Allan Pollack
Christopher Harrison
Joan Henderson
Helena Britt

Neuropathic pain

Keywords

general practice; neuropathic pain



Neuropathic pain (NP) may result from a lesion, disease or dysfunction of the somatosensory system (peripheral or central nervous system). Examples include diabetic polyneuropathy, postherpetic and trigeminal neuralgias, spinal cord injury pain and painful radiculopathy. While general population surveys in the United Kingdom and France indicate a prevalence of 7–8%, 2,3 information is scant in Australia, as the existence of NP may be subsumed within the diagnostic label of the associated condition. 5

This lack of information led us to design a sub-study of the BEACH program, surveying 2654 patients from 91 general practitioners in late 2012, to determine the prevalence of NP among patients seen in Australian general practice, its most commonly described symptoms, the time between the onset of symptoms and consulting a GP, reasons prompting the patient to seek help and reasons for the patient delaying this. The prevalence of NP (or its symptoms) was 8.5% (n=226), comprising 6.6% formally diagnosed NP and 1.9% symptoms of (undiagnosed) NP. There was no difference in the prevalence between the sexes.

Patients aged 45–64 years had the highest rate of NP (15.8%, Figure 1), accounting for 109 (48.7%) of the 224 respondents with NP. There were 439 responses by 225 patients describing the nature of the NP. The three most common were 'shooting pain' (52.9% of patients), 'burning' (47.6%) and 'pins and needles' (44.0%). Time between NP symptom onset and first seeking GP care was reported by 205 respondents. The majority of patients (84.9%) sought help within 6 months of symptom onset. The most frequent reasons to seek GP help were intolerable pain or interference with normal routine, sleep or physical activity (Table 1). The most common single reason (given by 12 of 30 patients) for waiting more than 6 months was that the patient 'hoped pain would self-resolve'. These results indicate a prevalence of NP similar to that of the European population surveys.

Authors

Allan Pollack, Christopher Harrison, Joan Henderson, Helena Britt; FMRC University of Sydney, New South Wales.

Competing interests: None.

Provenance and peer review: Commissioned; not peer reviewed.

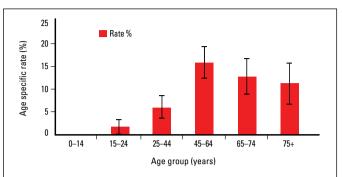


Figure 1. Age-specific rates of neuropathic pain (with 95% confidence limits)

Table 1. What finally prompted patients to seek help from their GP (multiple responses allowed)

Reason	Responses	Proportion of 204 patients (%)
Unable to tolerate pain	121	59
Pain was interfering with:		
• normal daily routine	114	56
• sleep	104	51
physical activity	104	51
• family/friends	32	16
• relationships	30	15
Total	505 responses	

Acknowledgements

The authors thank the GP participants in the BEACH program, and all members of the BEACH team. Funding contributors to BEACH from April 2012 to March 2013: Australian Government Department of Health and Ageing; AstraZeneca Pty Ltd (Australia); CSL Biotherapies Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; National Prescribing Service; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia Pty Ltd. This SAND substudy was undertaken in collaboration with Pfizer Australia Pty Ltd. BEACH and all SAND sub-studies are approved by the Human Research Ethics Committee of the University of Sydney.

References

- Treede RD, Jensen TS, Campbell JN, et al. Neuropathic pain: redefinition and a grading system for clinical and research purposes. Neurology 2008;70:1630–5.
- Torrance N, Smith BL, Bennett MI, Lee AJ. The epidemiology of chronic pain of predominantly neuropathic origin. Results from a general population survey. J Pain 2006;7:281–9.
- Bouhassira D, Lantéri-Minet M, Attal N, Laurent B, Touboul C. Prevalence of chronic pain with neuropathic characteristics in the general population. Pain 2008;136:380–7.
- International Association for the Study of Pain. Available at www.iasp-pain. org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay. cfm&ContentID=12215 [Accessed 11 January 2013].
- McBeth J, Prescott G, Scotland G, et al. Cognitive behavioural therapy, exercise, or both for treating chronic widespread pain. Arch Intern Med 2012;172:48–57.

correspondence afp@racgp.org.au