr>
<td>Maan Kattan</td>
<td>Departments of Clinical Neurological Sciences and Oncology, Western University, London, Ontario, Canada</td>
</tr>
<tr>
<td>Dontese Nicholson</td>
<td>Division of Pain Management, Department of Anesthesia, Stanford University Medical Center, Stanford, CA, USA</td>
</tr>
<tr>
<td>Lauren Nicotra</td>
<td>Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Adelaide, Australia</td>
</tr>
<tr>
<td>Manpreet Kaur</td>
<td>Department of Neurology, Albany Medical College, Albany, NY, USA</td>
</tr>
<tr>
<td>Harsha Nagaraja</td>
<td>Department of Neurology, Albany Medical College, Albany, NY, USA</td>
</tr>
<tr>
<td>Bradley J. Kerr</td>
<td>Department of Anesthesiology and Pain Medicine and Centre for Neuroscience, University of Alberta, Edmonton, Alberta, Canada</td>
</tr>
<tr>
<td>Anne Louise Oaklander</td>
<td>Department of Neurology and Neuropathology, Massachusetts General Hospital, and Harvard Medical School, Boston, MA, USA</td>
</tr>
<tr>
<td>Krishna Kumar</td>
<td>Section of Neurosurgery, Department of Surgery, Regina General Hospital, University of Saskatchewan, Regina, Saskatchewan, Canada</td>
</tr>
<tr>
<td>John Xavier Pereira</td>
<td>Faculty of Medicine, University of Calgary and Calgary Chronic Pain Centre, Calgary, Alberta, Canada</td>
</tr>
<tr>
<td>Yuen Hei Kwok</td>
<td>Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Adelaide, Australia</td>
</tr>
<tr>
<td>Syed Rizvi</td>
<td>Section of Neurology, Department of Medicine, Royal University Hospital, Saskatoon, Saskatchewan, Canada</td>
</tr>
<tr>
<td>Wojciech Leppert</td>
<td>Department of Palliative Medicine, Poznan University of Medical Sciences, Poznan, Poland</td>
</tr>
<tr>
<td>Lauren Nicotra</td>
<td>Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Adelaide, Australia</td>
</tr>
<tr>
<td>Liang Liu</td>
<td>School of Pharmacy and Medical Sciences, Division of Health Sciences, University of South Australia, Adelaide, Australia</td>
</tr>
<tr>
<td>Stephan A. Schug</td>
<td>Pharmacology and Anesthesiology Unit, School of Medicine and Pharmacology, University of Western Australia and Royal Perth Hospital, Perth, Australia</td>
</tr>
<tr>
<td>Michael Serpell</td>
<td>University Department of Anaesthesia, Western Infirmary, Glasgow, UK</td>
</tr>
<tr>
<td>Gila Moalem-Taylor</td>
<td>School of Medical Sciences, University of New South Wales, New South Wales, Australia</td>
</tr>
<tr>
<td>Amanda Sherwin</td>
<td>Division of Neurology, University of British Columbia, Vancouver, British Columbia, Canada</td>
</tr>
<tr>
<td>Howard S. Smith</td>
<td>Department of Pain Management, Albany Medical College, Department of Anesthesiology, Albany, NY, USA</td>
</tr>
</tbody>
</table>
Peter A. Smith  
Centre for Neuroscience and Department of Pharmacology, University of Alberta, Edmonton, Alberta, Canada

Pam Squire  
Clinical Assistant Professor, School of Medicine, University of British Columbia, Vancouver, British Columbia, Canada

Peter A. Ste-Marie  
Montreal General Hospital Pain Centre, Montreal General Hospital; Faculty of Law, Université de Montréal, Montreal, Quebec, Canada

Patrick L. Stemkowski  
Centre for Neuroscience and Department of Pharmacology, University of Alberta, Edmonton, Alberta, Canada

Nicole M. Sumracki  
Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Adelaide, Australia

Cory Toth  
Department of Clinical Neurosciences, Hotchkiss Brain Institute, and Calgary Chronic Pain Clinic, University of Calgary and Alberta Health Services, Calgary, Alberta, Canada

Krista van Steeg  
Division of Pharmacology, Department of Pharmaceutical Sciences, Faculty of Sciences, Utrecht University, Utrecht, the Netherlands

Jan H. Vranken  
Pain Relief Unit, Department of Anesthesiology, Medical Center Alkmaar, the Netherlands

Bharati Vyawahare  
Department of Anaesthesia, James Cook University Hospital, Middlesbrough, UK

Mark A. Ware  
Alan Edwards Pain Management Unit, McGill University Health Centre, Montreal General Hospital, Montreal, Quebec, Canada

Linda R. Watkins  
Department of Psychology and Neurosciences, The Centre for Neuroscience, University of Colorado at Boulder, Boulder, CO, USA

C. Peter N. Watson  
The University of Toronto Centre for the Study of Pain, Toronto, Ontario, Canada

Fletcher A. White  
Departments of Anesthesia and Cell Biology and Anatomy, Indiana University School of Medicine, Indianapolis, IN, USA
Preface

As neurologists, we remember the stories about epilepsy being in the Dark Ages of treatment. When scribed by the ancient Babylonians 3000 years ago, epilepsy was described as “demons attacking the person.” Different seizures were due to different spirits invading the body. Over time, epilepsy evolved to become the “falling sickness” in the Middle Ages, and the concept of being caused by demons started to fade, but patients with the condition were still kept in mental hospitals. It was only after scientific discoveries over the past century took place that epilepsy was understood to be a treatable brain disorder, and discrimination against epilepsy started to be repealed.

As neurologists, we look at the history of epilepsy and see parallels with that of chronic pain. Today, chronic pain is an evolving condition in many ways. Previously, pain was not seen in the same light. Ancient civilizations believed pain was somehow related to evil and magic; for this reason, the responsibility of treatment was in the realm of sorcerers and priests. After the Middle Ages, just as with epilepsy, understanding started to shift. The brilliant works of Da Vinci assisted in understanding of anatomy, and proposals that the spinal cord could transmit sensations to the brain, the main organ for recognition of pain. When Rene Descartes first described a “pain pathway” in 1664, this led to the concept that pain travelled through one passageway with an anatomical basis. However, treatments largely still consisted of prayer, forms of quackery, or medical devices; other patients simply endured the pain. Then, in the nineteenth century, the first scientific discovery of pain treatment using opioids occurred, even though their use goes back millennia. The past century has yielded custom-designed analgesics and has provided further interpretations of chronic pain including Melzack’s neuromatrix, development of cognitive behavioral therapies, and the impact of genomics.

All of these advances apply to neuropathic pain and yet, a large number of our patients still suffer with refractory neuropathic pain. Although chronic pain has emerged from the Dark Ages, we are still surrounded with uncertainty about best management, a lack of understanding of why acute pain becomes chronic, and intolerability of our best medications in many patients. Clearly, there remains room for improvement in the knowledge of cause, understanding, and management of neuropathic pain. This is the setting for the book in your hands.

Pain management remains a still fledgling field. Not embraced by any one specialty, pain management encompasses several fields within and outside of medicine. As our experience and understanding grow, we fully anticipate the field of pain to become more organized and mature. Simply practicing pain management does not enable one to understand how or why pain may occur, why it varies between individuals, and how it fluctuates based upon emotions, distractions, and even with weather changes. In the future, understanding of chronic pain and even of neuropathic pain is anticipated to contribute to a new unified field of medicine along with partnerships in science and the allied health fields.

This book is designed to provide pain management specialists, but also other healthcare providers and scientists, greater insights into the entire concept of neuropathic pain. Many authors of this book gave long hours of their time to compose chapters at night or during their weekends in order to provide the best educational resource possible. Their product is a book that is a tremendous addition to all reference libraries as well as an enjoyable read. Our chapters weave together a picture of the clinical presentations of pain and the diagnostic testing that may assist in its greater understanding. This is followed by additions explaining our current appreciation of how pain develops and is maintained. Next, this understanding is applied to the most common conditions of neuropathic pain affecting the peripheral and central nervous systems. After the recognition of the condition and
the patient’s state, treatment options are considered individually or in combination. Perhaps the most unusual chapter is a contribution by a chronic pain patient explaining her journey with chronic pain and perspectives not always appreciated by the treating clinician. Once the treatment has begun, outcomes are explored including follow-up chapters on medical outcomes and impact of comorbid psychological and psychiatric conditions. Finally, we culminate with a prognostication on the future of chronic pain concepts and therapies. This unique design and patient perspective input make this book a singular product.

In total, this book provides a head-to-toe overview of neuropathic pain that we hope will be viewed as an important compilation for readers involved in chronic pain as well as those not involved. As editors of these works, we immensely enjoyed both writing and editing this collection, and we hope that you have a similar experience. We would like to thank our families for their willingness to permit us to dedicate our careers to this field, as well as our students, nurses, and assistants whose help over the years has permitted us to stay focused upon the goals of understanding and managing neuropathic pain.

Cory Toth MD
Dwight E. Moulin MD