



International Association for the Study of Pain

IASP

Working together for pain relief

S I G > N E W S L E T T E R



NEUROPATHIC PAIN

AUGUST 2011 | ISSUE 18

Chair

Maija Haanpää, MD
Pain Clinic, Rehabilitation ORTON,
Tenholantie 10, 00280 Helsinki, Finland
majja.haanpaa@orton.fi

Vice Chair

Andrew Rice, MD
Department of Anaesthetics, Pain Medicine and Intensive Care
Imperial College
London SW10 9NH, UK
a.rice@imperial.ac.uk

Past Chair

Rolf-Detlef Treede, MD,
Chair of Neurophysiology, CBTM
Medical Faculty Mannheim
University of Heidelberg
D-68167 Mannheim, German
rolf-detlef.treede@medma.uni-heidelberg.de

Treasurer

Jonathan O. Dostrovsky, PhD
Dept of Physiology
University of Toronto
Toronto ON M5S 1A8, Canada
j.dostrovsky@utoronto.ca

Secretary

Srinivasa N. Raja, MD
Department of Anesthesiology and Critical Care Medicine
Johns Hopkins University
Baltimore, MD 21287, USA
sraja2@jhmi.edu

IASP Council Liaison

Ralf Baron, Dr med
Klinik für Neurologie
CAU-Kiel, Schiltehelm Strasse 10
24105 Kiel Germany
r.baron@neurologie.uni-kiel.de

Timely topics in pain research and treatment may on occasion be mentioned in the newsletter, but the information provided and opinions expressed have not involved any verification of the findings, conclusions and opinions by the International Association for the Study of Pain (IASP®) or the SIG on Neuropathic Pain. Thus the opinions expressed in this newsletter do not necessarily reflect those of the Association, the SIG, or the Officers and Counsellors of either IASP or the SIG on Neuropathic Pain. No responsibility is assumed by the Association or the SIG for any injury, and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions, or ideas contained in the material herein. Because of the rapid advances of medical science, the publisher recommends independent verification of any diagnoses and drug dosages referenced in this publication.

The Chair's Column



Dear Friends and Colleagues,

As IASP has decided to change its World Congress on Pain from a three-year Congress cycle to a biennial meeting, preparation of the 14th World Congress on Pain is far advanced. The Scientific Program Committee is already evaluating the submitted satellite symposia, plenary and workshop proposals. Because of the earthquake and tsunami in Japan in March 2011, the IASP decided to move the 14th Congress to Milan, Italy, and to hold the 16th Congress in Yokohama (in September 2016). Recovery from the immense natural catastrophe and rebuilding is on its way in Japan. Along with the whole of NeuPSIG and the global pain society, I feel deep sympathy with the Japanese people.

NeuPSIG had planned a one-and-a-half day satellite symposium in Japan. Karin Petersen and Akihiko Ikoma made an excellent job in preparing the program, and they also visited the candidate sites in Japan. After IASP decision, however, NeuPSIG decided to submit a proposal for one-day satellite in Milan instead. I am grateful for the efforts of Karin and Aki, and I am looking forward to the decision of the IASP Scientific Program Committee.

The 4th Pan African Pain Congress was held in Cape Town, South Africa, on March 11-13, 2011. Dr. Milton Raff, with the local organizing committee, succeeded in putting together an interesting program. Peter Kamerman was very helpful and efficient in organizing the NeuPSIG contribution, and Mary Mabudafhasi and her

CONTENTS

Note from the Editor	2
Neuropathic Pain Drug Survey	2
Benefits of NeuPSIG Membership	3
Introduction to New Management Committee	4
Pan-African Pain Congress Report	6
Redefinition of Neuropathic Pain	7
The NeuPSIG Assessment Guidelines—What Next?	8
Announcements	9

colleagues in the PCO took care of all practical issues in a highly professional way. I express my warmest thanks to Milton, Peter, Mary and all the others who made the congress a successful and stimulating event. In addition to scientific program, personal communication is an important part of a congress. NeuPSIG aims at long-term collaboration and relationships initiated in the congresses, which are held on different continents.

The next meeting to which NeuPSIG intends to contribute will be held in Bangalore, India, in February 2012, organized by the Indian Society for the Study of Pain (see later in this Newsletter). In addition to the Congress itself, a new format, a one-day NeuPSIG school, directed at clinicians and researchers, will be organized. Based on this experience, a similar (or an expanded) format may be used in future joint meetings of a local society and NeuPSIG. We are planning a more detailed follow-up system, and long-term evaluation of the joint congresses and their outcomes, to identify the best ways for us to enhance the treatment and research in neuropathic pain in different environments.

The holiday season is about to begin in Europe. Before a holiday, people long for recreation and to devote time to private interests. Management of severe pain can be very consuming and draining. Neuropathic pain is a particularly challenging entity; many patients have comorbidities and psychosocial problems. In dealing with these complex problems, empathy is an essential element of the doctor-patient relationship, and the need for long-term treatment is demanding. It is, though, also rewarding, if the targets of management are achieved. Unfortunately the results are not always completely satisfactory. Continuous education, clinical supervision and well-organized teamwork with open collaboration and shared targets are needed to enable us to keep managing challenging cases in the long term. The risk of compassion fatigue and burn-out is especially high for those who are conscientious and highly devoted to their work. If the resources are limited and the pressure of work is high, the importance of taking care of oneself and finding the optimal balance between work and rest, and professional and private obligations, and the support of the working team will be highly important.

With best wishes for the holiday season and the following working period,

Maija Haanpää

Note from the Editor

Welcome to another issue of the NeuPSIG Newsletter. This issue focuses on a number of issues and activities of relevance to the aims of NeuPSIG internationally. These include reports on influential processes providing updated informed consensus on the definition, taxonomy and assessment of neuropathic pain. They also include a range of educational activities across the world, recent and planned, in which current knowledge about assessment and treatment is shared. Through meetings, schools, conferences and surveys, we are both gathering and disseminating information on best practice, and on the barriers to best practice.

As always, I am happy to hear from any members of NeuPSIG with comments, or suggestions for future issues, or with articles or news that you would like me to include. Meanwhile, I hope you enjoy these pages, and I look forward to meeting you at one of the events highlighted herein.

Blair H. Smith (b.h.smith@cpse.dundee.ac.uk)

University of Dundee, Scotland

Neuropathic Pain Drug Survey

The Developing Countries Subcommittee of NeuPSIG strives, among other things, to promote the recognition and treatment of neuropathic pain in places where resources and infrastructure make this a particular challenge. With a view to quantifying part of this challenge, we conducted an international survey of the local availability and regulation of drugs used in the treatment of neuropathic pain, which was distributed to all NeuPSIG members in April 2011. We thank all who responded to the survey. A second survey to assess national policies regarding availability and regulation of drugs used in the treatment of neuropathic pain will be distributed to IASP Chapters shortly.

We will use the results from both surveys to assess regional differences in availability of these drugs so that management guidelines can be tailored to the local situation, and to inform discussions about neuropathic pain treatment and resources internationally.

For further information, please contact Dr. Peter Kamerman at: peter.kamerman@wits.ac.za.

IASP® SIG ON NEUROPATHIC PAIN

Why join NeuPSIG?

NeuPSIG is the largest and most active SIG of IASP, with membership currently standing at around 1,300, and a reasonably healthy financial state. NeuPSIG formally aims to lead and inform the latest developments in all aspects of neuropathic pain, including its treatment. Its commitment is international. NeuPSIG's activities include education (sharing research and development, including conferences) and

networking, developing the clinical and academic “discipline” of neuropathic pain.

Membership of NeuPSIG is open to all members of IASP, with a small supplementary fee, and the benefits are listed in the table. The more members we have, the better positioned we are to achieve international acceptance of the need to identify and treat neuropathic pain, in well-informed, evidence-based, properly-resourced ways.

Blair H. Smith

Benefits of IASP and NeuPSIG membership

IASP	NeuPSIG
Attend the World Congress, a biennial international scientific meeting. IASP members have reduced registration fees and can submit proposals for symposia and abstracts for poster presentations.	Attend the International Congress on Neuropathic Pain, a two-yearly flagship meeting presenting the latest in international research, education and clinical practice. Registration fees are reduced for NeuPSIG members. Attend and contribute to other satellite and educational meetings around the world, either independently or associated with important pain conferences
Network with international experts in pain.	Network with international experts in neuropathic pain.
Receive <i>Pain</i> , a high impact, scientific journal and <i>Pain: Clinical Updates</i> , a clinically oriented monograph.	Receive the NeuPSIG Newsletter, a twice-yearly publication keeping you abreast of clinical and academic developments in neuropathic pain around the world.
Provide input into international pain-related issues through IASP committee membership.	Provide input into issues relating to neuropathic pain, through membership of the Management Committee or one of its Subcommittees (Assessment, Bursaries, Developing World, Education, Research, Treatment)
Join Special Interest Groups.	NeuPSIG is the largest and most active Special Interest Group in IASP, and is open only to IASP members for an additional nominal subscription
Participate in Global Year activities and receive related materials.	Raise the profile of neuropathic pain and its management needs around the world
	Participate in ongoing discussions about neuropathic pain issues, at our online discussion forum (www.iasp-pain.org/SIGs/NeuP/forum)
Access a comprehensive, up-to-date internationally oriented website.	Access a comprehensive, up-to-date internationally oriented website focusing on neuropathic pain (www.neupsig.org)
Apply for a variety of research grants, including those for young investigators and those early in their career, as well as collaborative research grants awards.	Apply for travel bursaries for international meetings or satellite meetings (see website)

NeuPSIG Management Committee

The Management Committee of NeuPSIG held a full-day meeting in Cape Town, South Africa, on March 10, 2011. Details of this Committee, and of other NeuPSIG committees, are available at www.neupsig.org.

Blair Smith and **Karin Petersen** are two new members of the Management Committee. In this issue, we will introduce Blair; Karin will be introduced in the next edition of the newsletter. Blair joins the Committee as Editor of the Newsletter. He is a general practitioner, who has just taken up his new post as Professor of Population Science at the University

IASP® SIG ON NEUROPATHIC PAIN

of Dundee, Scotland (UK). Prior to this, he was Professor of Primary Care Medicine at the University of Aberdeen. He practices clinical general practice at Peterhead Health Centre in North-East Scotland. His research interests include the epidemiology and primary care management of chronic pain, including neuropathic pain, and he has published widely in this field. He is Chief Investigator on Generation Scotland, a major family-based study of genetics and health

(www.generationscotland.org). He is active in influencing management, research, education and health policy around chronic pain in Scotland. He can be contacted at b.h.smith@cpse.dundee.ac.uk.

Members of the Management Committee are in the main photograph, taken at the Cape Town meeting, with the exception of Karin Petersen, who attended by teleconference.

The Management Committee of NeuPSIG



Photo by Jonathan Dostrovsky

Back row, from the left:

Jonathan Dostrovsky, Treasurer and Chair of the Organizing Committee of the NeuPSIG Research School. Professor of Physiology at the University of Toronto, Canada.

Blair H. Smith, Editor of the NeuPSIG Newsletter. Professor of Population Science at the University of Dundee, Scotland, UK.

Peter Kamerman, Secretary of the Developing World Subcommittee. Associate Professor of Physiology at the University of Witwaterstrand, Johannesburg, South Africa.

David Simpson, Chair of the Developing World Subcommittee. Professor of Neurology at Mount Sinai School of Medicine, New York, USA.

Andrew Rice, Vice Chair and Chair of the Organizing Committee of the NeuPSIG World Congress in 2013. Professor of Pain Research at the Imperial College London, UK.

Ralf Baron, the IASP Liaison of NeuPSIG and the Chair of the Bursary Subcommittee. Professor of Neurology at the University of Kiel, Germany.

Rolf-Detlef Treede, Past Chair and Chair of the Research Subcommittee. Professor of Neurophysiology at the Center of Biomedicine and Medical Technology of the Rupecht-Karls-University Heidelberg in Mannheim, Germany.

Front row, from the left:

Srinivasa Raja, Secretary and Chair of the Education Subcommittee. Professor of Anesthesiology and Neurology, and Director of the Division of the Pain Medicine in the Division of Pain Medicine in the Department of Anesthesiology and Critical Care Medicine at the Johns Hopkins University School of Medicine, Baltimore, USA.

Nanna Finnerup, Chair of the Classification Subcommittee. Associate Professor at the Department of Neurology, Danish Pain Research Center, Aarhus University Hospital, Aarhus, Denmark.

Maija Haanpää, Chair and the Chair of the Assessment Subcommittee. Medical Director of Etera Mutual Pension Insurance Company Finland, and Consultant in Pain Management at the Department of Neurosurgery in Helsinki University Central Hospital, Helsinki, Finland.

Nadine Attal, Chair of the Treatment Subcommittee, Vice Chair of the Assessment Subcommittee and Chair of the Organizing Committee of the NeuPSIG World Congress in 2015. Director of the Pain Evaluation and Treatment Centre of Hôpital Ambroise Paré, France.

Inset, lower right:

Karin Petersen, Chair of the Organizing Committee of the NeuPSIG Satellite of the IASP World Congress in 2012 and Vice Chair of the Research Subcommittee. Adjunct Assistant Professor, Neurology of UCSF and Principal Investigator of the UCSF Pain Clinical Research Center, San Francisco, USA.

NeuPSIG takes part in 4th Pan African Pain Congress

The 4th Pan African Pain Congress took place in Cape Town, South Africa, March 11-13, 2011, and saw NeuPSIG continuing its significant involvement in regional pain congresses in developing regions of the world. The aim of this involvement is to foster the development of clinical and research capacity in these regions. Africa has the lowest density of healthcare professionals per capita in the world, and access by patients to specialist pain services is rare, but there is a strong drive within Africa to develop capacity in pain management. In this context, and working with the organizers of the meeting, the Pain Society of South Africa (PainSA), the African Association for the Study of Pain (AASP), and NeuPSIG organized and sponsored a full-day program on the first day of the Congress dedicated to the assessment and management of neuropathic pain, with attention given to neuropathic pain conditions that are common in Africa. The faculty for the NeuPSIG Day was drawn primarily from the NeuPSIG Management Committee, which had held a management meeting in Cape Town immediately before the congress, but also drew on regional expertise for lectures covering the painful neuropathic complications of malaria and HIV infection. Several members of NeuPSIG also contributed to the scientific program on other days of the meeting.

The Congress was well attended, attracting about 250 delegates from throughout North and Sub-Saharan Africa, and the NeuPSIG Day was well received, with a lot of enthusiastic discussion between the faculty and the delegates during the lunch and tea breaks. The contacts established between NeuPSIG members and delegates at the meeting are essential for continued engagement and capacity building by NeuPSIG in developing countries. The hosting of the NeuPSIG day was complemented by a neuroscience school run by the London Pain Consortium (LPC), who funded the costs of their faculty to attend the meeting, on the second and third days of the meeting. The combination of the NeuPSIG Day and the LPC school meant that delegates had an opportunity to interact freely with international experts in the field of neuropathic pain; exchanging knowledge and ideas, and establishing new contacts.

In addition to the NeuPSIG Day, the Congress offered an ideal opportunity for the Developing Countries Subcommittee of NeuPSIG to meet and discuss plans on how to assist the developing countries to increase capacity in the management of neuropathic pain. Major outcomes of the meeting included:

the distribution of a drug survey to all NeuPSIG members in April 2011 to assess regional differences in availability of drugs used to treat neuropathic pain so that management guidelines can be tailored to the local situation (thank you to all those members who responded to the survey), and compilation of a list of neuropathic pain screening tools, and the languages the tools have been validated in (the list currently is in preparation).

Overall the meeting was a great success, with Cape Town providing a beautiful backdrop against which African pain researchers and clinicians could interact with their local and international peers, sharing ideas and building collaborations. The success of the meeting bodes well for the continued development of clinical and research capacity in the field of pain in Africa.

Peter Kamerman

IASP Moves Ahead with Redefinition of Neuropathic Pain

The proper definition of neuropathic pain has been a contentious issue for quite some time. In its 1994 edition of basic pain terms, IASP defined neuropathic pain as "pain initiated or caused by a primary lesion or dysfunction of the nervous system."¹

This definition has been useful to distinguish between neuropathic and other types of pain, but has been criticized for its lack of diagnostic specificity and anatomical precision.^{eg 2,3} Two issues had to be resolved: (1) neuropathic pain needs to be distinguished from pain due to secondary neuroplastic changes in the nociceptive system resulting from sufficiently strong nociceptive stimulation, e.g., inflammatory pain; and (2) neuropathic pain needs to be distinguished from musculoskeletal and other types of pain that arise indirectly in the course of neurological disorders. At a face-to-face meeting in Sydney 2005, the IASP taxonomy task force recognized these needs, and upon a proposal by Troels Jensen, asked NeuPSIG to work on a wording that would resolve these issues.

A task force of NeuPSIG went through several iterations in revising the definition and suggested the following wording:⁴ neuropathic pain is "pain arising as a direct consequence of a lesion or disease affecting the somatosensory system." This wording was also submitted to the IASP Task Force on Taxonomy, which had another face-to-face meeting in Montreal in 2010. The IASP Task Force on Taxonomy submitted this proposal to IASP council:

Neuropathic pain: pain caused by a lesion or disease of the somatosensory nervous system.⁵

IASP council has unanimously voted to accept this redefinition at its meeting in Egypt in October 2010. This is a major step forward, since clinicians and researchers in the field will now be able to communicate on the basis of agreed, positive identification criteria. Neuropathic pain is further subdivided into peripheral neuropathic pain and central neuropathic pain. This distinction is the starting point for ongoing work by the NeuPSIG subcommittee on classification (Chair: Nanna Finnerup) that will elaborate on a classification of neuropathic pain subtypes.

Rolf-Detlef Treede and Ralf Baron

References:

1. Backonja MM. Defining neuropathic pain. *Anesth Analg* 2003;97:785-790.
2. Max MB. Clarifying the definition of neuropathic pain. *Pain* 2002;96:406-407.
3. Merskey H, Bogduk N. *Classification of chronic pain*. Seattle, WA: IASP Press: 1997, p. 205-213.
4. Treede RD, Jensen TS, Campbell JN, Cruccu G, Dostrovsky JO, Griffin JW, Hansson P, Hughes R, Nurmikko T, Serra J. Redefinition of neuropathic pain and a grading system for clinical use: consensus statement on clinical and research diagnostic criteria. *Neurology* 2008;70:1630-1635.
5. http://www.iasp-pain.org/AM/Template.cfm?Section=Pain_Defi...isplay.cfm&ContentID=1728

The NeuPSIG Assessment Guidelines – what next?

The European Federation of Neurological Societies (EFNS) published its guidelines on assessment of neuropathic pain in 2004 (Cruccu *et al* 2004). NeuPSIG has now updated the EFNS guidelines and expanded them to include epidemiology, psychological assessment, assessment of disability, assessment of autonomic nervous system functions, and utility of peripheral nerve blocks and intravenous drug infusion tests (Haanpää *et al* 2011a). These guidelines are directed at pain specialists, neurologists and clinical researchers; a previous guidelines for general practitioners was published in 2009 (Haanpää *et al* 2009). Nineteen experts contributed to the work, which was published in PAIN in January 2011 (e-publication in September 2010). The guidelines were based on systematic literature searches up to 2008. Only full original communications were included, and only studies with “definite” and “probable” neuropathic pain conditions, according to the updated neuropathic pain definition (Treede *et al* 2008), were included for clinical review. Studies on mixed pain conditions were included only if the neuropathic pain component

was reported separately. Classification of evidence and recommendation grading adhered to the EFNS standards, and the information was retrieved to evidence tables. Criteria used to evaluate outcome measures in treatment studies included specificity, sensitivity and reliability in neuropathic pain, and availability in different cultures and languages.

The updated NeuPSIG publication (Haanpää *et al* 2011a) was followed by an editorial (Eisenberg *et al*. 2011), a letter to the editor (Lynch *et al* 2011), and a reply to this letter (Haanpää *et al*. 2011b). Both the editorial and the letter concentrated at the definition of neuropathic pain, which was reported as the NeuPSIG definition at that time. IASP has recently accepted a new definition of neuropathic pain (see elsewhere in this Newsletter): neuropathic pain is now defined as “pain caused by a lesion or a disease of the somatosensory system” (www.iasp-pain.org/resources/painDefinition), so the focus should be moved to the guidelines themselves, which have received less attention. Each paragraph was prepared by a small group of experts, and was critically reviewed by the other authors to achieve its final form. For each section, recommendations for the future needs of research were listed. The article includes 15 supplementary tables (e-published only) containing of the analysis of the original source material, three appendices (e-published only) and a complete reference list with 530 references.

Research is very active in this area. The guidelines give recommendations on how to use current tools and methods, and what requires further study. Among the most striking findings was that there are insufficient data on the use of peripheral nerve blocks or intravenous drug tests to make a recommendation that these be routinely used as diagnostic tools in the assessment of patients with suspected neuropathic pain. This means that high-level studies on this issue are needed. Neuropathic pain screening tools are often used in the clinic to alert the clinician of the possibility of neuropathic pain. They might be interesting to use for epidemiological studies or for sensory profiling of patients with neuropathic pain (e.g. Baron *et al* 2009) or with other pains (e.g. Rehm *et al* 2010), but they are not yet fully validated for such purposes. General quality of life measures have been widely used in neuropathic pain studies, although not validated for neuropathic pain. On the other hand, as neither of the two condition-specific quality of life instruments (Neuroqol and NePIQoL) has been subject to assessment of responsiveness to change, no recommendation for their usefulness can be made.

One step forward is the closer evaluation of quantitative sensory testing from the clinical practice point of view, which will be done in the NeuPSIG round table meeting in connection with the EFIC meeting in Hamburg. Nadine Attal and Misha Backonja have taken responsibility for the organization of this, and a paper arose from this meeting, which will be based on published evidence expert consensus.

In addition to the challenging enigma treating neuropathic pain itself, its assessment methods deserve continuing interest and a lot of further work. Recent achievements can be evaluated in the update of the recent guidelines.

Maija Haanpää

References:

Baron R, Tölle TR, Gockel U, Brosz M, Freynhagen R. A cross-sectional cohort survey in 2100 patients with painful diabetic neuropathy and postherpetic neuralgia: Differences in demographic data and sensory symptoms. *Pain* 2009;146(1-2):34-40.

Cruccu G, Anand P, Attal N, Garcia-Larrea L, Haanpää M, Jorum E, Serra J, Jensen T. EFNS guidelines on neuropathic pain assessment. *Eur J Neurol* 2004;11:153-162.

Eisenberg E. Reassessment of neuropathic pain in light of its revised definition: Possible implications and consequences. *Pain* 2011;152:2-3.

Haanpää M, Attal N, Backonja M, Baron R, Bennett M, Bouhassira D, Cruccu G, Hansson P, Haythornthwaite J, Iannetti G, Jensen T, Kauppila T, Nurmikko T, Rice A, Rowbotham M, Serra J, Sommer C, Smith B, Treede R-F. NeuPSIG guidelines on neuropathic pain assessment. *Pain* 2011a;152:14-27.

Haanpää M, Attal N, Backonja M, Baron R, Bouhassira D, Cruccu G, Hansson P, Iannetti G, Jensen TS, Kauppila T, Nurmikko TJ, Rice AS, Rowbotham M, Serra J, Sommer C, Treede RD. Reply to the letter to the editor. *Pain* 2011b;152:1683-4.

Haanpää M, Backonja M, Bennett M, Bouhassira D, Cruccu G, Hansson P, Jensen T, Kauppila T, Rice A, Smith BH, Treede R, Baron R. Assessment of neuropathic pain in primary care. *Am J Med* 2009;122 (10 Suppl):S13-21.

Lynch ME, Clark AJ, Moulin DE, Watson CP. Modifications are suggested for the Special Interest Group (SIG) on Neuropathic Pain proposed definition and guidelines for neuropathic pain. *Pain* 2011;152:1682.

Rehm SE, Koroschetz J, Gockel U, Brosz M, Freynhagen R, Tölle TR and Baron R. A cross-sectional survey of 3035 patients with fibromyalgia: subgroups of patients with typical comorbidities and sensory symptom profiles. *Rheumatology* 2010;49:1146-1152.

Treede RD, Jensen TS, Campbell JN, Cruccu G, Dostrovsky JO, Griffin JW, Hansson P, Hughes R, Nurmikko T, Serra J. Redefinition of neuropathic pain and a grading system for clinical use: consensus statement on clinical and research diagnostic criteria. *Neurology* 2008;70:1630-1635.

NeuPSIG-ISSP Collaborative Educational Effort ISSP Annual Congress, Bangalore

In the spirit of NeuPSIG's continuing efforts to enhance the education of physicians in developing countries, NeuPSIG has partnered with the Indian Society for the Study of Pain (ISSP). NeuPSIG will hold two days of educational sessions immediately prior to the annual congress of the ISSP to be held in Bangalore, India in February 2012. On February 2nd, NeuPSIG will hold a one-day 'School' that will be a primer on epidemiology, mechanisms, animal and clinical models, clinical trials and critical reviews of neuropathic pain. NeuPSIG will provide bursaries for about 30 young physicians and researchers from different parts of India to help support the costs of travel and registration for the conference.

On February 3rd, the first day of the ISSP annual conference, NeuPSIG will have a full day of clinically relevant presentations on different neuropathic pain states that are prevalent in India. All members of the NeuPSIG management committee will participate in this educational effort. The President and Secretary of ISSP, Drs. Parmanand Jain and Dr Geeta Joshi, respectively, and the Chair and the Secretary of the local Organizing, Committee Drs. N.S, Chandrasekhara and N.K. Vinod, respectively have all expressed considerable enthusiasm and gratitude for NeuPSIG's educational efforts.

Srinivasa Raja

NeuPSIG Satellite Meeting for IASP 2012

The NeuPSIG Satellite Meeting to the 2012 Milan World Congress on Pain (WCP) – "Neuropathic Itch," will be held at the Milano Convention Centre on Sunday, August 26, 2012. The goal of the 2012 NeuPSIG Satellite Meeting is to advance our understanding of neuropathic itch. The meeting will focus on mechanisms, epidemiology, assessment, and treatment of neuropathic itch. The meeting will also serve as a networking opportunity for anyone with an interest in neuropathic itch. Please note that this is a change of venue, to match the move of WPC from Yokohama, Japan, to Milan, Italy. More details will be available soon, on the NeuPSIG website, and in this Newsletter.



4th INTERNATIONAL CONGRESS ON NEUROPATHIC PAIN

THE PATH TO RELIEF STARTS WITH UNDERSTANDING



Toronto, Canada | May 23-26, 2013

Chairman: Andrew SC Rice, UK

Congress Organizer



1-3 Rue de Chantepoulet, PO Box 1726, CH-1211 Geneva 1
Switzerland, Tel:+ 41 22 908 0488; Fax:+ 41 22 906 9140
E-mail: neuropathic@kenes.com
© Kenes Group 2010. All rights reserved.

www.neupsig.org
www.kenes.com/neuropathic

Please submit your contributions, ideas, and comments for the NeuPSIG newsletter to the Newsletter Editor:

Blair H. Smith
University of Dundee, Dundee, Scotland
Email: b.h.smith@cpse.dundee.ac.uk