Neurol Sci (2007) 28:161–162
DOI 10.1007/s10072-007-0812-2

NEWS AND VIEWS

P. Marchettini • C. Solaro

To become a pain specialist one has to understand the nervous system, yet the specialists of the nervous system still have a long way to go before understanding pain

A survey on chronic pain in Europe based on a huge population interview available on-line since 2005 reports that an average of 19% of adult Europeans suffer from a chronic pain condition that in 40% of cases is not adequately controlled [1]. More than half of the patients interviewed used NSAIDS as the drug of choice, thus it is tempting to put forward the hypothesis that poor pain management is due to inadequate recognition of the cause of the pain. NSAIDS are not the drug of choice for neuropathic pain, while this type of pain ranks highly among the causes of chronic pain, either as an isolated cause (peripheral neuropathies and central pains) or jointly with osteoarthritis (cervical and lumbar-sacral radiculopathy). Indeed, European physicians still have a long way to go to improve chronic pain management and certainly there is room for improvement in the proper diagnosis of neuropathic pain.

P. Marchettini (✉)
Pain Medicine Centre, Scientific Institute San Raffaele
Via Olgettina 58, I-20132 Milan, Italy
e-mail: marchettini.paolo@hsr.it

P. Marchettini
Pain Physiopathology and Therapy
Professional University School of Lugano
Ticino, Switzerland

C. Solaro
Department of Neurology
ASL3 genovese, Genova, Italy

Thus, the questionnaire on neuropathic pain proposed to European neurologists by Sommer and colleagues is to be praised for fostering awareness of neuropathic pain as a diagnostic challenge among specialists who by tradition have shown little interest in pain management [2]. As acknowledged by the authors, most of the answers come from only 4 countries, albeit with a widespread geographical, cultural and economic representation. The survey reports surprising data, seemingly contradicting the assumption that neurologists are not interested in pain: the majority of the 745 respondents stated they are familiar with neuropathic pain, 33.6% of them declared they see neuropathic pain cases daily and 41.5% weekly.

Unfortunately, on closer scrutiny the data on the European neurologists' expertise in diagnosing neuropathic pain are not so reassuring. The survey collected only the responses of the neurologists willing to answer the questionnaire, a selection that obviously leads to overestimating the findings. In addition, the responses provided do not demonstrate the claimed level of familiarity: the majority of respondents mentioned widespread peripheral neuropathic pain conditions (diabetic neuropathy, radiculopathy and trigeminal neuralgia) that should be familiar to general practitioners, while other common neuropathic pain conditions such as post-herpetic neuralgia and nerve entrapment were mentioned by only one third of the respondents. The percentage of the respondents familiar with central pain and nerve injury pain was less than one quarter; a quite disappointing figure for those who should be specialists in diagnosing neuropathic pain conditions and have a declared interest in the subject.

Given this level of information, the statement that NSAIDS are still prescribed for treating neuropathic pain comes as no surprise, as does the seemingly contradictory report that antidepressants are the most used drug category, while gabapentin is the single most used drug. (The survey was launched before the introduction of pregabalin and duloxetine for treating neuropathic pain; at that time

the only effective antidepressants were the tricyclics, while the choice of antiepileptics was slightly wider.) As pinpointed by the authors, some of the respondents also failed in recognising VAS and NRS among the pain scales, an additional indirect indication that familiarity with pain management was lower than that stated. Many neuropathic pain conditions are very difficult to treat and require comprehensive evaluation and at times even invasive therapies; it is also surprising that the respondents were so successful in achieving 75% pain relief and only 3% needed to refer patients to pain clinics.

Taking all this into consideration, we do not share the optimism of the authors of this survey on the attitude of European neurologists toward neuropathic pain. Rather, we believe that much more information is needed on this subject. However, we strongly agree with the final statement of Sommer and colleagues that "neurologists also see the necessity for more education and for improvement of the treatment of neuropathic pain" and indeed, despite all the mentioned limitations of this study, we praise the authors for calling attention to this neurological challenge.

References

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Reply from the author

We thank the correspondents for their critical praise of our survey. Indeed, we agree with most of the points raised. By all means the neurologists who answered our questionnaire were a positive selection, as they were obviously interested in the subject of neuropathic pain. Even within this motivated group, there were some doubts on the use of standardised pain scales, thus neurologists do need more education in this field. One point was misunderstood by Marchettini and Solaro. We did not ask whether the physicians were familiar with diabetic neuropathy, central pain and so on; we asked them which were the most frequently seen diagnoses. This explains why the comparatively rarer conditions, such as central neuropathic pain, were mentioned by fewer participants. The reason was not that they were unfamiliar with central pain.

The interest in our results has motivated us to engage in a new survey with an improved strategy to avoid bias and also an improved set of questions. We are confident that actions like this will increase the awareness of this challenging part of neurology and will hopefully, in the long run, improve patient management.

C. Sommer
Department of Neurology
University of Würzburg
Josef-Schneider-Str. 11, D-97080
Würzburg, Germany
e-mail: sommer@mail.uni-wuerzburg.de

G. Cruccu
Department of Neurological Sciences
La Sapienza University, Rome, Italy