



International Association for the Study of Pain

IASP

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NEUROPATHIC PAIN

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The Chair's Column



Dear Friends and Colleagues,

It is a pleasure and an honor for me to greet you, the NeuPSIG membership, in this newsletter for the first time as the new Chair. There are almost 1300 of us, from 73 countries, representing 53 disciplines. It is an opportunity and challenge to serve the membership.

Since the July/August issue of this newsletter was published, IASP has held its 13th World Congress on Pain. This meeting was an excellent opportunity to gain new information and inspiration. A good repertoire of plenary lectures and workshops was available. In addition to the scientific content, meetings are important for networking, enjoying good company and also for obtaining new information from the exhibition.

In addition to the main congress, several satellite symposia were held. Among them was the joint satellite of NeuPSIG and Orofacial Pain SIGs (see report by Jonathan Dostrovsky). We are grateful to Jonathan Dostrovsky and the Organizing Committee for putting together the program. I also want to thank the speakers, the teachers in the 'hands on' workshop, and the companies providing economical support, as well as lending QST equipment. Although there was an overlap with the refresher courses, about 100 attendees participated in our satellite.

CONTENTS

Message from the Newsletter Editor.....	3
Pharmacological treatment of neuropathic pain – An Update.....	3
New Honorary Members.....	5
Montréal Symposium.....	6
Intravenous Lidocaine Survey.....	7
Upcoming Meetings.....	7
4th International Congress on Neuropathic Pain.....	8

IASP and NeuPSIG planned their general meetings to coincide with the IASP World Congress on Pain. During the IASP general meeting, Professor Eija Kalso moved from President-elect to President, and Jerry Gebhart became Past President. I want to express my warmest congratulations to Eija, and thank both Presidents for their excellent collaboration and easy communication. The words I would use to describe the relationship between IASP and NeuPSIG are confidence, collaboration and synergy. Good examples of this synergy include joint efforts on education, developing world, and the taxonomy subcommittees of both bodies. I want to give my special thanks to IASP staff members, Kathy Kreiter and Kiley Thornton, for always being helpful and giving professional support to SIGs.

At the NeuPSIG General Meeting, the bylaws were changed in order to provide adequate time for electronic voting for Executive Committee members in future. In addition, we defined "Honorary Membership." Also, during this meeting, the Officers of NeuPSIG transitioned. After his effective and successful term as Chair, Rolf-Detlef Treede became Past Chair. Andrew Rice was elected as President-Elect, Srinivasa Raja was elected as Secretary and Jonathan Dostrovsky as Treasurer (second period). Nadine Attal, David Simpson and Nanna Finnerup continue in the Management Committee, while Peter Kamerman, Karin Petersen and Blair Smith start their first terms in the Management Committee. Ralf Baron and Sara Bistre have completed their terms; I want to express my gratitude to them for their work in the Management Committee. Ralf Baron, elected recently as Councilor of IASP, continues Troels Jensen's work as IASP liaison for NeuPSIG (my warmest thanks to Troels for his tremendous work within NeuPSIG). Also, Robert Dworkin, Troels Jensen and Christopher Wells were nominated as Honorary Members (see report by Rolf-Detlef Treede). Without their pioneering work NeuPSIG would not be what it is now.

Also, at the General Meeting, all subcommittees were automatically disbanded. The new committees will be formally confirmed at the next Management Committee meeting in March, but the work of subcommittees, organized by their chairs, is currently going on. The activities of the subcommittees are as follows: The assessment subcommittee completed its task, when NeuPSIG guidelines on neuropathic pain assessment (now e-published in *PAIN*) were completed. The next work in this

area is a roundtable meeting on QST in clinical practice, an effort led by Nadine Attal and Misha Backonja.

Ralf Baron continues as the Chair of the Bursary Subcommittee, which will shortly announce the available bursaries on the NeuPSIG website.

Nanna Finnerup chairs the Classification Subcommittee, which aims at preparing a review of the current classifications of neuropathic pain and producing a new classification.

David Simpson chairs the Developing World Subcommittee, assisted by Peter Kamerman as Secretary of the Committee. The Developing World Subcommittee will meet in connection with the Pan African Pain Congress in March (see report by Peter Kamerman).

Srinivasa Raj chairs the Education Subcommittee. Their plan includes providing videotaped lectures on main neuropathic pain themes for the NeuPSIG website. In addition, joint efforts with the IASP Education Initiatives Working Group, in producing other material are in consideration.

The Research Subcommittee, chaired by Rolf-Detlef Treede, is completing a paper on human surrogate models of neuropathic pain based on a meeting held in San Francisco in November 2009.

Nadine Attal, as Chair of the Management Committee, is finalizing a review article on mechanism-based therapeutic approaches to neuropathic pain.

Blair Smith is the new Editor of NeuPSIG newsletter, taking over from Srinivasa Raja.

Karin Petersen is chairing the Yokohama Satellite Meeting Organizing Committee (see the first information of the satellite by Karin Petersen).

In addition to the output of subcommittees, the members of the Management Committee have published reviews in *Pain: Clinical Update* (P:CU September 2010: Diagnosis and definition of neuropathic pain; P:CU November 2010: Pharmacological management of neuropathic Pain). There is a link on the NeuPSIG website to P:CU (published on

IASP website <http://www.iasp-pain.org>).

The 4th International Congress on Neuropathic Pain will be held in Toronto in May 2013. As Andrew Rice is the Chair of the Organizing Committee, I am convinced that the congress will be outstanding. The Professional Congress Organizer (PCO) for that meeting is Kenes once again. After a tender for PCOs, NeuPSIG also decided to organize the 5th International Congress on Neuropathic Pain in 2015 in collaboration with Kenes. The Chair of the Organizing Committee of the 2015 congress is Nadine Attal. The location of the congress is not determined yet.

NeuPSIG develops on the basis of feedback from the members. The officers and the committees are looking forward to suggestions from the members and national IASP chapters. Your comments and articles are welcome for the Newsletter (please contact the Editor). We are aiming at being a lively and interactive organization. New active people are welcome to volunteer work for the primary aim of NeuPSIG defined by the bylaws: to advance the understanding of mechanisms, assessment, prevention and treatment of neuropathic pain.

With best wishes for the year 2011,
Maija Haanpää

Message from the Newsletter Editor

It is my privilege to introduce myself, and an honor to take the helm as editor of the NeuPSIG Newsletter. It is a daunting challenge to follow the excellent work by Srinivasa Raja, the previous editor. Under his guidance, I always found the newsletter to be attractive, interesting and informative. I aim to continue this, and am grateful to him and to Kiley Thornton at IASP for their advice.

This issue includes a message from the new Chair of NeuPSIG, Maija Haanpää, who has recently taken over for Rolf-Detlef Treede. Maija also has a very hard act to follow, but will certainly do this well. She outlines the details of other changes to the NeuPSIG Management Committee, all of whom will be pleased to hear from you, and to meet you at one or all of the forthcoming meetings (detailed in the newsletter). NeuPSIG aims to lead and inform the latest developments in all aspects of neuropathic pain, including

its treatment. An important recent paper in *Pain* by Nanna Finnerup, Søren Sindrup and Troels Jensen established the current evidence for pharmaceutical management. This paper is summarized here, by Nanna Finnerup and Nadine Attal.

I welcome any feedback on this issue, and suggestions or contributions to future issues of the newsletter, and hope you enjoy this one in the meantime.

Blair H. Smith

Pharmacological treatment of neuropathic pain – an update

Our understanding of neuropathic pain is steadily increasing, and new possible targets for neuropathic pain treatment are continuously being identified in preclinical models. Nevertheless, the treatment of neuropathic pain is still unsatisfactory, with a substantial number of patients having little or no benefit from available treatments. In the past 10-20 years, a large number of randomized, double-blind, controlled trials (RCTs) have been published (Fig. 1). In a recent review paper (Finnerup et al. 2010), it was found that there has been a 66% increase in the number of published RCTs over the past five years compared to the preceding 40 years. With this large increase, we anticipate important new knowledge and insights that will improve the treatment of the neuropathic pain patient.

New studies on “old” drug classes

New trials have supported the beneficial effects of gabapentin/pregabalin, opioids, and tramadol in neuropathic pain (refs in Finnerup et al. 2010) (Fig. 2). Duloxetine, a mixed serotonin and noradrenaline reuptake inhibitor (SNRI), has been shown to relieve painful polyneuropathy, supporting the use of SNRIs in neuropathic pain. Cannabinoids have been shown to relieve peripheral neuropathic pain in addition to central pain in multiple sclerosis, but except for smoked cannabis, the effect sizes are small. Large studies on lamotrigine and oxcarbazepine have been negative. As can be seen from Fig. 2, the largest increase in patients participating in trials is in pregabalin/gabapentin trials. For all drug classes tested, there is a shift towards higher combined NNT values. The reason for this is unknown, but may be explained by a slower publication

time for negative trials, and changes in designs and patient populations. Another factor is the placebo response, which has been high in many trials. While the use of a placebo group is absolutely essential, this is not without problems since study outcomes and estimated treatment effects depend on the size of placebo responses (Katz et al. 2007; Finnerup et al. 2010).

New drugs

High-concentration capsaicin patch (NGX-4010) and intradermally injected botulinum toxin type A are new types of topical treatments which have shown effect in polyneuropathy and localized neuropathic pain (Ranoux et al. 2008; Simpson et al. 2008; Yuan et al. 2009; Backonja et al. 2008,2010). Results from other new drugs including lacosamide, levetiracetam, and zonisamide, have been disappointing.

Has neuropathic pain treatment been improved over the past five years?

Except for the two small trials with BTX-A, drugs that are more effective than the tricyclic antidepressants (TCAs) have not emerged so far. Despite the large increase in RCTs over the past five years, there has been little improvement in the pharmacological treatment of neuropathic pain. This is also reflected in the NeuPSIG treatment recommendations, which have not changed from 2007 (Dworkin et al. 2007) to 2010 (Dworkin et al. 2010). As can be seen from Fig.2, the majority of the evidence from RCTs still comes from painful diabetic polyneuropathy.

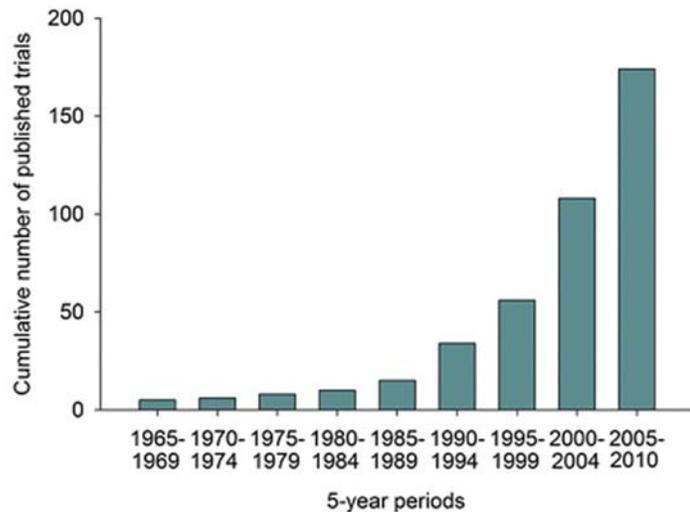


Fig 1. Cumulative number of randomized, double-blind, placebo-controlled trials in neuropathic pain from 1965 to mid 2010.

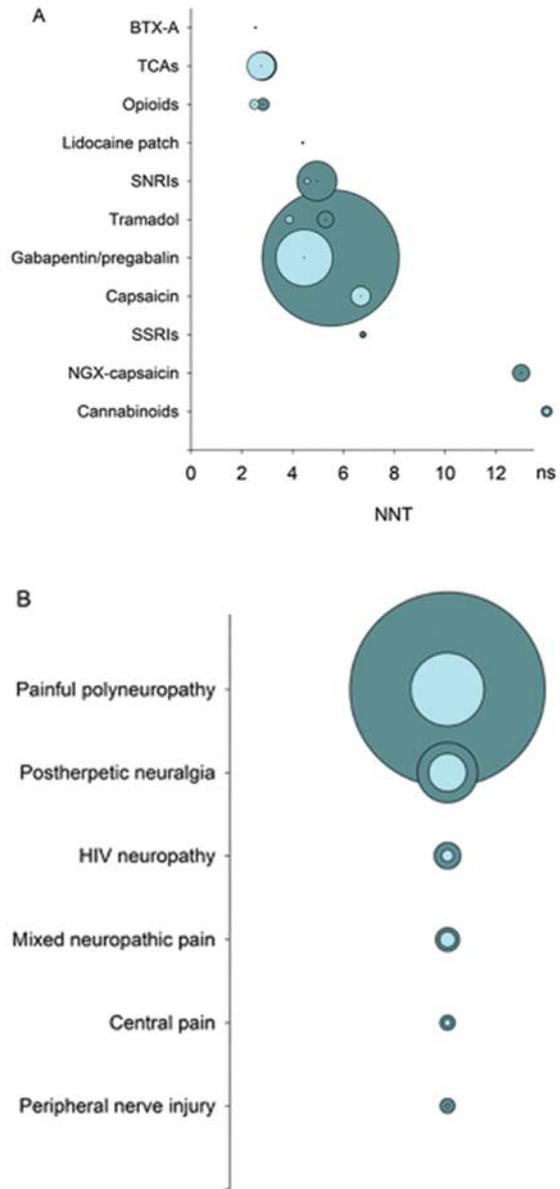


Fig. 2. Combined numbers needed to treat (NNT) values for various drug classes in different central and peripheral neuropathic pain conditions (A) and various pain diagnoses (B). The figure illustrates the change in the past 5 years with values for 2005 in light blue and for 2010 in dark cyan. The circle sizes indicate the relative number of patients who received active treatment drugs in trials for which dichotomous data were available. TCAs = tricyclic antidepressants, SNRIs = mixed serotonin-noradrenaline reuptake inhibitors, SSRIs = selective serotonin reuptake inhibitors, ns = absolute risk difference not significant. This figure (A) has been reproduced with permission of the International Association for the Study of Pain® (IASP®). The figure may not be reproduced for any other purpose without permission.

Future directions

In the future, it is hoped that new drugs targeting new mechanisms will be published. For available drugs, data for lesser studied neuropathic pain conditions, and combination and comparative drug trials are needed. Furthermore, subgroup analyses of drug responders and trials based on symptoms and signs rather than diseases may improve the individual pain treatment.

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New Honorary members

NeuPSIG has three new honorary members!

At the business meeting in Montréal, honorary membership was awarded to three colleagues who had a major impact on the initial years of NeuPSIG's development. Bob Dworkin spearheaded the guideline development process and hence has been crucial to one of the major products of this SIG. He also offered his University of Rochester sponsored conference series as a home base to the Management Committee and other meetings. Troels Jensen maintained our contacts with the IASP Executive Committee and Council throughout the founding years of NeuPSIG. His vision of what this SIG could achieve and his constant push toward precision in concepts and thinking has always been greatly appreciated. Chris Wells was unrelenting in his commitment to provide the fuel to run this SIG; his judgment on what topics can attract an audience served as a reality check whenever one of us had ideas that were too high-flying.

I am personally very grateful to all three of them for the guidance they provided during my term as NeuPSIG chair.

Robert H. Dworkin, Ph.D., Chair of NeuPSIG 2005-2008



Robert H. Dworkin received his B.A. in 1971 from the University of Pennsylvania and his Ph.D. in 1977 from Harvard University. He is currently Professor of Anesthesiology, Neurology, Oncology, and Psychiatry and Director of the Anesthesiology Clinical Research Center at the University of Rochester School of Medicine and Dentistry.

Dr. Dworkin is a founding member of NeuPSIG and was its second chair. He also was the first chair of the NeuPSIG Subcommittee on Treatment, and he spearheaded the publication of NeuPSIG treatment guidelines. A primary goal of Dr. Dworkin's research has been the identification of risk factors for the development of chronic neuropathic pain. His research has been funded by the National Institutes of Health, the Department of Defense, and

various pharmaceutical companies, and one of the major results has been the finding that patients with greater acute pain are more likely to develop chronic pain. This suggests that attenuating acute pain might prevent chronic pain. A primary focus of Dr. Dworkin's current research is developing approaches to test this hypothesis.

Troels S. Jensen, M.D., DMSc.,
IASP Council Liaison to NeuPSIG
2002-2010

Troels Staehelin Jensen is a consultant in neurology at Aarhus University Hospital and professor of experimental and clinical pain research. He obtained his Doctor of Medical Sciences from the University of Aarhus on work, in part, carried out at the Mayo Clinic in Rochester, Minnesota, USA. He is the Director of the Danish Pain Research Center (www.dprc.dk) and the Neuropathic Pain Clinic, Department of Neurology at Aarhus University Hospital. He has obtained guest professorships in other countries, including USA and Germany. In 2006, he was knighted by the Queen of Denmark.



Dr. Jensen was President of the Scandinavian Association for the Study of Pain from 1989 to 1994, has been a member of the IASP Council since 1996 and President of IASP from 2005 to 2008. He has been IASP council liaison to NeuPSIG and a management committee member of NeuPSIG from 2002 to 2010. Dr. Jensen was also the first chair of the NeuPSIG Subcommittee on Classification and he spearheaded the process of redefining neuropathic pain in more precise terms.

J. Christopher D. Wells, M.D.,
Treasurer of NeuPSIG 2002-2008

Dr. JCD Wells is a specialist in pain relief in private practice in Liverpool, UK. He graduated in medicine from Liverpool University in 1970, was a GP in Canada in the early 70s and returned to complete anesthetic training in Liverpool in the late 70s. He became a consultant in pain relief at the



Walton Hospital in 1982. He was the Director of the Walton Centre for Pain Relief from 1983 to 1995. During that time, he introduced pain management programs to the UK and pioneered drug delivery systems in the UK.

Dr. Wells is a founding member of NeuPSIG and was its first Treasurer. He was co-Chair of our successful international meetings in Madrid in 2004, Berlin in 2007, and in Athens in 2010. Dr Wells also devotes an enormous amount of effort to other professional pursuits including journal review activities, medical education and pain society activities (*inter alia*, EFIC and the British Pain Society). Outside of work he enjoys curling (for Wales) and skiing; he also plays drums.

Rolf-Detlef Treede

Montreal Symposium, 29 August 2010

The joint NeuPSIG and Orofacial SIG one-day Satellite meeting, "Neuropathic pain: Focus on orofacial mechanisms and quantitative sensory testing: A Tribute to Professor Ronald Dubner," took place on Sunday, August 29, 2010, immediately preceding the IASP 13th World Congress on Pain at the Palais des Congrès de Montréal. The symposium consisted of lectures and hands-on QST demonstrations and was attended by approximately 100 people.



Mark Drangsholt demonstrating during the symposium

The invited speakers were Nadine Attal, Ralph Baron, Ron Dubner, Rick Gracely, Per Hansson, Ken Hargreaves, Koichi Iwata, Doreen Pfau, Barry Sessle, Peter Svensson and Rolf-Detlef Treede. QST demonstrators were: Marta Céko, Mark Drangsholt, Christian Geber, Audrey Laferrière, Lucie Low, Walter Magerl, Friederike Mahn, Doreen Pfau, Rebecca Price, Wiebke Tiede, Andrea Westermann. The symposium was sponsored by Astra-Zeneca; Medoc; MARSTOCKnervtest; Medtronic; MRC Systems; Pfizer; QPRN; Somic. For a list of the talks please see “past meetings” at www.neupsig.org.

Jonathan Dostrovsky

Intravenous Lidocaine Survey

Members of NeuPSIG, inter alia

Dear Colleagues,

We invite your participation in a survey to characterize the use profile of intravenous lidocaine for the treatment of neuropathic pain. The questionnaire for this survey is part of an effort, co-sponsored by the Research Committee of NeuPSIG, to describe the patients and conditions that correspond and predict effective use of i.v. lidocaine. We hope that the data collected here will improve the use of this treatment to better benefit patients and to inform the development of randomized clinical trials.

Some of you may have already received this i.v. lidocaine questionnaire. To download the questionnaire please go to: <http://bwhanesthesia.org/intranet/research/lidocainesurvey>.

Please submit the completed questionnaire to: bschwartz3@partners.org.

The results of the questionnaires collected through April 2011 will be collated and distributed quickly to those who have participated in the survey. Our hope is to publish the results for all others who may be interested in this classic, but poorly understood treatment.

Sincerely,

Rolf-Detlef Treede, MD., Chair
Gary Strichartz, PhD, Past-Chair
NeuPSIG Research Committee



Upcoming Meetings

4th Pan-African Pain Congress, Cape Town, South Africa, March 11-13, 2011

NeuPSIG is pleased to continue its contribution to scientific meetings in developing regions of the world through its involvement in the 4th Pan-African Pain Congress, which is being held in Cape Town, South Africa, from March 11-13, 2011. The meeting is a collaboration of the African Association for the Study of Pain (AASP), the South African Pain Society (PainSA), NeuPSIG and the London Pain Consortium. The program for the meeting offers something for clinicians and scientists, and delegates will be exposed to international and regional experts in the field of pain.

As part of its involvement in the meeting, the NeuPSIG Management Committee has organized a Neuropathic Pain Day on the opening day, with presentations by international experts on the diagnosis and treatment of neuropathic pain, and specialist presentations on types of neuropathic pain common in developing countries. In addition, several members of NeuPSIG Management Committee also will be contributing presentations to the general congress program.

Details of the meeting, and access to online registration and submission of abstracts for the free communication sessions (deadline January 10, 2011), can be obtained from the following website: <http://www.pain-congress.co.za>.

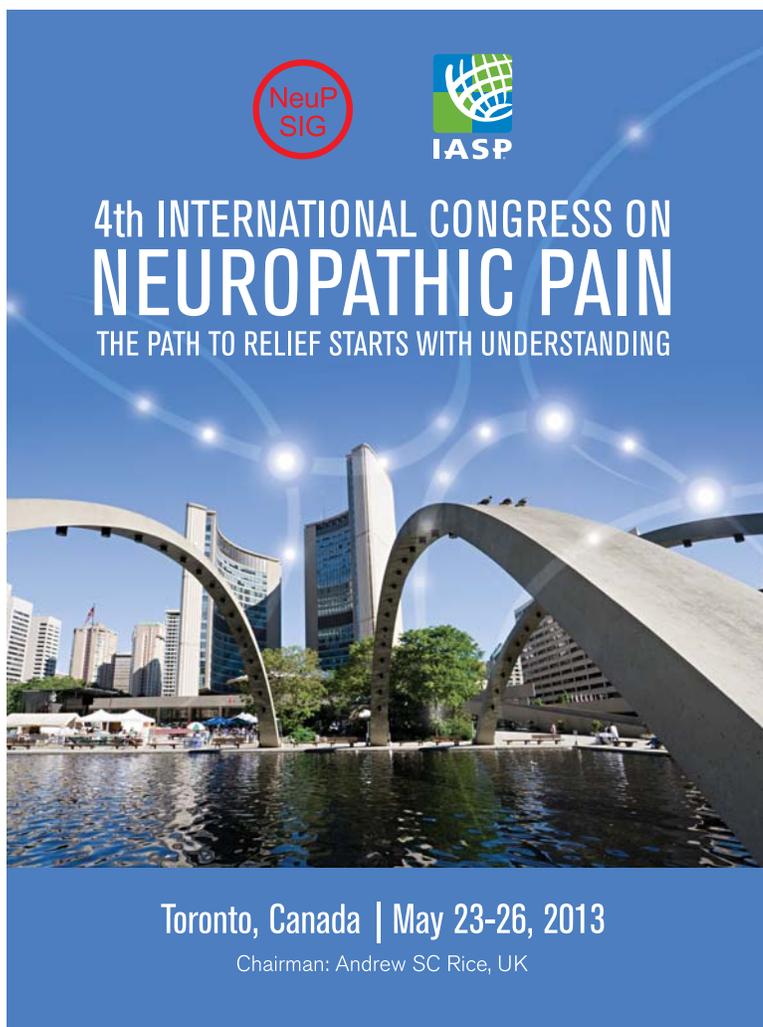
Peter Kamerman

NeuPSIG Satellite Meeting to the 2012 IASP World Pain Congress in Yokohama, Japan

There will be a NeuPSIG Satellite Meeting in Japan, prior to the IASP 14th World Congress on Pain in Yokohama, Japan in 2012. The goal of the Satellite Meeting will

be to advance our understanding of neuropathic itch. The meeting will focus on mechanisms, epidemiology, assessment, and treatment of neuropathic itch, and will be chaired by Karin Petersen. The meeting will also serve

as a networking opportunity for anyone with an interest in neuropathic itch. Details of the location and dates are still to be confirmed, and will be provided in this newsletter in due course.



WELCOME

I am happy to inform you about the Fourth International Meeting of The Special Interest Group on Neuropathic Pain (NeuPSIG), of the International Association for the Study of Pain (IASP). The first three NeuPSIG meetings were held in Europe in 2004, 2007 and in 2010. Over the course of the years we have witnessed many innovative developments in science and in patient care and these will be addressed by world-renowned experts at the Congress. The scientific program is designed to meet the aims of NeuPSIG, which are "to advance the understanding of mechanisms, assessment, prevention and treatment of neuropathic pain"; it will consist of plenary sessions, topical workshops and poster presentations. We expect to welcome over 1,800 professionals from diverse fields of pain management to together enjoy an interesting scientific and social programme. The Congress is a superb opportunity to network and to strengthen scientific collaboration. This fourth congress in the series is an important event for scientists, clinical scientists and practicing health care workers from all disciplines with an interest in furthering the understanding and care of patients with neuropathic pain. Toronto is a thriving multi-cultural city and a venue not to be missed. I look forward to welcoming you to this exciting metropolis and to a very successful Congress.

Andrew S.C. Rice
Chair, Scientific Programme Committee

MAIN TOPICS

- | | |
|----------------------------------|---|
| I Basic science (animals) | III Clinical |
| Ia. Animal models | IIIa. Diagnosis / assessment |
| Ib. Systems | IIIb. Peripheral neuropathic pain |
| Ic. Cellular/molecular | IIIc. Central neuropathic pain |
| Id. Genetics | IIId. Pharmacotherapy |
| Ie. Glia / immune | IIIe. Invasive therapies |
| If. Other | IIIf. Other treatments |
| II Basic science (human) | IIIg. Psychosocial aspects |
| IIa. Human models | IIIh. Neuropathic pain in cancer patients |
| IIb. Systems | IIIi. Genetics |
| IIc. Cellular/molecular | IIIj. Epidemiology |
| IId. Genetics | IIIk. Pain services, health care system |
| IIE. Glia / immune | IIIl. Education, ethics, economics, law |
| IIIf. Other | IIIm. Possible neuropathic pains |
| IIg. Imaging | IIIn. Evidence |

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