

Letter from the Editor-in-Chief

This issue begins with four articles on important topics in rehabilitation and pain. The first two concern spinal cord injury (SCI) and pain topics. Dr. Jensen reports the provocative results that 86% of his SCI patients with pain respond to hypnotic suggestion for pain relief, at least in the short term. This suggests some interesting therapeutic avenues for our patients, especially self-hypnosis as well as the commonly employed (but untested) techniques of imagery and distraction. Since we have few effective tools for the treatment of this type of pain, it is important that we investigate all interdisciplinary avenues, and particularly those indirect techniques that may ultimately lead to effective self-management. The second SCI article addresses a rather controversial topic in pain management. There is a lot of discussion in academic circles about the strong preference for mono-therapy for chronic pain. However, clinically mono-therapy is rarely the rule. Additive effects of drugs are often necessary to achieve sufficient analgesia, but the concept of additive benefit or synergy is very difficult to prove statistically. Drs. Kuiken and Smith provide a case report on the combined use of Carbamazepine and Nortriptyline that seems to have provided a distinct advantage in this particular patient. In addition to illustrating the advantage of two-drug therapy and raising the possibility of synergy, this case also flies in the face of a legend in pain management – that two compounds from the same family (tricyclics in this case) can not be used safely together. The lore about this issue is that two chemicals that are antigenically similar may provoke an allergic response, perhaps preventing the use of the whole class of medications in the future. Obviously, that was not the situation in this case, at least over the time period observed. I cannot find any cases in the literature that have documented this alleged allergic reaction and there may be a rationale for combining drugs in class. Certainly, psychiatrists and pain management doctors are now comfortably using combinations of different anti-depressants such as SSRI's (in the morning) and more sedative anti-depressants (at bedtime). It is my opinion that the combination of a sedative tricyclic anti-depressant at night and an anti-epileptic drug, either with GABA-ergic and/or "membrane stabilizing" properties (Na⁺ channel-blockers), represents the best combination drug approach for neuropathic pain today.

There is a critical and immediate need for objectification in pain management measures and outcomes. Because pain is an entirely subjective phenomenon, and all the primary instruments are based on the patients' subjective report, it will be necessary to continuously analyze and refine other measures that address aspects of the pain experience that can be objectified. The physical examination is quasi-objective and examiner bias can be profound. We have two papers in this issue that address different aspects of this need for objectification.

Dr. Kroll and her team investigate the relationship between clinical measures of pelvic tilt angle, range of pelvic movement and the lumbar lordosis in normals. This is an excellent example of ways to better objectify the physical examination. Mr. Watson and Ms. Duckett examine objectification at the other end of the chronic pain spectrum – the importance of attending to cost, length of treatment and return to work. In the rehabilitation sense, these parameters are among the most objective and important outcome measures that can be obtained.

Finally, this issue contains the proceedings of a wonderful satellite meeting held in Budapest, Hungary after the 1999 IASP meeting in Vienna. This 2.5 day symposium addressed Complex Regional Pain Syndrome and autonomic disease. The part concerning CRPS (also still sometimes referred to as Reflex Sympathic Dystrophy) was of such excellent caliber that we decided to publish the proceedings. We hope you find it equally interesting.

There were considerable technical difficulties with the recording clarity and the transcription quality. However, with the patient transcribing efforts of Ms. Pryma, a useable draft was prepared. The guest editor is Dr. Michael Stanton-Hicks of the Cleveland Clinic, assisted by your Editor-in-Chief. We have attempted to retain much of the vigor and spark of this international meeting, and therefore these proceedings are stylistically diverse. We believe the superb quality of the faculty and the excellent information they brought together makes this effort worthy of publication.

R. Norman Harden, MD
Editor-in-Chief