

Letters to the Editor/Short Communications

Central Sensitization Pain Should Be Included in (Central) Neuropathic Pain

To THE EDITOR:

Dr. Nijs et al (1) provided criteria for the classification of central sensitization (CS) pain. Peripheral neuropathic pain and nociceptive pain cause CS in the central nervous system if the 2 kinds of pain persist. Therefore, pure peripheral neuropathic pain and pure nociceptive pain are rare in clinical practice. I believe that CS is one of causes of central neuropathic pain. CS pain may be the center of (central) neuropathic pain. I disagree with a hypothesis that CS pain is differentiated with neuropathic pain. Fibromyalgia will be often diagnosed as CS pain based on the classification of CS pain, because fibromyalgia is a typical CS pain.

First, what is the purpose of differentiating CS pain from neuropathic pain? It is very important that we differentiate neuropathic pain from nociceptive pain because treatment, including medication, of the 2 kinds of pain are complete different. Treatment for neuropathic pain is similar except in cases of complex regional pain syndrome, trigeminal neuralgia, migraine, and cluster headache. In all likelihood, fibromyalgia is a disease (or disorder) with the highest number of evidence-based efficacious treatment options among neuropathic pain. Treatment for fibromyalgia is useful in patients with other neuropathic pain based on evidence and my experience.

Second, differentiation between lesion/disease and dysfunction in the central nervous system makes

no sense. Parkinson's disease and multiple sclerosis were functional diseases in the sixth century. In all likelihood, dysfunction of the central nervous system in patients with CS pain such as fibromyalgia will be lesion in the twenty-fourth century.

Differentiating CS pain from neuropathic pain confuses clinical practice. CS pain should be included in (central) neuropathic pain.

Katsuhiro Toda, MD
Fukuyama Rehabilitation Hospital
Department of Rehabilitation
1-15, 4-choume, Miyoshi-chou,
Fukuyama-city, Hiroshima, Japan 720-0031
E-mail:goutattack@yahoo.co.jp

REFERENCE

1. Nijs J, Torres-Cueco R, van Wilgen CP, Girbes EL, Struyf F, Roussel N, van Oosterwijck J, Daenen L, Kuppens K, Vanwerwee L, Hermans L, Beckwee D, Voogt L, Clark J, Moloney N, Meeus M. Applying modern pain neuroscience in clinical practice: Criteria for the classification of central sensitization pain. *Pain Physician* 2014; 17:447-457.

In Response

Thank you for giving us the opportunity to respond to the letter by Dr. Katsuhiro Toda discussing the presentation of clinical classification criteria for central sensitization pain (1). The criteria aim to explain how clinicians can differentiate clinically between predominant nociceptive, neuropathic, and central sensitization pain. Dr. Toda challenged the need for such criteria,

advocating that central sensitization pain can be classified as neuropathic pain. Here we take the opportunity to explain our perspective in more detail.

According to the International Association for the Study of Pain (IASP), neuropathic pain is defined as pain caused by a primary lesion or disease of the somatosensory nervous system (2). Guidelines have been