

# Neuropsychiatric Medications in Persistent Pain

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## Introduction

Nerve injury may result in multiple changes within the central nervous system that perpetuate the pain experience. Increased numbers of the signals called action potentials cause hypersensitivity to pain. Redistribution of synapses, which connect the nerve cells establishing a circuit allowing the cells to communicate with each other, for mechanoreceptors, that generally receive pain signals, causes perception of pain to non-painful stimuli [1]. Increased receptive field size, especially in the dorsal horn cells, a group of nerve cells situated in columns in the back of the spinal cord, results in spread of pain. This happens because of neural plasticity, which is the flexible ability of the nervous tissue to modify their connections or circuits to accommodate to circumstances, in the central nervous system. The use of exercise and psychological treatments may be effective in persistent or chronic pain because these treatments retrain the nervous system to re-establish more normal neural connections [2]. Neuropsychiatric assessment forms a part of a multidisciplinary approach to the management of persistent pain. Therefore the neuropsychiatry is a member of the multidisciplinary team working towards a common goal [3]. Effective outcomes are achieved with open and on-going communication among the various team members. Examination of the central nervous system and musculoskeletal system is done if necessary. Most patients would have already undergone detailed examinations by the referring surgeon or physician and would have records of such evaluations. Mental status examination gives a comprehensive idea of the patient's present state of mind [4]. Assessment of function abilities and deficits, mobility, self-care, physical performance, energy levels, vocational, familial, social and sexual function. Rating scales and instruments are objective measuring devices that are used first in the initial assessment and subsequently in follow-up sessions and are most valuable in gaining information on progress. They consist of structured or semi-structured questionnaires that are completed either by the patient, when it is called self-rated scale, or by the treating clinician [5]. They also provide a tangible feedback for the patient in assessing his/her own responses to the therapies. This will enable both therapist and patient to modify and improve strategies of management. These can also prove most useful in research and audit which are essential for the progress and advancement of medical science and knowledge [7]. The reasonable aim of management of persistent pain is to decrease the pain when possible and improve the function for the individual. This is a process wherein the patient and the members of the multidisciplinary therapeutic team work together to reduce pain, improve function, develop effective management strategies according to the individual's abilities and capacities, and maintain the improvements achieved over time [8]. This requires that the treatment plan emphasizes active participation by the patient, patient responsibility and development of self-management skills. Management of chronic pain also involves general health management with particular attention to posture, weight, sleep disturbance, cardiovascular and pulmonary risk reduction, and avoidance of harmful habits like tobacco, alcohol and drug use. Although pain may not be fully eliminated, treatment aims to reduce daily pain level, and the frequency, severity, and duration of the pain flares [9]. In general, pain levels do not significantly improve until the patient has begun reconditioning and has increased his or her

level of daily activities. Like with other medications, the drugs have to be used in proper dosages for sufficient periods of time. The onset of action may not be immediate and may take several weeks. They have to be monitored for efficacy and emergent side effects. Side effects if they do occur are usually transient. But if persistent and causing distress, they have to be addressed. Before prescribing, it is essential to be aware of interactions with other medications that the patient may already be taking and also presence of other medical conditions which can increase the chances of adverse effects and/or modify the response.

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## Conflict of Interest

None

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