Novità nella classificazione ICD 11

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Narrative Review

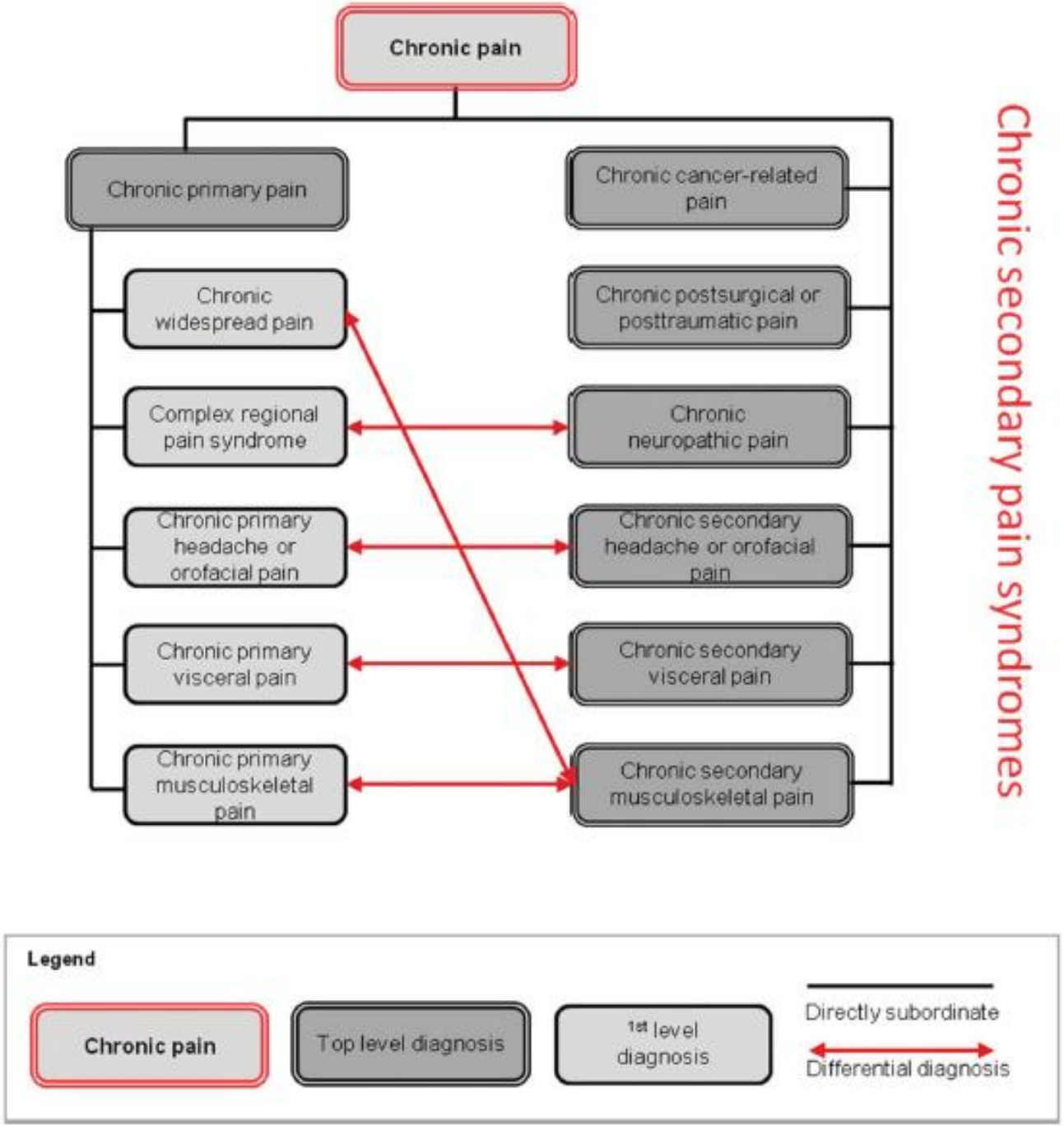
PAIN

Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for the *International Classification of Diseases* (*ICD-11*)

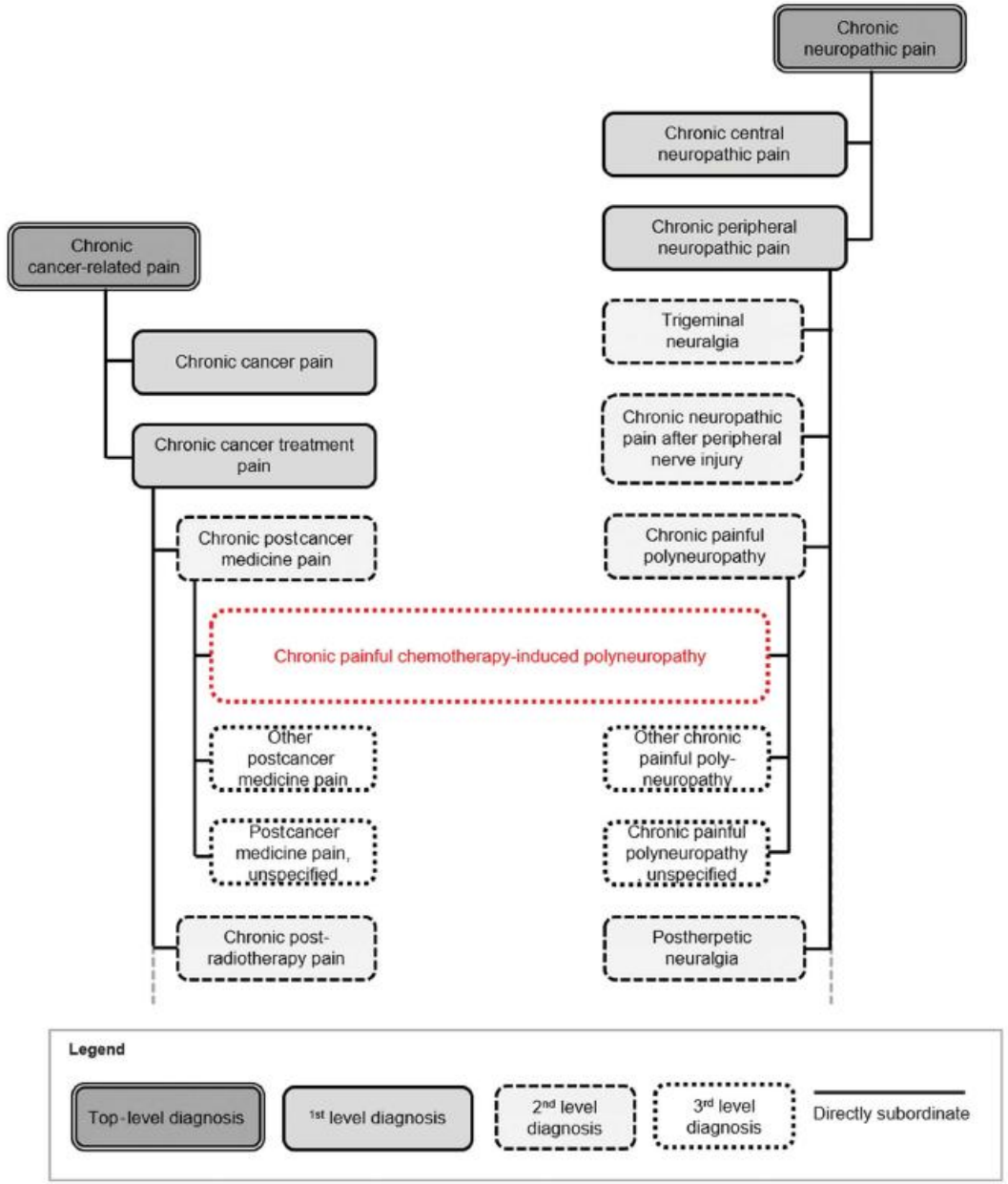
Rolf-Detlef Treede[a,*], Winfried Rief[b], Antonia Barke[b], Qasim Aziz[c], Michael I. Bennett[d], Rafael Benoliel[e], Milton Cohen[f], Stefan Evers[g], Nanna B. [h], Adele Giamberardino[k], Stein Kaasa[l,m,n], Beatrice Korwisi[b], Eva Kosek[o], Patricia [p], [q], Serge Perrot[r], Joachim Scholz[s], Stephan Schug[t,u], Blair H. Smith[v], Peter Svensson[w,x], Johan W.S. Vlaeyen[y,z,aa], Shuu-Jiun Wang[bb,cc]

Chronic pain was defined previously as pain that persists past normal healing time and hence lacks the acute warning function of physiological nociception. The concept of persistence beyond normal healing may apply to pain after surgery and the concept of lack of warning function to migraine headaches, but these concepts are difficult to verify in other conditions such as chronic musculoskeletal or neuropathic pains.

Hence, a purely temporal criterion was chosen: chronic pain is pain that lasts or recurs for longer than 3 months



PAIN 160 (2019) 19–27



PAIN 160 (2019) 19–27

The term “chronic primary pain” may sound unusual but is consistent with language used in other parts of ICD-11.

The recently proposed definition of “nociplastic pain” may describe some of the underlying mechanisms.

IASP DEFINITION OF NOCIPLASTIC PAIN

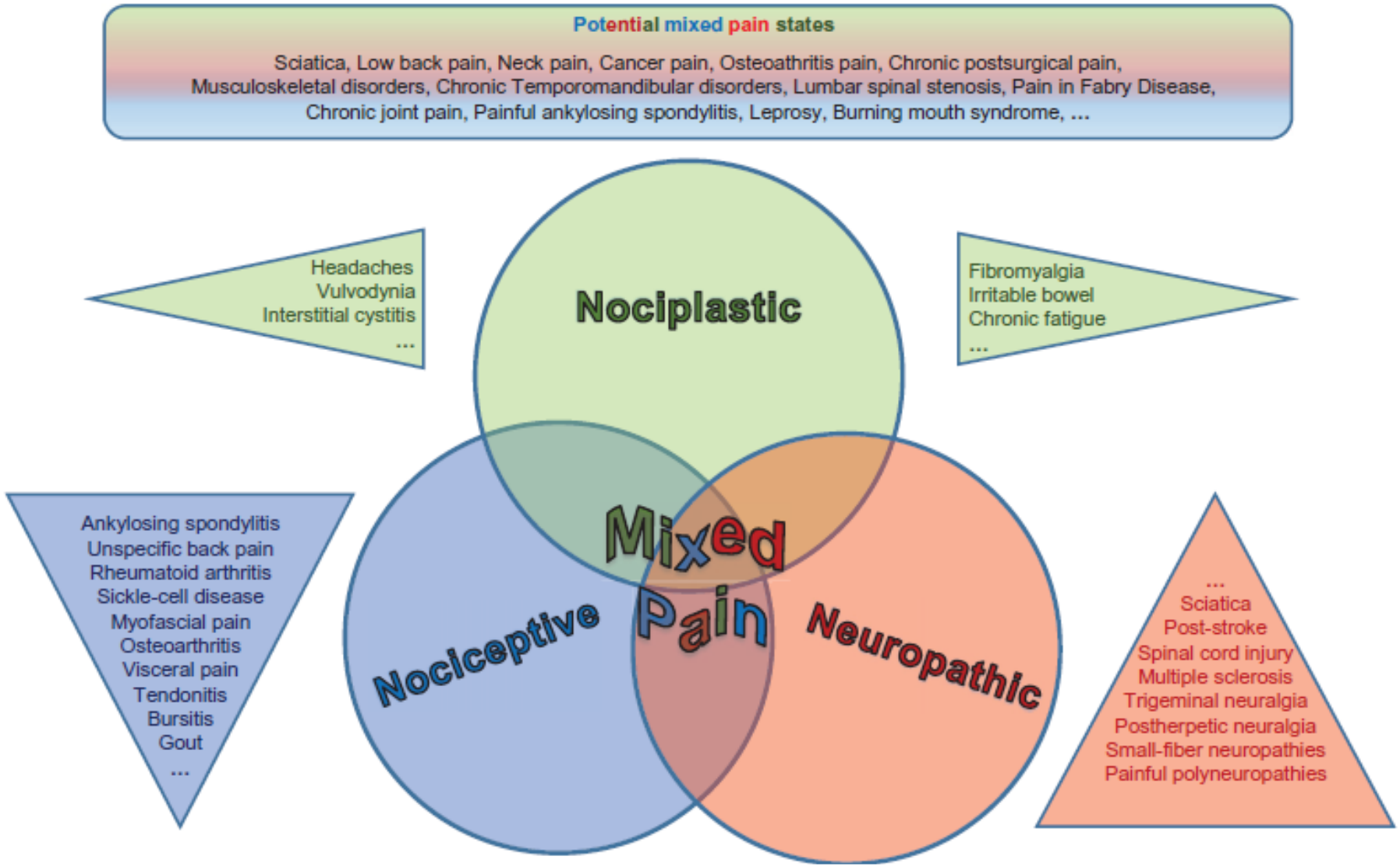
«Pain that arises from altered nociception despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain»

Nociplatic pain is thought to result from altered pain procesing in the central nervous system

Reliability over time

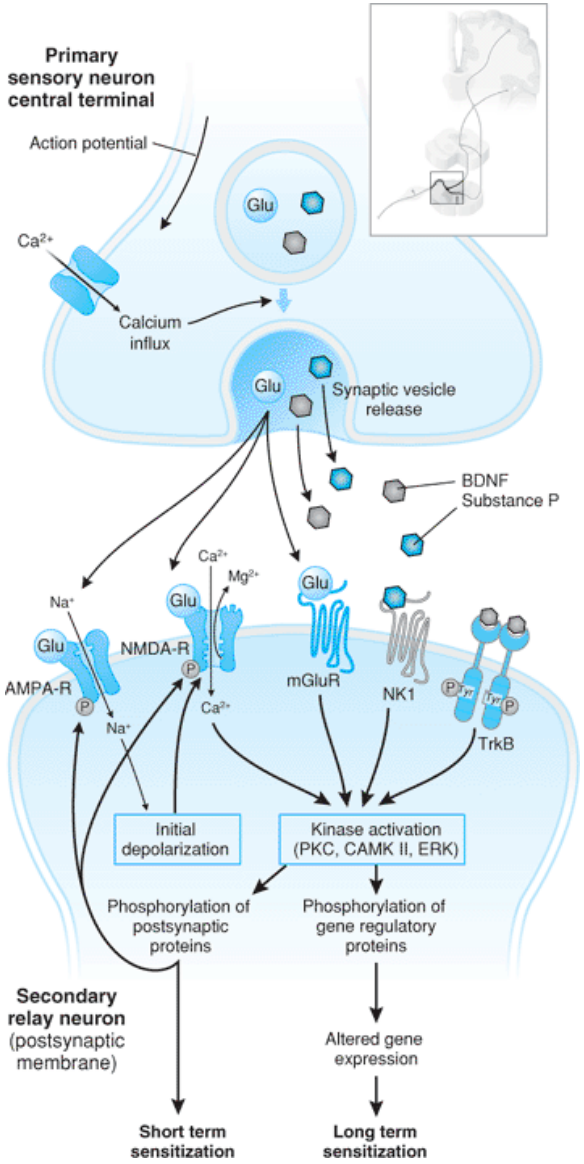
If the chronic pain condition persists, clinicians should continue to use a diagnosis of chronic secondary pain even after the causing medical condition has been treated successfully or remitted.

After longer periods of obvious dissociation between the medical causes and chronic pain, and with clear evidence for other factors determining the chronic pain condition, a change of the chronic pain diagnosis (eg, to chronic primary pain, or to another chronic secondary pain diagnosis) should be considered



CURRENT MEDICAL RESEARCH AND OPINION
2019, VOL. 35, NO. 6, 1011–1018

SPINAL SENSITIZATION



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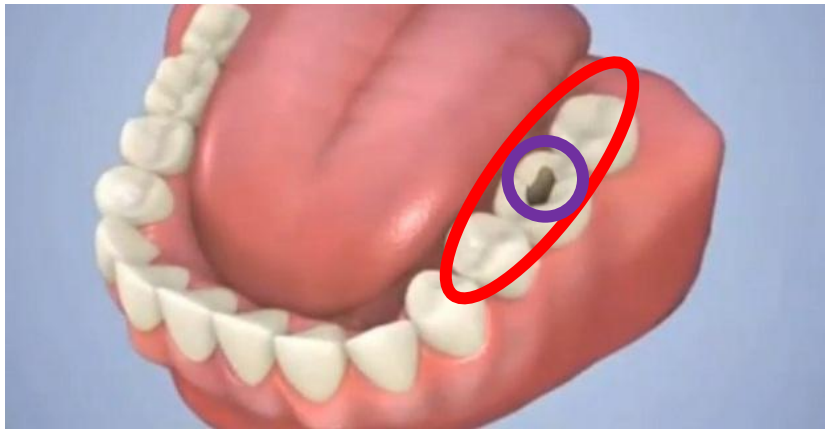
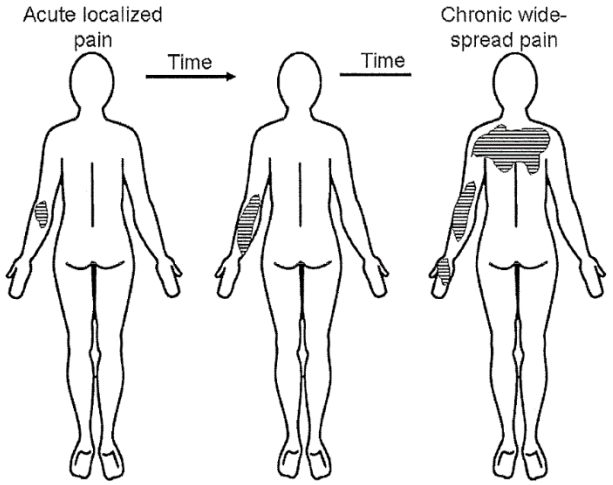
SENSIBILIZZAZIONE SPINALE

PLASTICITA' FUNZIONALE RAPIDAMENTE REVERSIBILE



PLASTICITA' FUNZIONALE STABILIZZATA



CRONICIZZAZIONE

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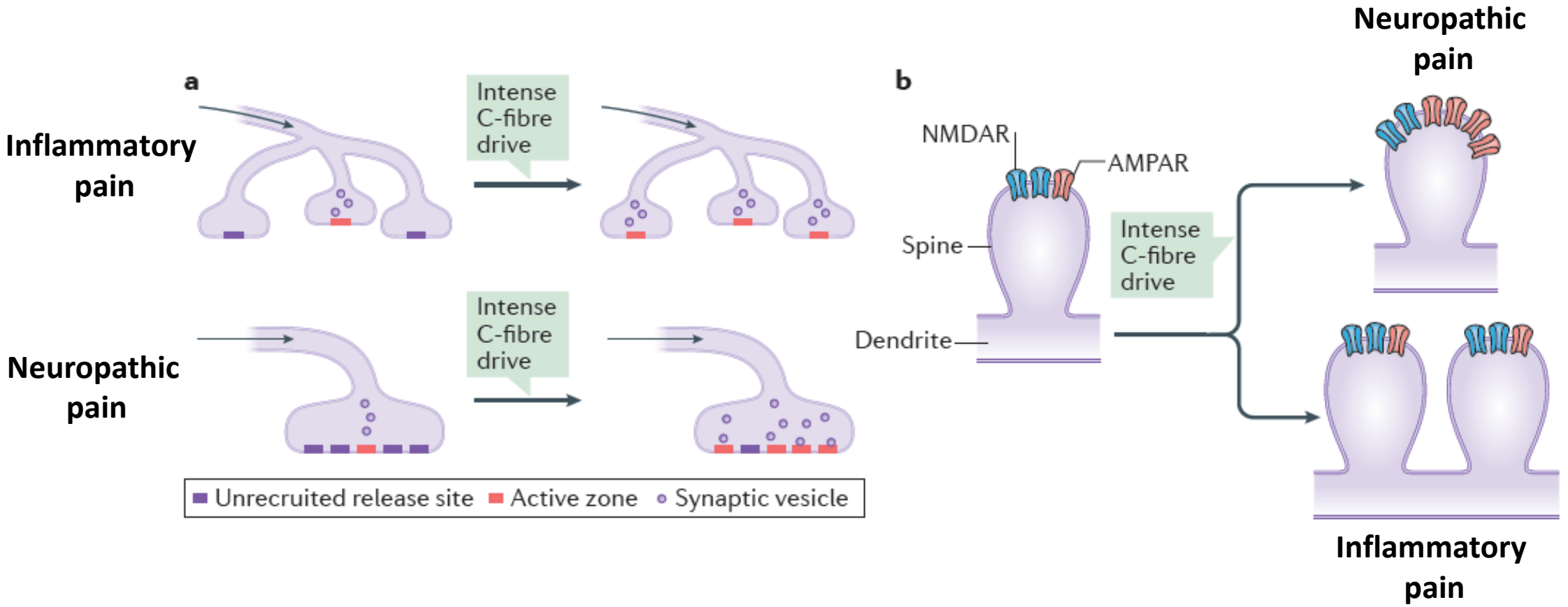
Nociceptive, activity-dependent presynaptic and postsynaptic plasticity at nociceptive synapses in spinal superficial laminae



Nat Rev Neurosci 2017 Jan 20; 18 (2): 113

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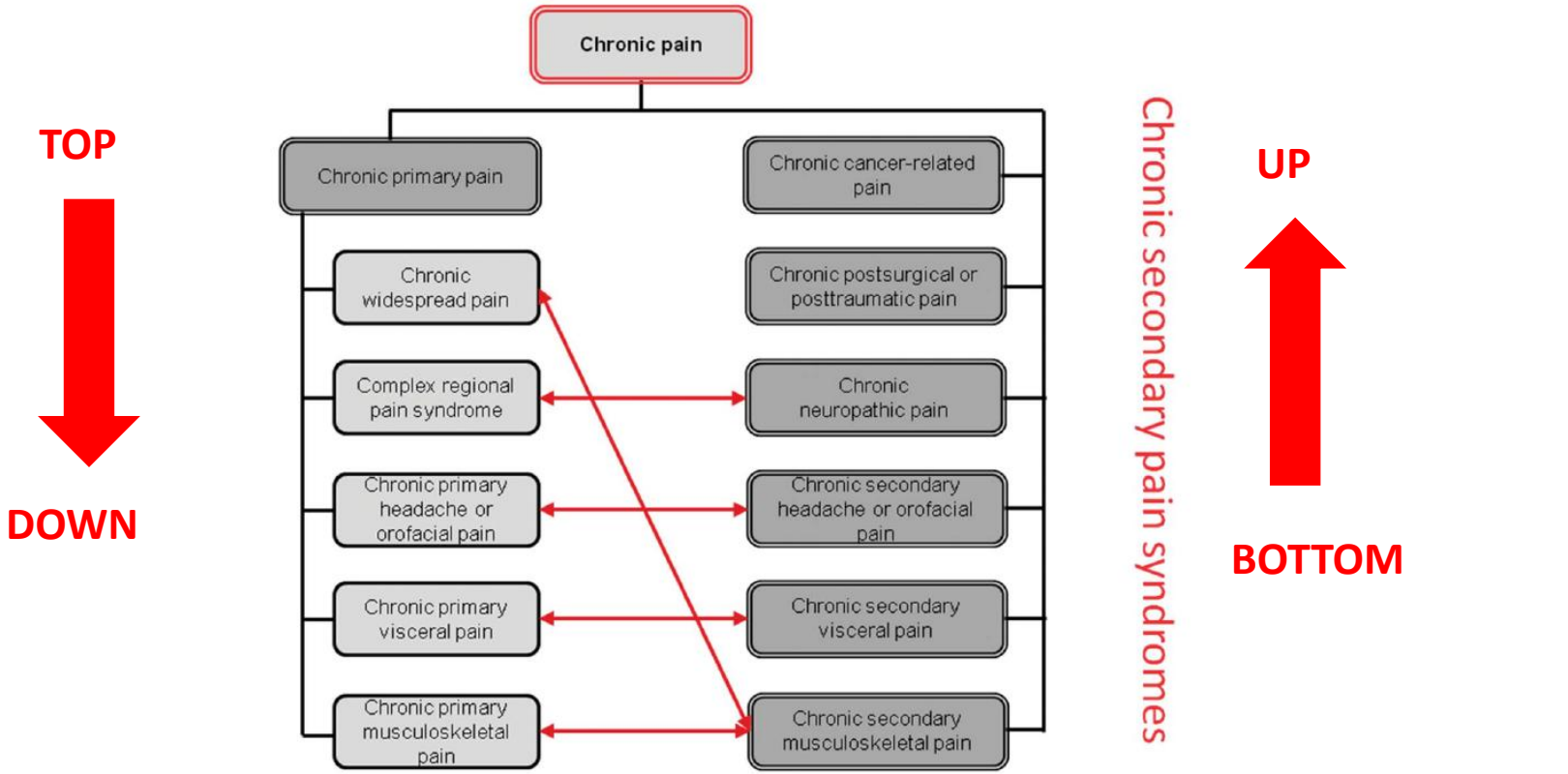
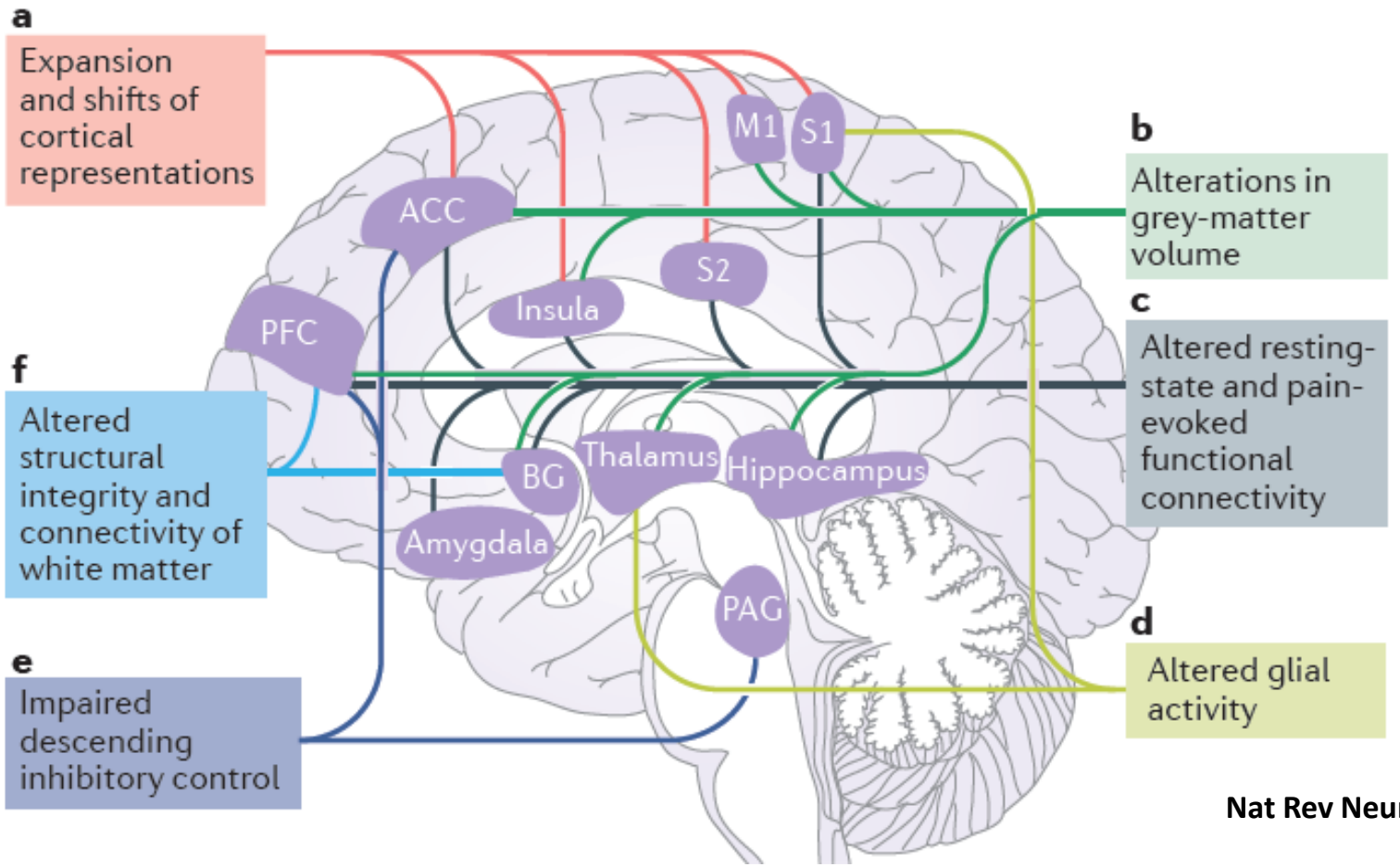


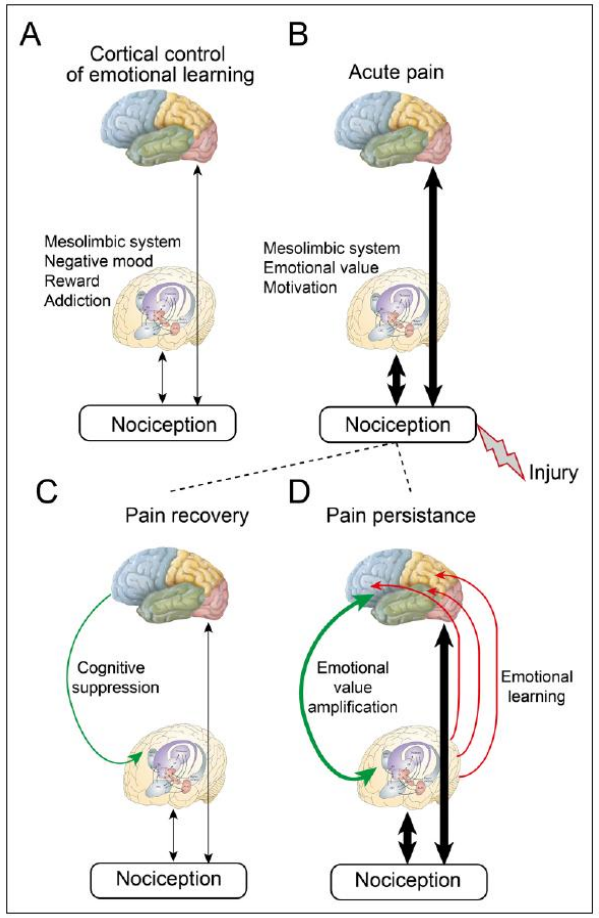
PAIN 160 (2019) 19–27

Structural and functional changes in the human brain in chronic pain conditions.

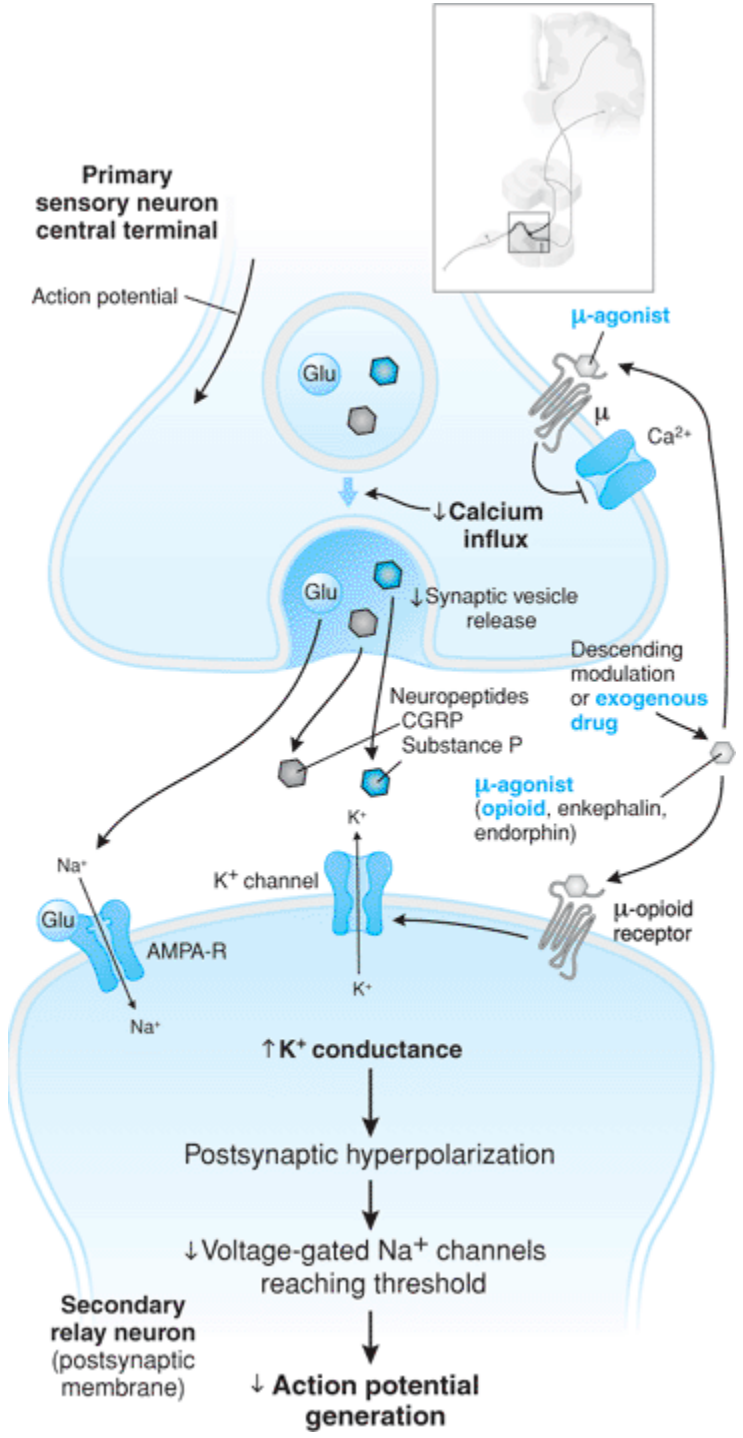


Nat Rev Neurosci 2017 Jan 20; 18 (2): 113

Chronic pain depends on the corticolimbic properties interacting with nociceptive inputs.



Journal of Dental Research 2016, Vol. 95(6) 605–612



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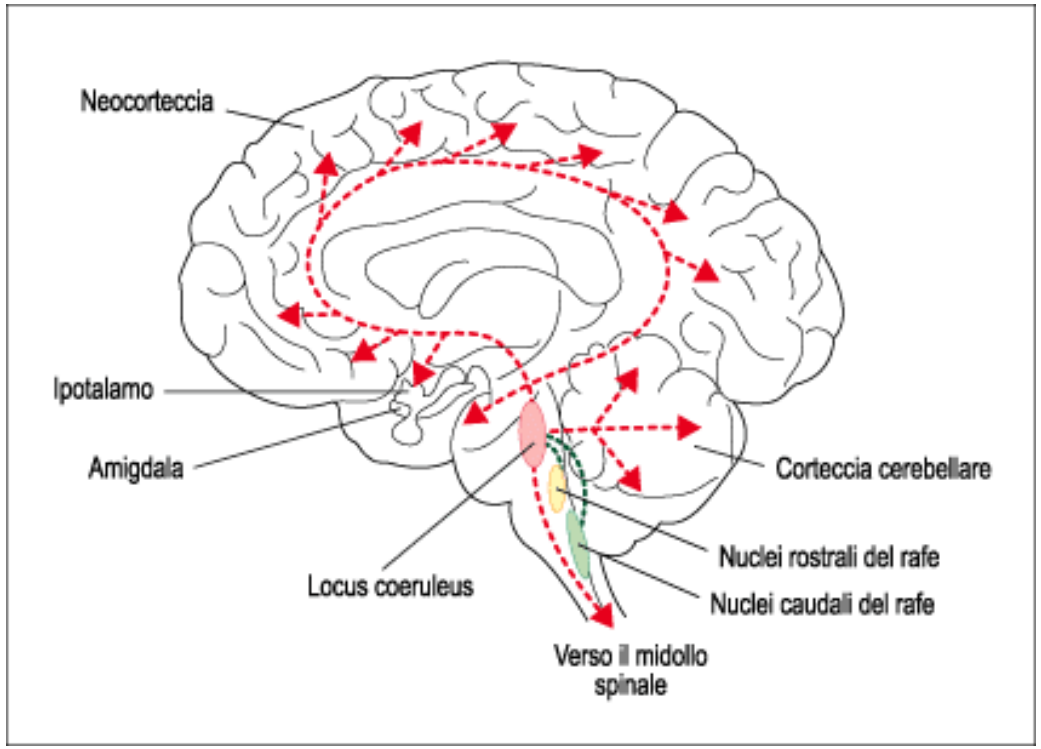
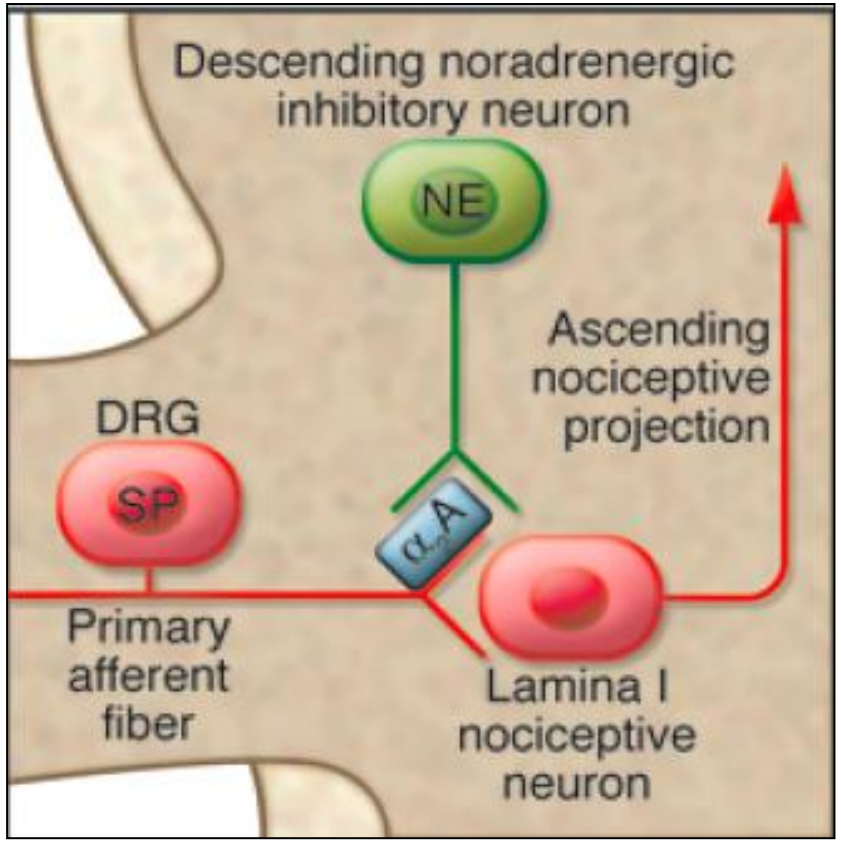
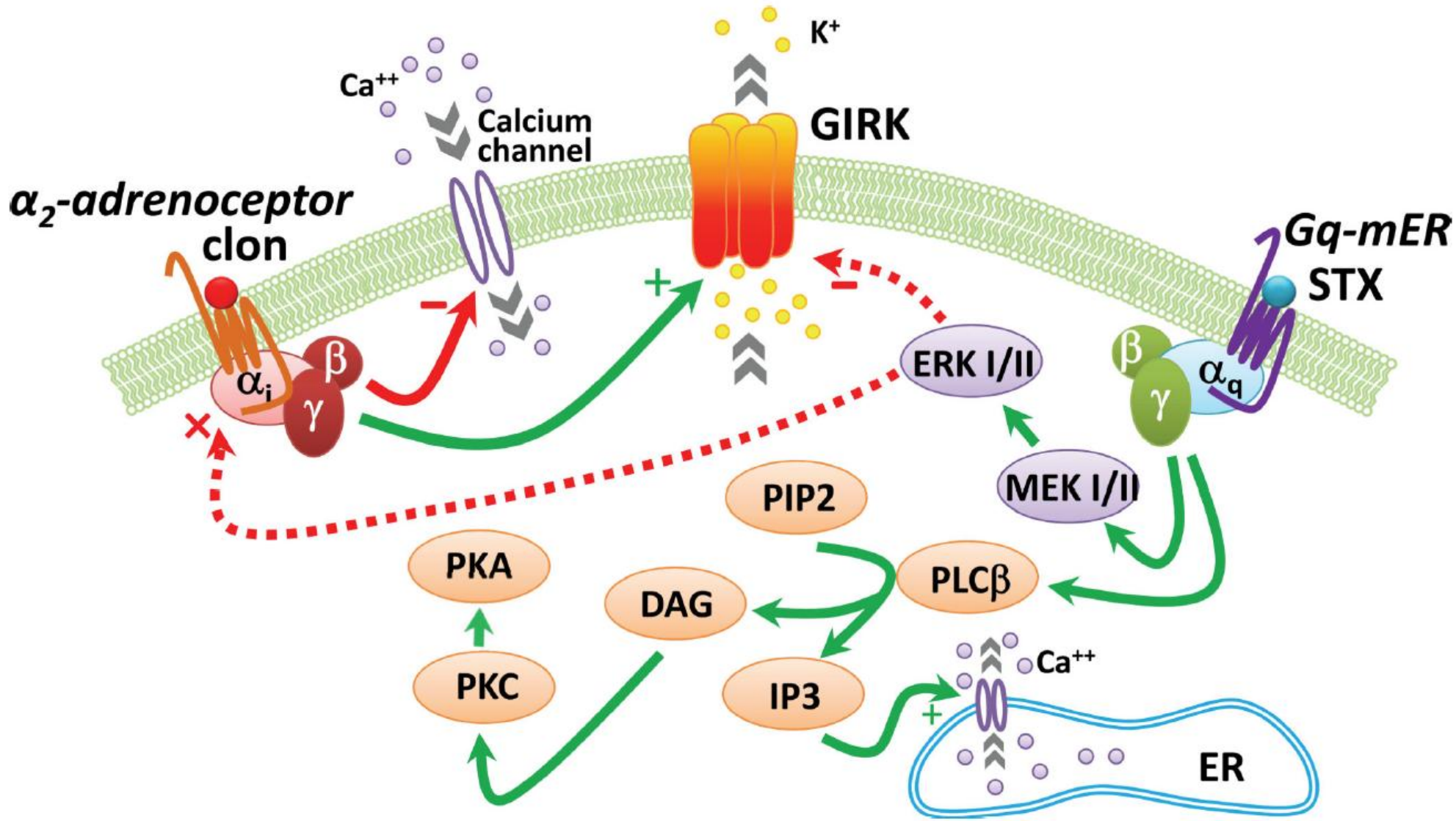
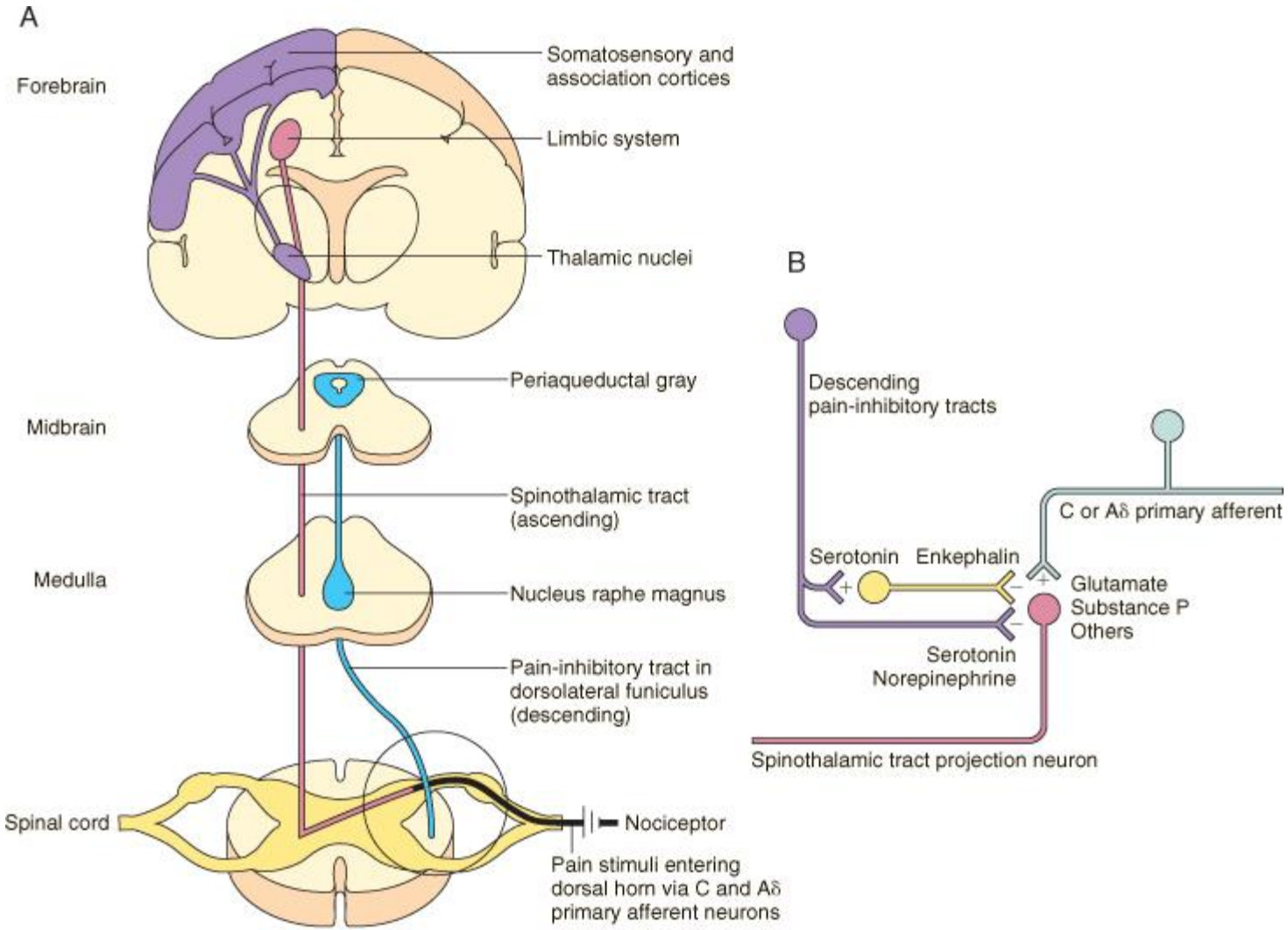
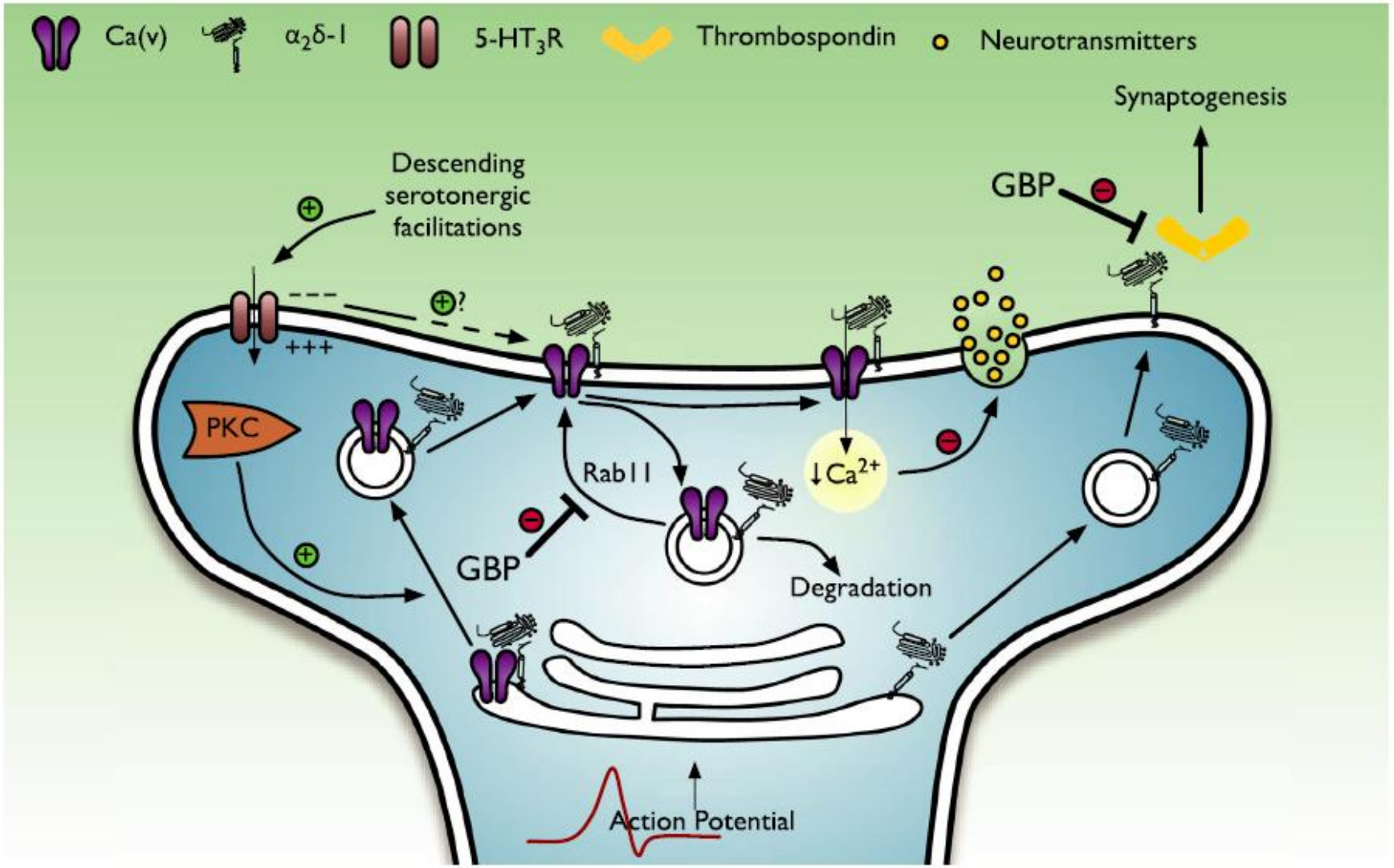

Neocorteccia
Ipotalamo
Amigdala
Locus coeruleus
Corteccia cerebellare
Nuclei rostrali del rafe
Nuclei caudali del rafe
Verso il midollo spinale


Descending noradrenergic inhibitory neuron
NE
Ascending nociceptive projection
DRG
SP
α2A
Primary afferent fiber
Lamina I nociceptive neuron

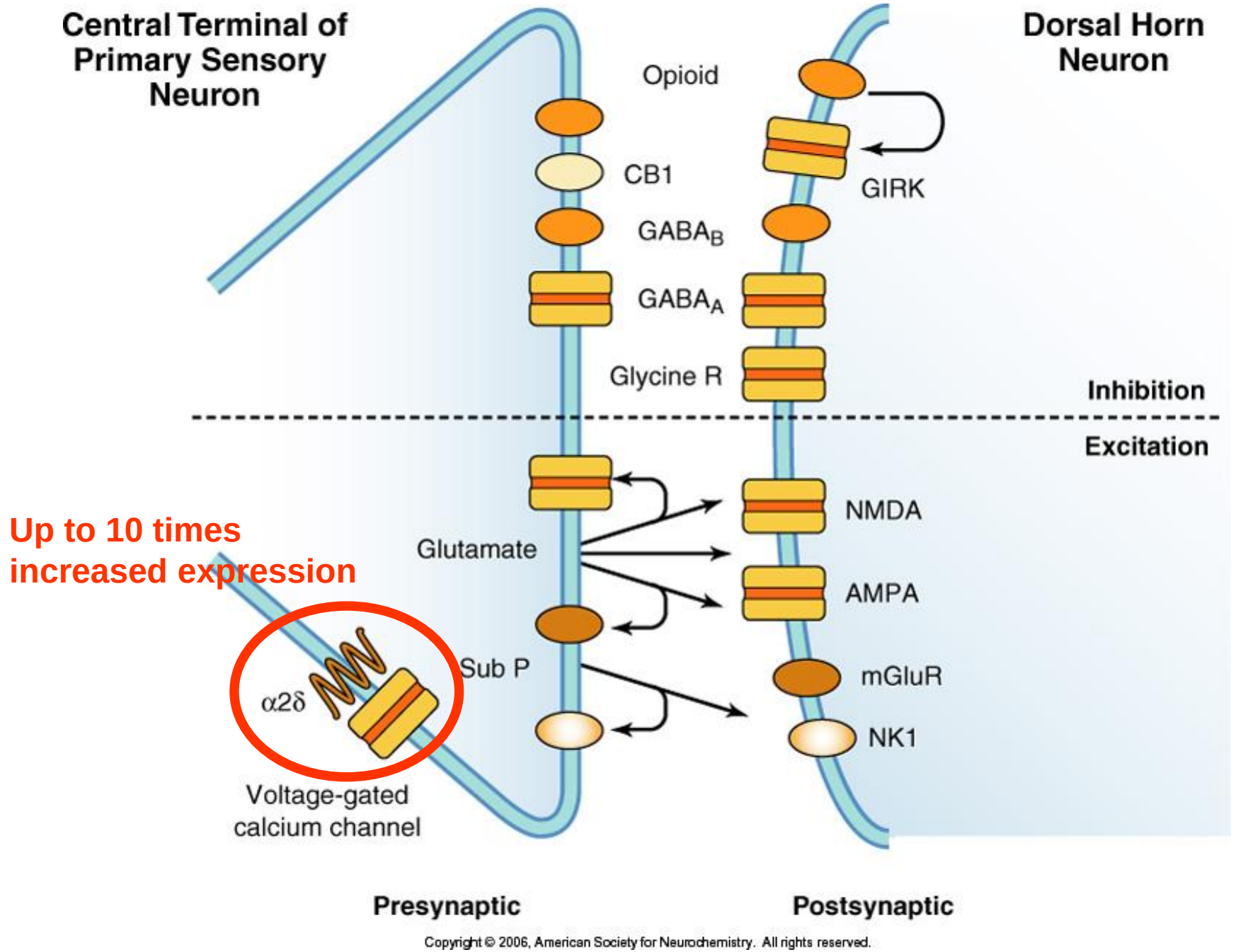


Neuroscience. 2014 May 16; 267: 122–134.





Pharma Res Per 4(2), 2016, e00205



Up to 10 times increased expression

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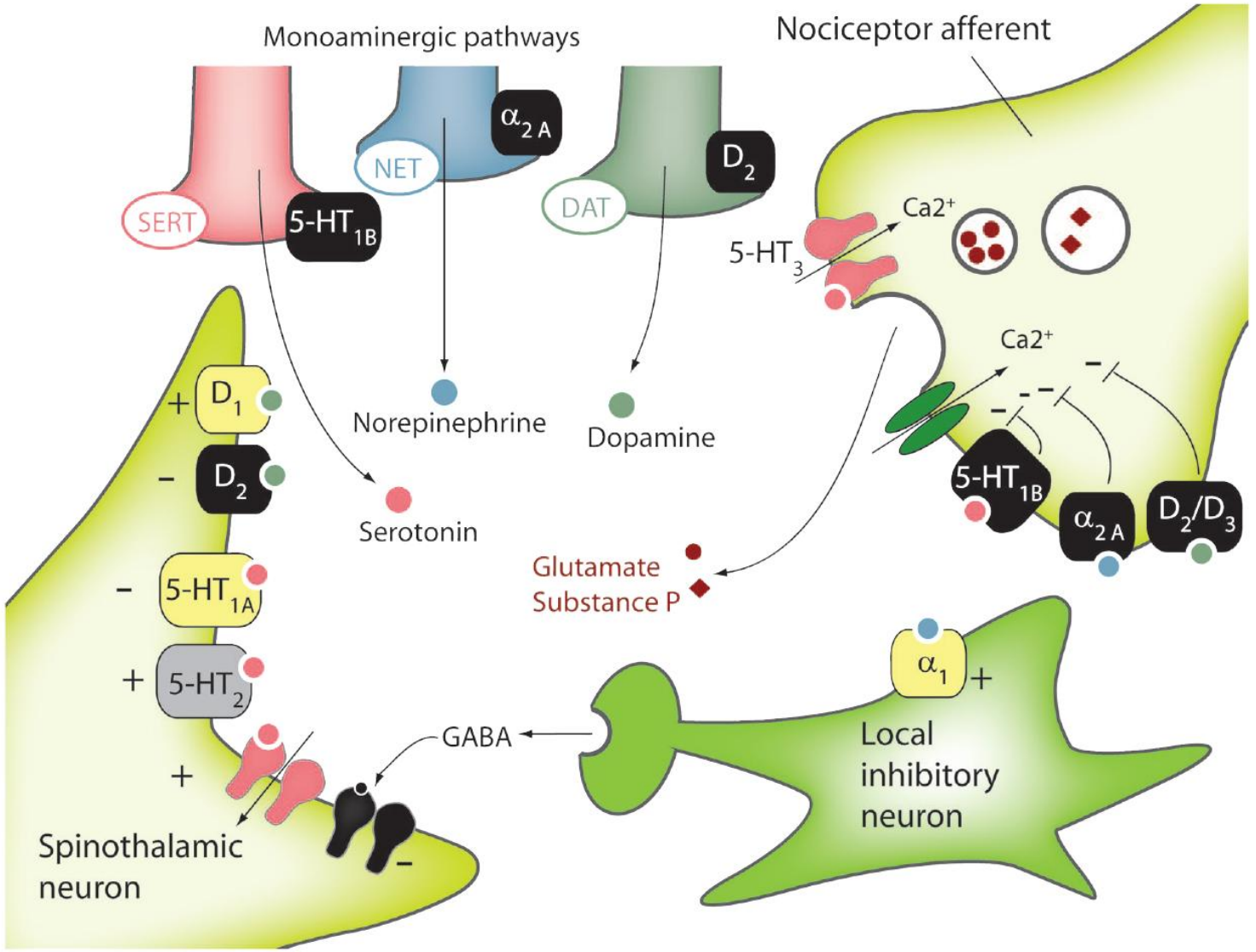
Figure 2 **Potential targets and receptor mechanism mediating the pain modulatory effects of monoamines in the dorsal horn**



BJA

British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)

doi: 10.1016/j.bja.2024.12.009
Advance Access Publication Date: xxx
Clinical Investigation

CLINICAL INVESTIGATION

The number of central nervous system-driven symptoms predicts subsequent chronic primary pain: evidence from UK Biobank

Eoin Kelleher[1,*], Chelsea M. Kaplan[2], Dorna Kheirabadi[2], Andrew Schrepf[2], Irene Tracey[1], Daniel J. Clauw[2] and Anushka Irani[1,3]

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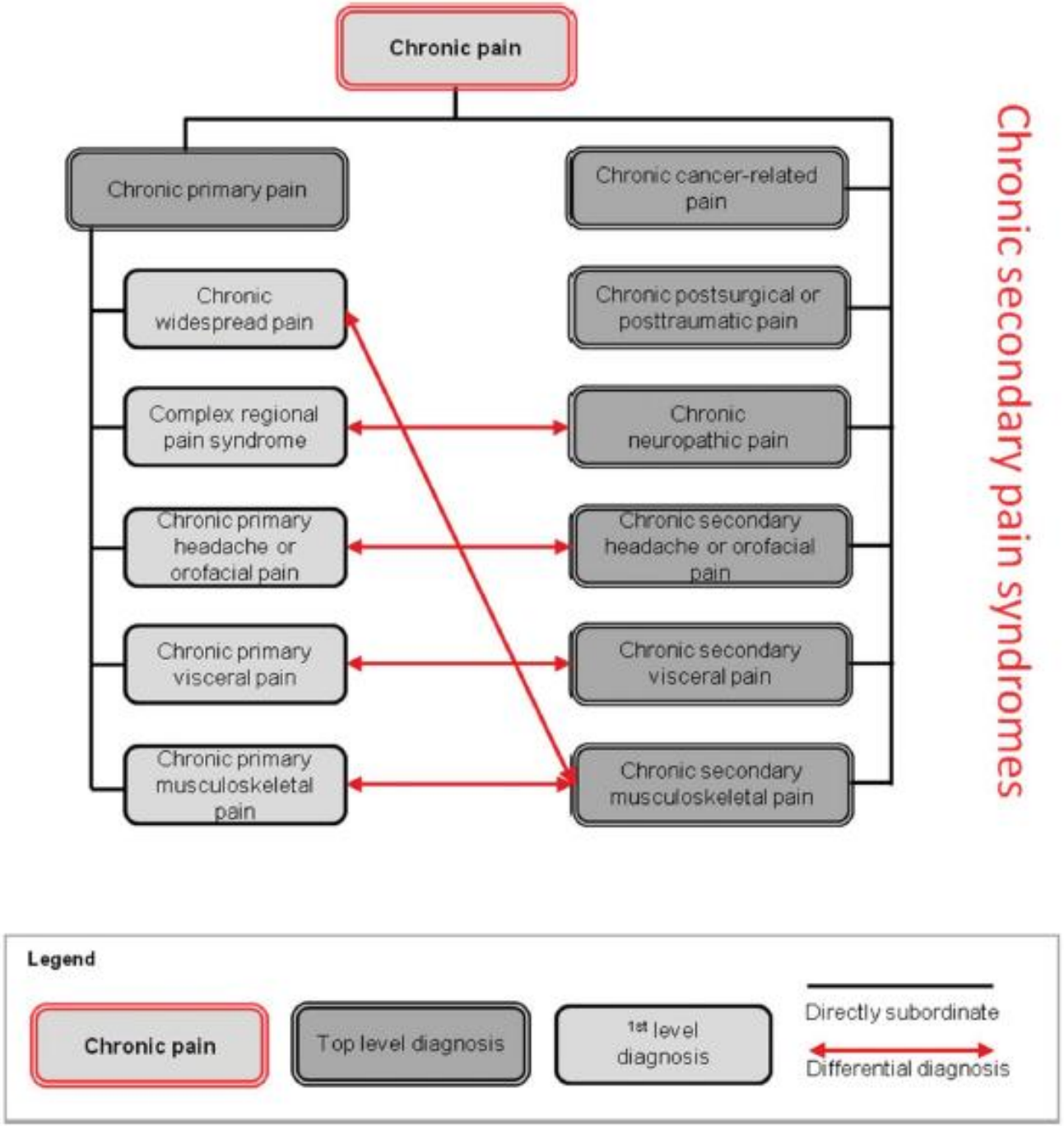
Editor's key points

- Primary pain includes conditions such as fibromyalgia, chronic low back pain, or irritable bowel syndrome. These patients often report central nervous system (CNS) symptoms and mood disorders, but it is unclear whether these symptoms precede or increase the risk of developing primary pain.
- In a prospective cohort study from the large UK biobank, authors show that a greater number of CNS symptoms (sleep, affect, cognition) in adults without pain at baseline is associated with increased risk of developing chronic primary pain but not other types of pain over a 10-yr period.
- This indicates the need for early recognition and intervention for these CNS symptoms.



PAIN 160 (2019) 19–27

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