Chair’s Report:
The SIG held an official satellite meeting in Cardiff, Wales, [August 13-15] before the IASP World Congress on Pain in Glasgow. Although the course content and faculty were excellent, there were only 30 in attendance. This compared unfavorably with the Neuropathic Pain SIG satellite meeting in London with over 400 attendees. Consequently, there was a significant financial deficit for the PSNS SIG satellite which IASP covered.

Elections:
Chair: Joshua Prager [UCLA, Los Angeles, California, USA]
Secretary-Treasurer: Salim Hayek [Case Western Reserve University, Ohio, USA]
Chair-Elect: C. Sandy McCabe [Royal National Hospital for Rheumatic Diseases, Bath, UK]
Newsletter Editor: Peter Wilson [Mayo Clinic, Minnesota, USA]

New Business:
1] Dr. Harold Merskey, Chair of the IASP Committee on Taxonomy, reported that “quite radical” changes had been suggested to his committee via the web. These came from members of the Neuropathic Pain SIG. The thrust of the changes was to redefine the terms alldynia, neuropathic pain, nociceptor, etc., in neurophysiological terms. Dr. Merskey reminded the audience that the terms had been introduced to describe clinical phenomena, and were not intended to describe neurophysiological processes. If these proposals were to be accepted, if would effectively remove any syndrome without a clear anatomical or neurophysiological basis from the general neuropathic category. CRPS would be at risk of being “unclassified” as a neuropathic pain syndrome.

CONTENTS

Chair’s Report........................................................................................................1
Elections..................................................................................................................1
New Businesses.....................................................................................................1
Recent Publications of Interest.................................................................2

IASP® SIG ON PAIN AND THE SYMPATHETIC NERVOUS SYSTEM | www.iasp-pain.org
Recent Publications of Interest [to the newsletter editor]


The authors describe six main mechanisms involved in the chronification of neuropathic pain: i] activity increase in areas of the pain neuromatrix, ii] recruitment of additional cortical areas beyond the classical pain neuromatrix, iii] cortical reorganization and maladaptive neuroplasticity, iv] alterations in neurochemistry, v] structural brain changes and vi] disruption of the brain default network. They also reviewed functional imaging of endogenous pain modulation [including placebo] and concluded that defective modulatory systems contribute to the chronification of pain.


This paper from the Harvard group [including Chuck Berde and David Borsook] reports fMRI in pediatric patients [9-18yr] with lower extremity active CRPS after recovery. Mechanical light touch [brush] and thermal [cold] stimuli were used. They found: 1] stimuli produced CNS activation patterns in children similar to those in adults; 2] allodynia was associated with pain-induced activation of pain modulatory systems; 3] activation in basal ganglia and parietal lobes might explain movement disorders and hemineglect; 4] CNS changes persisted after resolution or evoked pain; 5] the “CRPS brain” responds differently to stimuli applied to unaffected regions. These results suggest significant changes in CNS circuitry.

Chair’s Report (continued)

It was therefore proposed, and passed unanimously, that Dr. Merskey communicate the PSNS SIG’s opposition to the proposed neuropathic pain taxonomy.

2] The question of the name of the SIG was raised, and Dr. Merskey strongly suggested that it remain as “Pain and the Sympathetic Nervous System” rather than be changed, for example, to “CRPS”.

There was consensus for an email ballot regarding a proposed SIG name change.

3] Dr. Prager discussed the poor attendance at the satellite symposium [30% of planned]. He suggested a satellite meeting before the Montreal IASP World Congress [August 29-September 2, 2010]. New York City might be a suitable venue. The possibility of including the RSDSA was raised, and Jim Broatch, executive Director, was introduced. It should be noted that US visa requirements have been tightened since January 2009.

4] Dr Hayek will be consulted about the website for the SIG, and the discussion forums available to members of the IASP and SIG. At present, there seem to be only two active discussion forums. Of interest was a blog by John Loeser [26MAR09] that he supports the efforts of the PSNS efforts to reduce the murkiness of the diagnosis and treatment of CRPS.

5] The Education and Research Committee of this SIG indicated that it was not contacted about the Cardiff satellite meeting, and should be for future meetings.

M. Stanton-Hicks
Chair, IASP SIG on PSNS

The Danish Pain Research Center reported the results from 30 right-handed adult volunteers who had the left wrist immobilized with a scaphoid cast. Measurements were made at baseline, and at removal day 0, 3 and 28. There were transient changes in skin temperature, mechanosensitivity and thermosensitivity, without alteration in the sympathetically mediated vascular tone. These changes did not meet the criteria for CRPS, but suggested that future studies should examine sudomotor changes, changes to deep blood flow, substance P and peripheral nociceptor changes.


The RSDSA web site hosted a survey comprising 75 multiple-choice open-ended questions related to CRPS, and the results were interpreted at Columbia and Johns Hopkins. There were 888 usable responses from a total of 1,359. There was a female-to-male ratio of 5:1, with 54.4% in the legs and feet. Although most patients indicated they were disabled, most disability claims had been denied. Only 21% reported resolution of symptoms, but most recurred. Treatment modalities were discussed. Benefits were reported as moderate for physical and occupational therapies, counseling and stress management, and good for nerve blocks, intrathecal drug delivery and spinal cord stimulation. However, the authors identified the predictable shortcomings of such a study, but it provides useful information.


The Mainz group reviewed 163 cases, of which 25 were "cold". They were compared with a matched group of 25 "warm" cases. Apart from skin color and temperature, there were other differences. "Cold" CRPS had a higher incidence of serious life events and chronic pain history, amplification of cold pain, muscle weakness and dystonia. They did not think a full distinction between the two could be achieved clinically. There might be some differences in the central and peripheral components between the two, but more studies are required.


The Drexel [Schwartzman] and Tübingen [Kiefer] groups report on 20 patients, with complete relief at 1 month in all patients and 50% at 6 months. However, they emphasize that a randomized controlled study is necessary to prove efficacy.