

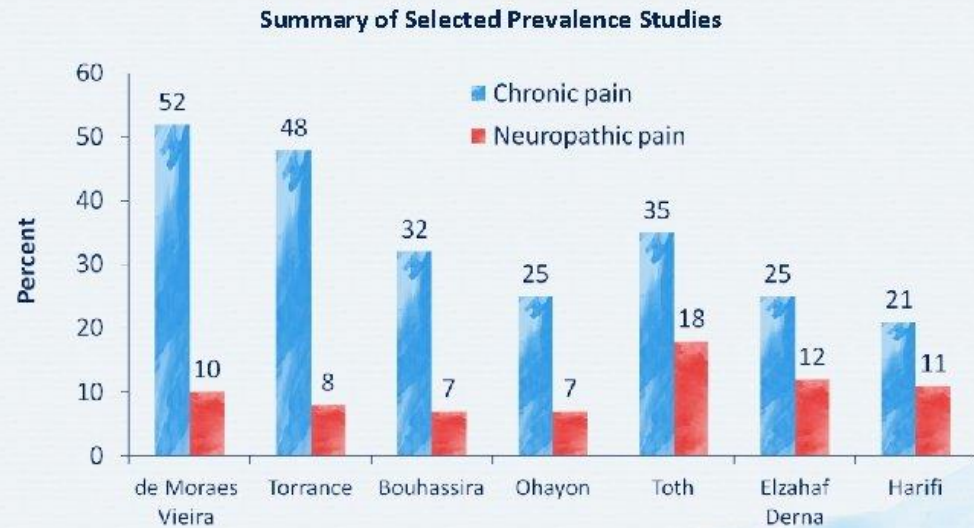


ΣΥΜΠΕΡΑΣΜΑΤΑ- ΣΥΖΗΤΗΣΗ



**ΝΕΥΡΟΠΑΘΗΤΙΚΟΣ
ΠΟΝΟΣ: ΣΥΜΠΤΩΜΑ Η
ΝΟΣΟΣ;;;;;**

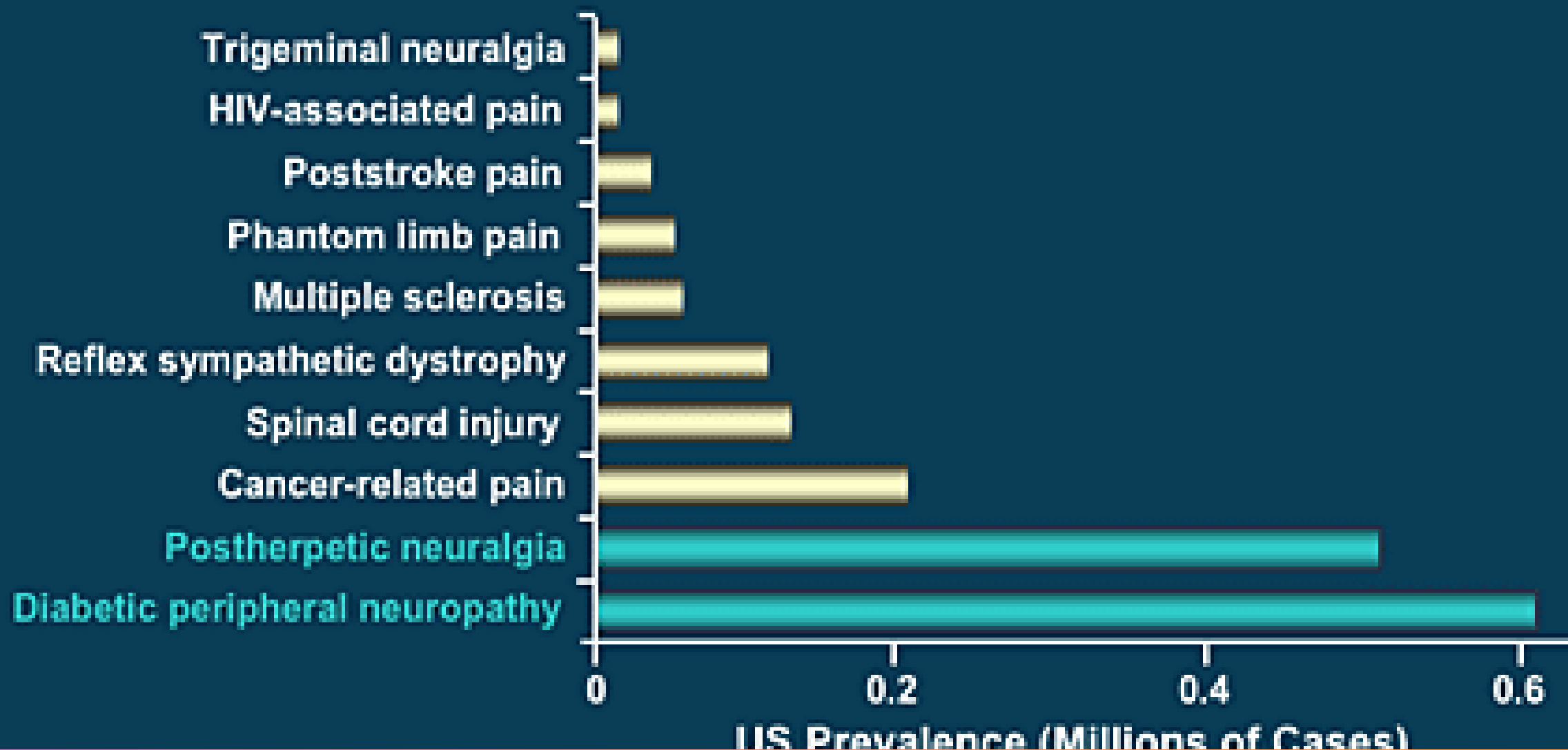
5–20% of the General Population May Suffer from Neuropathic Pain



Adapted from: Bouhassira D et al. *Pain* 2008; 136(3):380–7; de Moraes Vieira EB et al. *J Pain Symptom Manage* 2012; 44(2):239–51; Elzahaf RA et al. *Pain Pract* 2013; 13(3):198–205; Harifi G et al. *Pain Med* 2013; 14(2):287–92; Ohayon MM, Stirling C. *Psychiatr Res* 2012; 46(4):444–50; Torrance N et al. *J Pain* 2006; 7(4):281–9; Toth C et al. *Pain Med* 2009; 10(5):918–29.

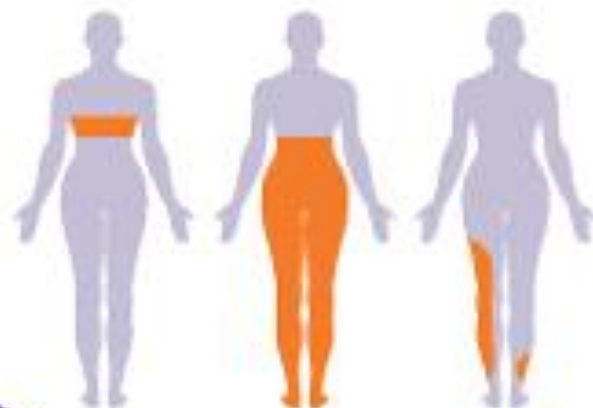
- Bouhassira D, Lantieri-Minet M, Attal N, Laurent B, Touboul C. Prevalence of chronic pain with neuropathic characteristics in the general population. *Pain* 2008;136(3):380–7.
- Dieleman JP, Kerklaan J, Huygen FJ, Bouma PA, Sturkenboom MC. Incidence rates and treatment of neuropathic pain conditions in the general population. *Pain* 2008;137(3):681–8.

Diabetic peripheral neuropathy (DPN) and postherpetic neuralgia (PHN) are the most common forms of neuropathic pain



Post-herpetic neuralgia

8% of herpes zoster patients



Spinal cord injury

67% of patients with spinal cord injuries

Painful diabetic neuropathy

26% of patients with type 2 diabetes



Multiple sclerosis

28% of patients with multiple sclerosis

Low back nerve root pathology

10-17% of patients with low back pain



Stroke

8% of patients with stroke

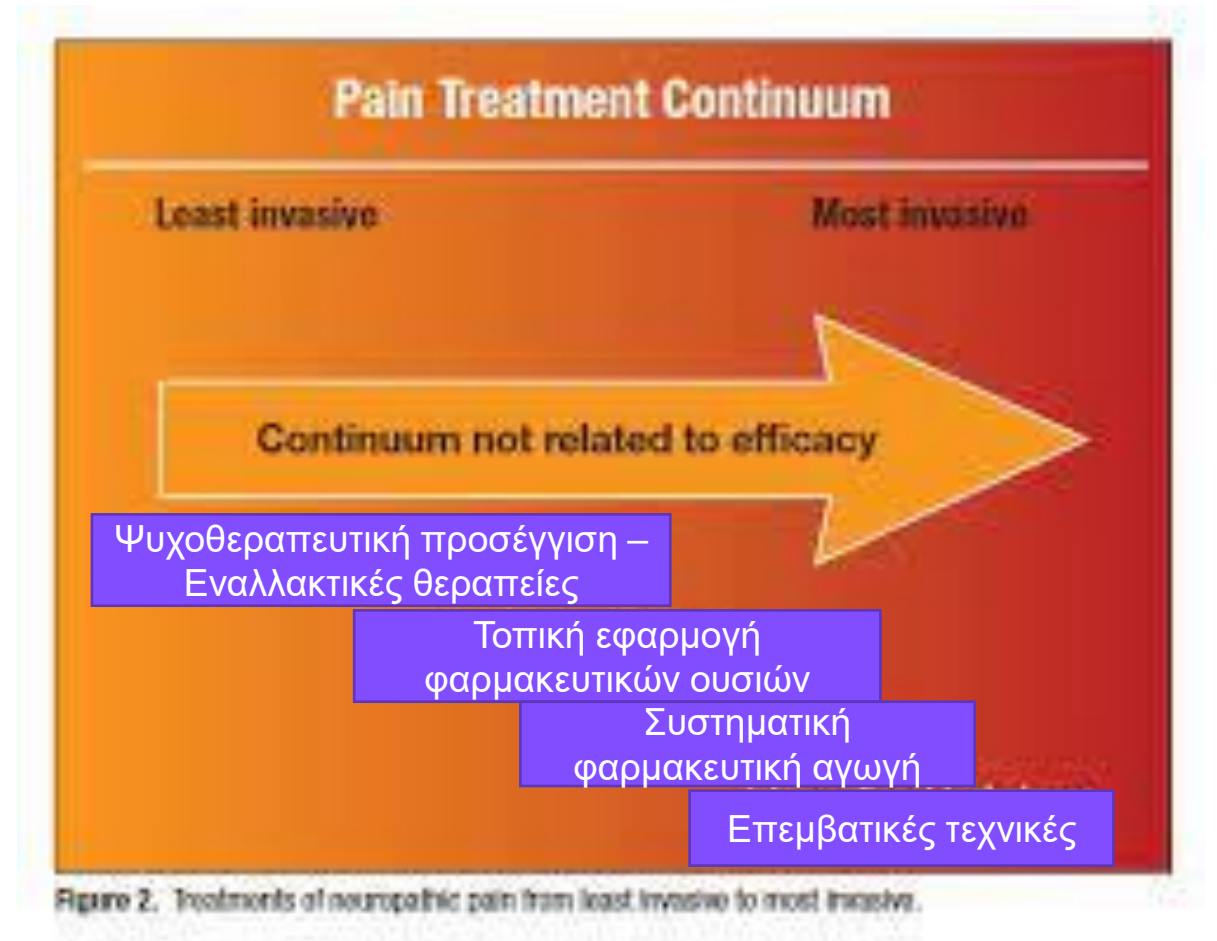
Neuropathic pain

Pain caused by a lesion or disease of the somatosensory nervous system

ΑΝΤΙΜΕΤΩΠΙΣΗ
ΤΟΥ
ΝΕΥΡΟΠΑΘΗΤΙΚΟΥ
ΠΟΝΟΥ



ΑΝΤΙΜΕΤΩΠΙΣΗ ΤΟΥ ΝΕΥΡΟΠΑΘΗΤΙΚΟΥ ΠΟΝΟΥ





Neuropathic pain in adults: pharmacological management in non-specialist settings

By NICE | 2 October 2020

When agreeing a treatment plan with the person, take into account their concerns and expectations, and discuss:

1. the severity of the pain, and its impact on lifestyle, daily activities (including sleep disturbance) and participation^[A]
2. the underlying cause of the pain and whether this condition has deteriorated
3. why a particular pharmacological treatment is being offered
the benefits and possible adverse effects of pharmacological treatments, taking into account any physical or psychological problems, and concurrent medications
4. the importance of dosage titration and the titration process, providing the person with individualised information and advice
5. coping strategies for pain and for possible adverse effects of treatment
6. non-pharmacological treatments, for example, physical and psychological therapies (which may be offered through a rehabilitation service) and surgery (which may be offered through specialist services)



- Consider referring the person to a specialist pain service and/or a condition-specific service^[B] at any stage, including at initial presentation and at the regular clinical reviews (see below), if:

- they have severe pain **or**
- their pain significantly limits their lifestyle, daily activities (including sleep disturbance), and participation^[A] **or**
- their underlying health condition has deteriorated

PAIN

Neuropathic pain in adults: pharmacological management in non-specialist settings

By NICE | 2 October 2020

Pain Medicine, 2011
doi: 10.1093/pain
Review

Algorithm for Management of Neuropathic Pain

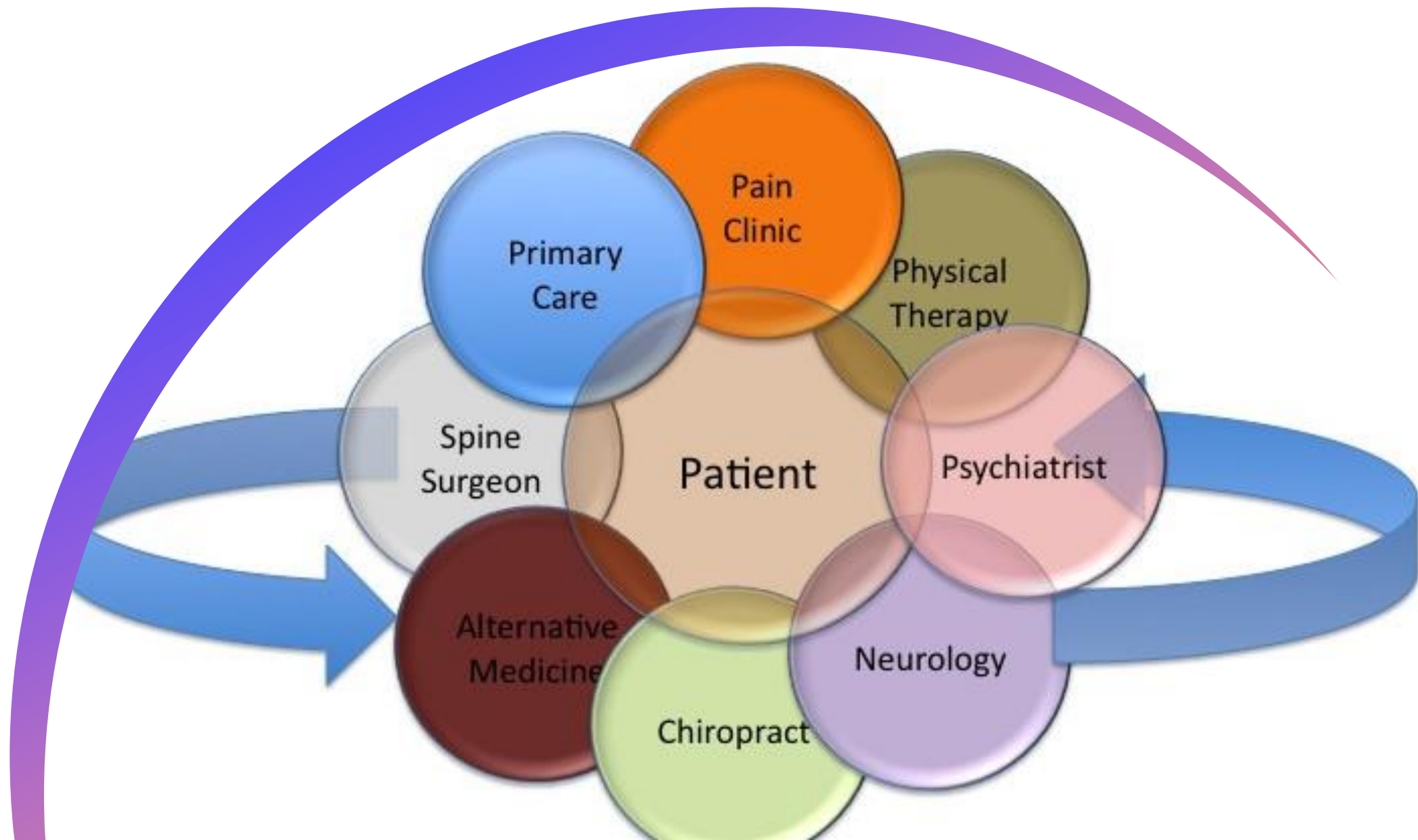
Steven Schultheis, MD, PhD,[†] Michael C. Hanes, MD,[‡] Suneil K. Datta, MD, PhD,^{||,|||} Timothy R. Deer, MD,^{**} Robert M. Levy, MD

Musculoskelettales Zentrum - Interventionelle Schmerztherapie, Krankenhaus & Pain Centers, Jacksonville, Florida; [§]Louisiana Pain Service, Department of Anesthesiology and Pain Medicine, University of Texas Health System, San Diego, California; ^{***}University of Florida, Gainesville, Florida; ^{††}Ainsworth Institute, Jacksonville, Florida

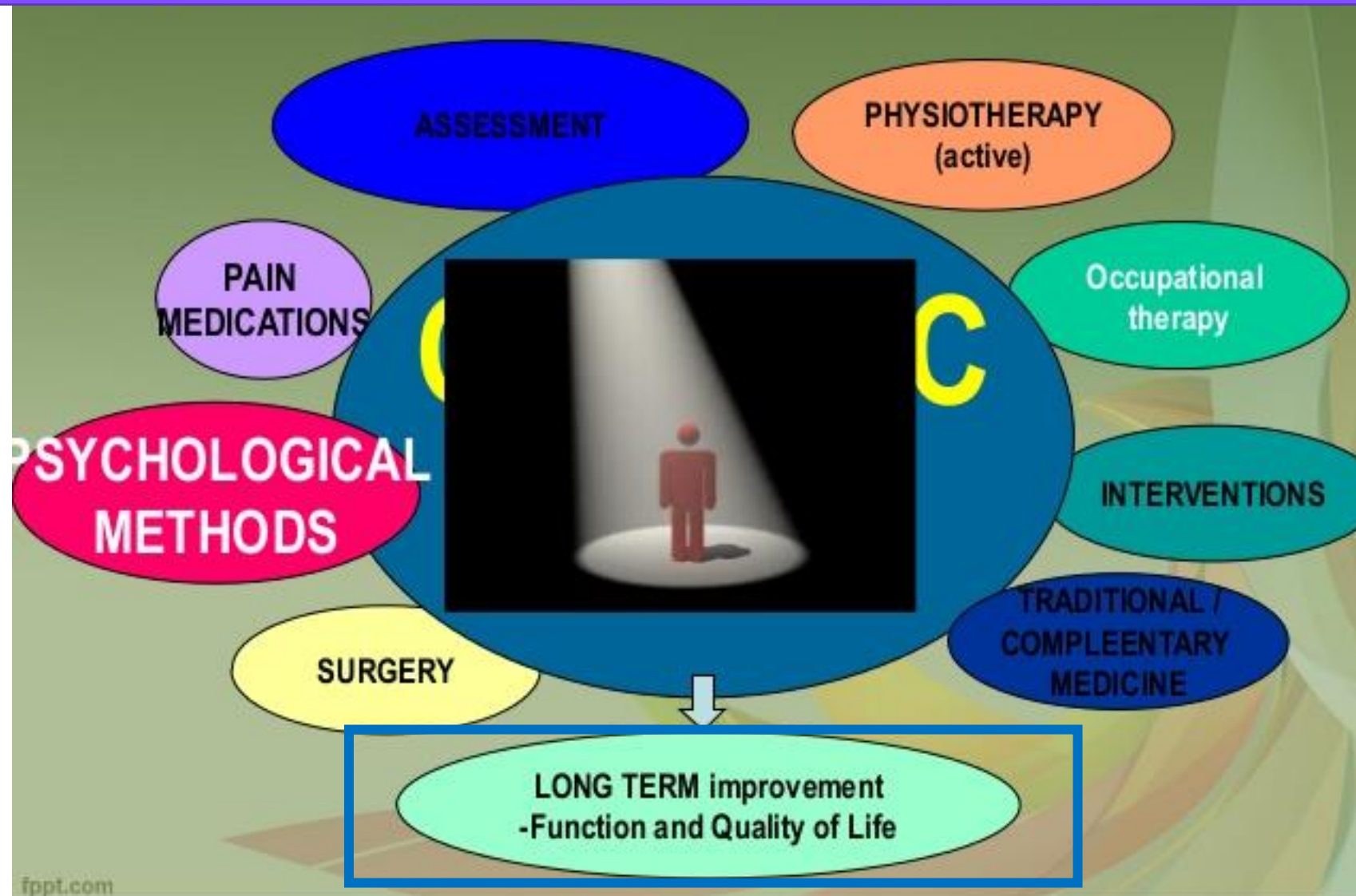
• Όταν οι ασθενείς
δεν
ανταποκρίνονται
στην 1^{ης} & 2^{ης}
γραμμής
θεραπεία πρέπει
να
παραπέμπονται
σε κέντρο πόνου



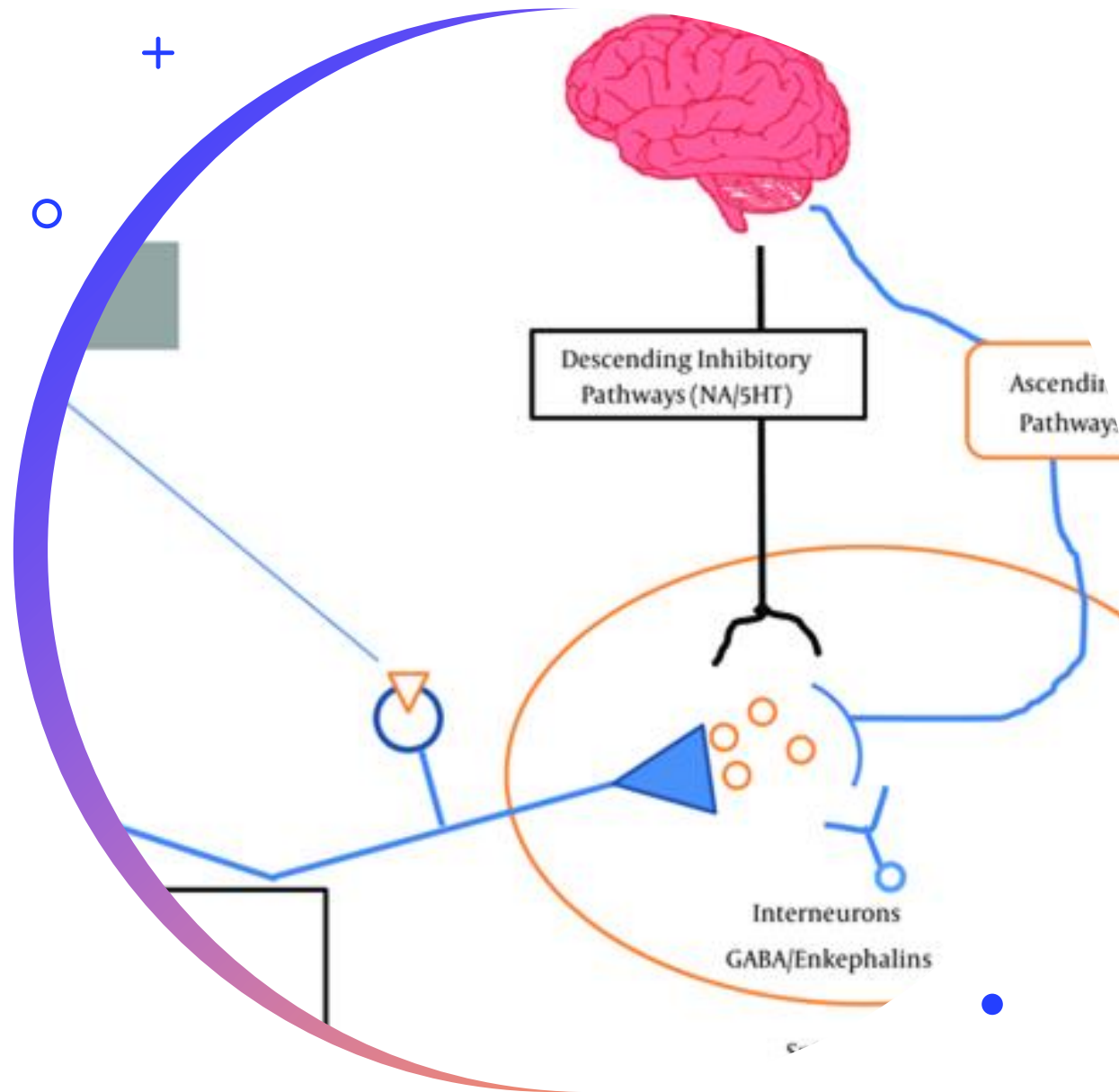




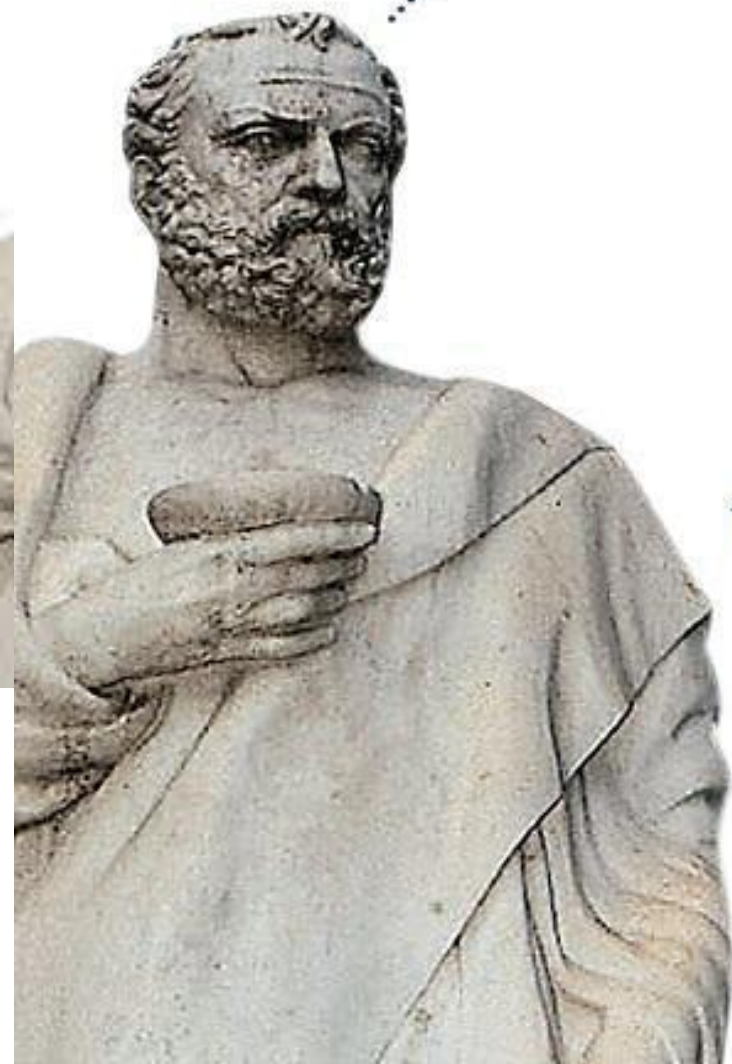
MULTIDISCIPLINARY MANAGEMENT OF NEUROPATHIC PAIN







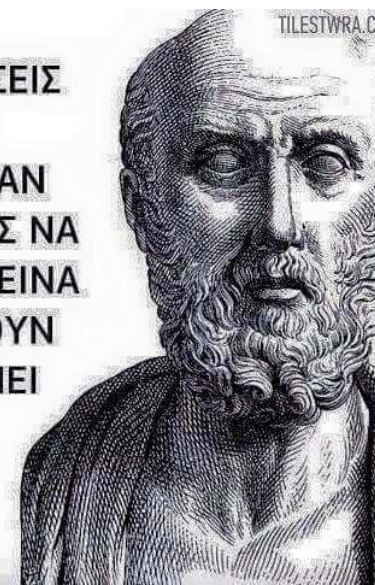
- Ο νευροπαθητικός πόνος έχει σημαντική επίπτωση στην ποιότητα ζωής των ασθενών καθώς και ψυχολογικό, κοινωνικό και κοινωνικό αντίκτυπο. Επί πλέον το οικονομικό βάρος που προσθέτει η θεραπεία του είναι δυσβάσταχτο.



*“Ωφελέειν ή μη βλάπτειν”
— Ιπποκράτης*

ΠΡΙΝ ΘΕΡΑΠΕΥΣΕΙΣ
ΚΑΠΟΙΟΝ,
ΡΩΤΗΣΕ ΤΟΝ ΕΑΝ
ΕΙΝΑΙ ΠΡΟΘΥΜΟΣ ΝΑ
ΑΦΗΣΕΙ ΟΛΑ ΕΚΕΙΝΑ
ΠΟΥ ΤΟΝ ΚΑΝΟΥΝ
ΝΑ ΑΡΡΩΣΤΑΙΝΕΙ

ΙΠΠΟΚΡΑΤΗΣ



Σας ευχαριστούμε

για την

προσοχή σας!



