

SCIENTIFIC APPROACH TO PAIN

Vida Demarin

Department of neurology, University hospital Sestre milosrdnice,
Reference center for neurovascular disorders of the Ministry of health of Croatia
Reference center for headache of the Ministry of health of Croatia

This year 7th symposium on brain dysfunction was held under the auspices of Croatian Academy of Sciences and Arts, Division for Medical Sciences. This year's topic was scientific approach to diagnosis and treatment of pain. Several prominent experts in this field held interesting lectures covering this topic multidisciplinary. The main interest of this symposium was to set the scientific principles of pain diagnosis and treatment.

The International Association for the Study of Pain (IASP) defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."

All pain sensations are carried by nerves and therefore concern neurology. However, not all pain is relevant to neurologic diagnosis. Usually, pain is divided into two major categories. Neuropathic pain is caused by a lesion of the peripheral or CNS and is manifest by sensory symptoms and signs. Somatic pain arises from the stimulation of peripheral nerve endings by lesions in a ligament, joint capsule, muscle or bone.

Chronic pain generally refers to persistent, non-acute, sometimes disabling pain in the extremities or other areas of the body. The pain can be associated with a known cause such as a major or minor injury, or it can be a symptom of a painful chronic condition such as fibromyalgia. It can just as often be of unknown origin. Considerable controversy continues to surround the cause, definition, diagnosis, and treatment of chronic pain.

The term "chronic pain" is not used consistently. The term can refer to pain that has been present for an arbitrarily defined period, for example, longer than 6 months. Alternatively, the term "chronic pain" is often used as a synonym for the term "chronic pain syndrome," a descriptive term used to indicate persistent

pain, subjective symptoms in excess of objective findings, associated dysfunctional pain behaviors, and self limitation in activities of daily living.

Chronic pain syndrome is not the same as acute pain or recurrent acute pain. Acute pain is due to actual or pending tissue damage. Its duration is short and its psychosocial consequences are minimal. A person's perception of acute pain and behavior following the onset of acute pain are commensurate with the inciting event. Acute pain resolves as healing occurs. Acute pain is common, occurring for example with fractured bones, skin lacerations, sprains and other similar events. Recurrent, acute pain refers to episodic pain associated with chronic conditions such as trigeminal neuralgia or cluster migraine headaches.

The management of chronic pain involves a multidisciplinary approach. The therapy of chronic pain includes the use of both non-interventional (pharmacological, psychological, and physical therapy) as well as interventional therapies. Modern approach to pain patients includes proper evaluation of a neurologist, anesthesiologist, dentist, psychiatrist, neurosurgeon and maxillofacial surgeon.

This symposium accentuated the importance of scientific multidisciplinary approach in management of pain patients. Only evidence based medicine offers the possibility of appropriate pain management.