

MONTESCANO MASTER CLASS: NEUROLOGICAL DIAGNOSIS IN CHRONIC PAIN

“Endorsed by European Pain Federation EFIC®”

9th June – 12th June 2014

RATIONALE

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.

SCIENTIFIC PROGRAMME

MONDAY, JUNE 9th, 2014

08.00	Message from Augusto Pagani (Piacenza Medical Council President)	Augusto Pagani	
	Message from Nevenka Krčevski Škvarč on behalf of EFIC (Executive Board Member)	Nevenka Krčevski Škvarč	
08.30	The Clinical approach In outpatient practice it is important to make a first essential screening (neuropathic, nociceptive, mixed pain). The aim of this section is to give a quick reference flow chart for clinicians mainly working in outpatient clinics. The interview: <ul style="list-style-type: none">• how to improve the patient/doctor relationship• what the patient tries to tell us about her/his pain	Marijana Braš	90'
10.00	The clinical examination of the sensory system Description of the minimum instrument set needed and how to use it (hammer, tuning fork, Von Frey hairs, heat and cold, dermographic pencil) in the evaluation of sensory signs and symptoms referred to the skin <ul style="list-style-type: none">• Mechanical static, dynamic, deep somatic• Mechanical pinprick• Thermal (heat & cold)	Roberto Casale	60'

11.00 – 11.30 COFFEE BREAK

11.30	<p>The associated motor impairment</p> <ul style="list-style-type: none"> • Voluntary, autonomic • Peripheral, central <p>Pain questionnaires and diaries What they can tell us and what they cannot</p> <ul style="list-style-type: none"> • Easy and fast recordings of the clinical picture (analogic, semantic, numerical etc) • Complex pain questionnaires and specific, disease-oriented questionnaires • Quality of life, ADL; Motor impairment <p>Cartography of pain Where the signs and symptoms are perceived and found</p> <ul style="list-style-type: none"> • Pain drawing and pain mapping. 	Roberto Casale	90'
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13.00 – 14.00 LUNCH

15.00	<p>Afternoon Practical training at Dept clinica Neuropsychology & Pain Rehabilitation unit, Montescano</p> <ul style="list-style-type: none"> • 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. <p>COFFEE BREAK (30')</p> <ul style="list-style-type: none"> • Is pain a “simple experience”: Psychophysical approach to pain perceptions and hierarchy 	Alessandro La Manna Roberto Casale	150'
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TUESDAY, JUNE 10th, 2014

08.00	<p>How to interpret inflammatory flags in the differential diagnosis between nociceptive and neuropathic pain</p>	Roberto Caporali	90'
09.30	<p>The inpatient: difficult diagnosis and difficult patients</p> <p>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.</p> <ul style="list-style-type: none"> • 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 	Giuseppe DeBenedittis	90'

11.00 – 11.30 COFFEE BREAK

11.30	Polling Session Use of diagnostic work-up algorithm for clinical diagnosis in chronic pain.		90'
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13.00 – 14.00 LUNCH

14.00	The clinical examination of muscle and visceral pain Diagnosis and differential diagnosis of different forms of primary and secondary muscle pain, and of different visceral pain phenomena (true visceral pain, referred pain with and without hyperalgesia, visceral hyperalgesia, viscerovisceral hyperalgesia) <ul style="list-style-type: none">• Clinical procedures• Instrumental procedures	Maria Adele Giamberardino	60'
15.00	Pain Tournament or Europe against Pain The First Challenge Cases reports from Valeria Tugnoli ,Renato Vellucci Cold Cases: Under the guidance of expert clinicians, a tournament will be organized between participants to verify the level of knowledge acquired after this session. The tournament consists of simulated 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 while introducing the fun of a competition. COFFEE BREAK (30')	Valeria Tugnoli Renato Vellucci	150'

WEDNESDAY, JUNE 11th, 2014

08.00	Pharmacological dissection of pain mechanisms for a mechanism-based clinical approach to chronic pain The lecture will cover the peripheral, spinal and supraspinal mechanisms of pain as evidenced from preclinical studies, in the perspective of a rapid translation to patients. Allodynia, hyperalgesia, ongoing pain will be covered. <ul style="list-style-type: none">• Neuropathic, inflammatory and visceral pain mechanisms• Peripheral and central sensitization – what these may mean in terms of signs and symptoms	Diego Fornasari	60'
09.00	Pain in Neurology This tutorial will examine diagnostic approaches and therapeutic options available to manage most common pain syndromes in neurology: painful diabetic polyneuropathy, postherpetic neuralgia, limb nerve entrapment neuropathies (including complicated low back pain). Data from clinical evidence and case scenarios are presented presented to support IASP NeupSig guidelines on Neuropathic pain, and	Arunas Sciupokas	90'

	EFNS guidelines on the pharmacological treatment of neuropathic pain.		
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10.30 – 11.00 COFFEE BREAK

11.00	Minimally invasive procedures for Peripheral Neuropathic pain and how to interpret their failure Diagnostic peripheral nerve and central neuraxial blockade <ul style="list-style-type: none"> • Electrostimulation (SCS, PNS, etc.) • Bier's blockade with different compounds • Systemic lidocaine test • Pharmacological tests 	Bhaskar Arun Kumar	120'
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13.00 – 14.00 LUNCH

14.00	Afternoon Practical training 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.		60'
15.00	Pain Tournament or Europe against Pain The Final Challenge Cases reports from Valeria Tugnoli ,Renato Vellucci Cold Cases: Under the guidance of expert clinicians the "losers" of the First Challenge will have a second chance to tackle more complex and challenging cases of chronic pain. As for the First Challenge, the tournament will consist of simulated cases within a range of highly complex pain topics. The aim is always to make this an educational exercise but with the excitement of a competition. COFFEE BREAK (30')		150'

THURSDAY, JUNE 12th, 2014

08.00	Narrative medicine as a tool in the management of chronic pain person. <ul style="list-style-type: none"> • Introduction to narrative medicine: storytelling applied to health care. • Narrative tools: parallel chart, patient's diary, free and semi-structured stories. • Storytelling and health care professionals in prevention of burn out: writing as a pragmatic tool. • Analysis of stories and texts (verbal and non verbal). A working group on how to collect the stories of the professionals (parallel chart) and of the patients	Maria Giulia Marini	180'
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11.00 – 11.30 COFFEE BREAK

11.30	Neuropathic or Nociceptive Rephrasing unclear concepts, uneasy questions from the Participants	Bhaskar Arun Kumar	90'
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13.00 – 14.00 LUNCH

14.00	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.		
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TOTAL CME: 27h

FACULTY

Bhaskar Arun Kumar | UK
Braš Marijana | Croazia
Caporali Roberto | Italia
Casale Roberto | Italia
De Benedittis Giuseppe | Italia
Fornasari Diego | Italia
Giamberardino Maria Adele | Italia
Krcovski-Skvarc Nevenka | Slovenia
La Manna Alessandro | Italia
Marini Maria Giulia | Italia
Sciupokas Arunas | Lithuanian
Tugnoli Valeria | Italia
Vellucci Renato | Italia

CME POINTS

This course is accredited for 20 participants. The target is composed of the following disciplines: Physical Medicine and Rehabilitation, Anesthesiology, Clinical Neurophysiology, Emergency Medicine, General Practice, Intensive Care, Internal Medicine, Neurology, Neurosurgery, Radiology. Italian CME credits assignment is subordinate to the 100% attendance of the event, to the return of the event evaluation form, and to the positive outcome of the final evaluation test, for which each participant shall answer properly 75% of the proposed questions.

COURSE VENUE

OSPEDALE G. DA SALICETO
Via Taverna, 49 – 29121 PIACENZA

Registration

Send registration form to the organizing secretariat together with the receipt of payment, made before 15 May 2014.

Conference Costs

MD, MhD (until 15st May 2014)	€ 1.000,00*
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* Fee is meant for each person, in Euros, VAT free.

The registration fee includes: certificate of attendance, CME, coffee breaks and lunches, accommodation.

Organizing Secretariat and Italian CME Provider

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