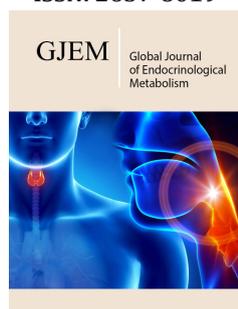


Neuropathic Pain After Stroke: Comparison Clinical Assessment

Bykov YN*

Department of Neurology, Russia

ISSN: 2637-8019



*Corresponding author: Bykov YN, Department of Neurology, Russia

Submission:  November 13, 2020

Published:  December 01, 2020

Volume 3 - Issue 2

How to cite this article: Bykov YN. Neuropathic Pain After Stroke: Comparison Clinical Assessment. Glob J Endocrinol Metab. 3(2). GJEM. 000558. 2020.

DOI: [10.31031/GJEM.2020.03.000558](https://doi.org/10.31031/GJEM.2020.03.000558)

Copyright@ Bykov YN, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Introduction

The problem of rehabilitation in patients with cerebral ischemic stroke remains one of the most actual in neurology. 80% of patients after stroke become disabled, 10% of them need in constant outpatient cares. A neuropathic pain as a result of ischemic stroke is a serious complicate problem in rehabilitation after stroke. A neuropathic pain is characterized as intensive, burning and diffuse, which is not relieved with the classic analgesic [1-3].

Methods

The study presents results of comparison assessment in patients after stroke with different pain syndromes. 60 patients after stroke were included this trial (44 females and 18 males) aged from 48 to 81 (M= 58,1±7,98).

- A. Group of patients after ischemic stroke with neuropathic pain - 30 patients.
- B. Group of patients after ischemic stroke with nociceptive pain - 30 patients.

In the beginning and at the end of inpatient care neurological status was assessed by the Lindmark Scale, quality of life was studied by Barthel Index, depression was assessed by Beck Scale, pain was assessed by PainDETECT, DN-4 and visual analog scale.

Result and Discussion

1st group (n=15). Lindmark Scale index before the treatment was 305,8±20,58, after treatment - 395,73±21,01(p<0,001). Barthel Index before the treatment was 23±3,56, after treatment - 67,7±15 (p<0,001). Beck Scale index of depression before treatment was 24,9±6,46, after - 16,43±5,38 (p>0,05). Pain DETECT index before treatment was 31,63±8,99%, after - 13,57±6,57 (p<0,001). The questionnaire DN-4 was 7,16±2,67 - before and 2,97±3,27 - after the treatment (p<0,001). According to the Visual analog scale index before the treatment was 7,76±1,54, after - 5,16±2,12 (p<0,001). 2nd group (n=15). Lindmark Scale index before the treatment was estimated as 321,2±19,7, after treatment - 393,2±22,43 (p<0,001). The Barthel Index before the treatment was 42,5±7,39, after treatment - 77±15,63 (p<0,001). Beck Scale index of depression before treatment was 19,7±7,21, after - 17,95±7,32 (p>0,05). Pain DETECT index before treatment was 8,97±2,46%, after - 5,13±2,93 (p<0,01). The questionnaire DN-4 was 0,87±0,36 - before and 0,43±0,24 - after the treatment (p<0,01). The visual analog scale index before the treatment was 6,2±1,32, after - 4,4±1,22 (p<0,001).

Conclusion

The obtained data demonstrated severity of neurological deficit, significant loss of quality of life, comorbidity with depression in group patients with neuropathic pain. More effectiveness rehabilitation was revealed in group without neuropathic pain [4]. We suppose the necessity of special diagnostics and following treatment in patients after stroke with neuropathic or nociceptive pain.

References

1. Jensen TS, Baron R, Haanpää M, Kalso E, Loeser JD, et al. (2011) A new definition of neuropathic pain. *Pain* 152(10): 2204-2205.
2. Hecke OV, Austin SK, Khan RA, Smith BH, Torrance N (2014) Neuropathic pain in the general population: A systematic review of epidemiological studies. *Pain* 155(4): 654-662.
3. Danilov AB, Davidov OS (2007) Neuropathic pain. *Borges* pp. 192, Russia.
4. Berezovskaya AP (2010) Rehabilitation in patients after cerebral ischemic stroke with pain syndromes. *Irkutsk*, pp. 136, Russia.

For possible submissions Click below:

[Submit Article](#)