Pain, Neuropathic, Painful Neuropathy

We often think that pain has a physical cause. If we get rid of the cause, the pain should go away. Nerves themselves can also cause pain. It is called neuropathic pain, which means nerve abnormality. It may be difficult for the patients who have it and for the treating caregivers. Pain is usually described as *acute* (short lived) or *chronic* (long lasting). **Acute pain** is related to the physical sensations caused by an injury. It can last from a few seconds to many weeks, but it usually goes away when normal healing occurs. **Chronic pain** lasts beyond the typical healing time. With neuropathic pain, the nerve fibers themselves may be damaged or injured. They then send incorrect signals to other pain centers. The pain you feel is real, but the cause is not easy to find.

CAUSES

Chronic pain can result from diseases, such as diabetes and *shingles* (an infection related to chickenpox), or from trauma, surgery, or amputation. It can also happen without any known injury or disease. The nerves are sending pain messages, even though there is no identifiable cause for such messages.

- Other common causes of neuropathy include diabetes, phantom limb pain, or Regional Pain Syndrome (RPS).
- As with all forms of chronic back pain, if neuropathy is not correctly treated, there can be a number of associated problems that lead to a downward cycle for the patient. These include depression, sleeplessness, feelings of fear and anxiety, limited social interaction and inability to do normal daily activities or work.
- The most dramatic and mysterious example of neuropathic pain is called “phantom limb syndrome.” This occurs when an arm or a leg has been removed because of illness or injury. The brain still gets pain messages from the nerves that originally carried impulses from the missing limb. These nerves now seem to misfire and cause troubling pain.
- Neuropathic pain often seems to have no cause. It responds poorly to standard pain treatment and may get worse instead of better over time. For some people, it can lead to serious disability.

Neuropathic pain can occur after:

- Shingles (Herpes Zoster Virus Infection)
- A lasting burning sensation of the skin, caused usually by injury to a peripheral nerve
- Peripheral Neuropathy which is widespread nerve damage, often caused by diabetes or alcoholism.
- Phantom Limb Pain following an amputation.
- Facial Nerve Problems (Trigeminal Neuralgia).
- Multiple Sclerosis
- Reflex Sympathetic Dystrophy
- Pain which comes with cancer and cancer chemotherapy.
- Entrapment Neuropathy such as when pressure is put on a nerve such as in carpal tunnel syndrome.
- Back, leg, and hip problems (Sciatica)
- Spine or back surgery
- HIV Infection or AIDS where nerves are infected by viruses.

Your caregiver can explain items in the above list which may apply to you.

SYMPTOMS

Back pain or other pain that is caused by neuropathy is typically described as:

- Severe, sharp, electric shock-like, or shooting.
- Deep burning or cold
- Persistent numbness, tingling, or weakness.
- Traveling along the nerve path into the arms, hands, legs or feet.
- Further, neuropathy may be characterized by pain resulting from light touch or other stimulus that would not usually cause pain. There may also be increased sensitivity to something that would normally cause pain (a pinprick).
- Lasting pain from a non-painful thing such as a light touch is common. Pain may persist for months or years following the healing of damaged tissues. When this happens, pain signals no longer sound an alarm about current injuries or injuries about to happen. Instead, the alarm system itself is not working correctly.

DIAGNOSIS

When you have a pain with no known cause, your caregiver will probably ask some specific questions:

- Do you have any other conditions, such as diabetes, shingles, multiple sclerosis, or HIV infection?
- How would you describe your pain? (Neuropathic pain is often described as shooting, stabbing, burning, or searing.)
- Is your pain worse at any time of the day? (Neuropathic pain is usually worse at night.)
- Does the pain seem to follow a certain physical pathways?
- Does the pain come from an area that has missing or injured nerves? An example would be phantom limb pain.
- Is the pain triggered by minor things such as rubbing against the sheets at night?

These questions often help define the type of pain involved. Once your caregiver knows what is happening, treatment can begin. Anticonvulsant, antidepressant drugs, and various pain relievers seem to work in some cases. If another condition, such as diabetes is involved, better management of that disorder may relieve the neuropathic pain.

TREATMENT

Neuropathic pain is frequently long lasting, and tends not to respond to treatment with narcotic type of pain medication. It may respond well to other drugs such as anti-seizure and anti-depressant medications. Usually, neuropathic problems do not completely go away, but partial improvement is often possible with proper treatment. Your caregivers have large numbers of medications available to treat you. Do not be discouraged if you do not get immediate relief. Sometimes different medications or a combination of medications will be tried before you receive the results you are hoping for. Be sure you see your caregiver if you have pain that seems to be coming from nowhere and does not go away. Help is available.

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