

Aim

Many specialists from different countries and a variety of branches of medicine are increasingly involved in Pain Medicine. This is certainly a boost to cultural richness. However, this creates a point of weakness in the lack of uniformity of clinical approaches to the patient and in the different uses of the various available diagnostic tools.

The Montescano School will help pain clinicians to refine their clinical neurological approach and to improve their ability to interpret instrumental and laboratory findings. For the many who do not work in a multidisciplinary team or who rely on external support, the School will also provide the skills for a better understanding of the various diagnostic tests.

Faculty

Marijana Bras | Croatia
Roberto Casale | Italy
Giuseppe De Benedittis | Italy
Antonio De Tanti | Italy
Magdi Hanna | UK
Per Hansson | Norway
Alessandro La Manna | Italy
Piercarlo Sarzi-Puttini | Italy
Reinhard Sittl | Germany
Riccardo Torta | Italy
Chris Wells | UK – EFIC President

Course Venue



Piazza della Repubblica, 10
24122 – Bergamo, Italy
www.habilita.it

General Information

Contacts

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School's Secretariat: efic@defoe.it

More details at:

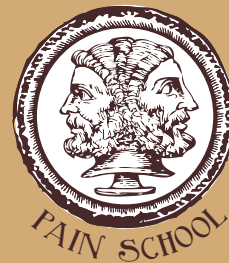
www.montescanoschool.eu
www.efic.org

EACME credits requested

Organizing Secretariat



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World Register Learning Service Providers Nr 33
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7TH EFIC PAIN SCHOOL IN: NEUROLOGICAL DIAGNOSIS IN CHRONIC PAIN “Clinical and instrumental processes”

5th - 8th October 2015

Roberto Casale, MD, PhD

Scientific Director, Habilita Care And Research Rehabilitation Hospitals
EFIC Pain School, Director

Course Venue



Piazza della Repubblica, 10
24122 – Bergamo, Italy

Endorsed by
European Pain Federation EFIC®



Opening Message

- Welcome Message from Habilita Care & Research Hospitals Director
Andrea Rusconi

The interview: empathy for the devil? | M. Braš

- How to improve the patient/doctor relationship
- What the patient tries to tell us about her/his pain
- Is empathic approach needed

The ABC of the clinical examination of the somatic sensory system

R. Casale

Minimum instrument set needed and how to use it (hammer, tuning fork, Von Frey hairs, heat and cold, dermatographic pencil)

- Mechanical static, dynamic, deep somatic
- Mechanical pinprick
- Thermal (heat & cold)

Questionnaires and diaries and pain mapping | R. Casale

How to make easy and fast recordings of the clinical picture (analogic, semantic, numerical)

- Complex pain questionnaires and specific, disease-oriented questionnaires
- Quality of life, ADL; Motor impairment

FROM 2.30 TO 6 pm

Afternoon Practical Training | R. Casale

Visit to the Zingonia Hospital (BG)

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations, including how to map a painful area.

The instrumental examination of the somatic sensory system: QST

A. La Manna

Quantitative Sensory Testing (Mandatory for all the attendants)

Is pain a "simple experience": Psychophysical approach to pain perceptions and hierarchy | A. La Manna

The instrumental examination of the somatic sensory system: neurophysiology

(Optional. Groups will be organised according with attendants requests)

Routine neurophysiology testing (clinical indications and limitations)

- EMG ENG
- Reflex responses (blink, RaIII)

Special neurophysiology testing (clinical indications and limitations)

- Microneurography
- Evoked potentials (LASER, dermatomeric, SSEP)
- Brain mapping

The associated motor impairment | R. Casale

Voluntary, autonomic
Peripheral, central

The clinical examination in minimally conscious state patients

A. De Tanti

The presence of pain in minimally conscious state patients (MCS), how to assess and treat it is still a matter of uncertainty. As a consequence there are no guidelines that can help the clinician in assessing and treating pain in MCS. This seminal lecture will give a minimal clinical core set to evaluate pain in these patients.

The clinical examination of the chronic neuropathic pain patient

P. Hansson

This pivotal tutorial will examine diagnostic approaches to most common pain syndromes in neurology i.e.: painful diabetic polyneuropathy, post herpetic neuralgia, entrapment neuropathies (including complicated low back pain).

- Data from clinical evidence and case scenarios are presented and discussed in relation with guidelines on Neuropathic pain (IASP NeupSig EFNS etc)
- Diagnostic work-up of neuropathic pain flow chart
- Symptoms and questionnaires utility for NeP identification
- QST interpretation in pain medicine
- Pressing issues

Message from Chirs Wells on behalf of EFIC

(President of the EFIC Executive Board)

A look at future directions in neuropathic pain.

The clinical examination of the chronic neuropathic pain patient in practice | Per Hansson

Under the guidance of an expert clinician, participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, role playing and multimedia simulations.

Afternoon Practical Training

Participants will also have the opportunity to participate to an outpatient consultation and QST testing in some of the most common pain syndromes in neurology painful diabetic polyneuropathy, postherpetic neuralgia, limb nerve entrapment neuropathies (including complicated low back pain).

How to interpret inflammatory flags in the differential diagnosis between nociceptive and neuropathic pain | P. Sarzi Puttini

Clinical red flags

Laboratory red flags (blood samples for inflammatory markers, etc.)

Neuropathic or Nociceptive. Rephrasing unclear concepts, uneasy questions with special emphasis on cancer pain | M. Hanna

The inpatient:

difficult diagnosis and difficult patients | G. De Benedittis

A patient is referred to a pain clinic mainly for further investigations, confirmation of the diagnostic hypothesis or to start a given treatment. Quite often they can be defined as "difficult patients". In this setting the clinical and diagnostic tools should be used to define the type of pain precisely and determine the possible sites of action of the therapeutic options.

- The multidisciplinary approach and the critical revision of the highly complex patient's history
- Chronic pain and the psychological profile of the difficult patient
- The neuro-psycho-social model

Translation of symptoms into pain mechanisms and from mechanisms into more targeted treatments | R. Torta

The lecture will cover mechanisms of pain in the context translation to patients. Can the actions of drugs aid us in terms of understanding pain mechanisms?

Cold Cases | R. Sittl

Under the guidance of an expert clinician, a tournament will be organized between participants to verify the level of knowledge acquired. The tournament consists of simulated "cold" cases within a range of pain topics from those most frequently seen in the outpatient setting.

The aim is to make this an educational exercise on how to reach the most appropriate diagnostic hypothesis while introducing the fun of a sort of competition.

FROM 2 TO 4 pm

Take home messages | M. Hanna

Learning questionnaires

In this setting, the clinical and diagnostic tools learned during the School will be discussed and compared, with teachers, in relation to real clinical cases.