Neuropathic Pain Epidemiology

Neuropathic pain occurs in about 1 in every 10 adults over age 30. The prevalence rate and people identified varied depending on the method of identification of neuropathic pain [1].

Epidemiology has long been a neglected aspect of clinical research related to neuropathic pain and until recently there was no reliable information regarding the epidemiology of this type of pain, most notably prevalence and incidence in the general population. This was due notably to the lack of validated operational diagnostic criteria that could be used in surveys in the general population. The only available information was mostly based on studies in a cohort of patients seen in specialized [2].

Most patients with neuropathic pain symptoms present and are managed in primary care, with only a minority being referred for specialist clinical assessment and diagnoses. Previous reviews have focused mainly on specific neuropathic pain conditions based in specialist settings.

In the first systematic review of epidemiological studies of neuropathic pain in the general population. Electronic databases were searched from January 1966 to December 2012, and studies were included where the main focus was on neuropathic pain prevalence and/or incidence, either as part of a specific neuropathic pain-related condition or as a global entity in the general population. They excluded studies in which data were extracted from pain or other specialist clinics or focusing on specific population subgroups. Twenty-one articles were identified and underwent quality assessment and data extraction. Included studies differed in 3 main ways: method of data retrieval, case ascertainment tool used, and presentation of prevalence/incidence rates. This heterogeneity precluded any meta-analysis. We categorised comparable incidence and prevalence rates into 2 main subgroups: (1) chronic pain with neuropathic characteristics (range 3-17%), and (2) neuropathic pain associated with a specific condition, including postherpetic neuralgia (3.9-42.0/100,000 person-years [PY]), trigeminal neuralgia (12.6-28.9/100,000 PY), painful diabetic peripheral neuropathy (15.3-72.3/100,000 PY), glossopharyngeal neuralgia (0.2-0.4/100,000 PY). These differences highlight the importance of a standardized approach for identifying neuropathic pain in future epidemiological studies. The best estimate of population prevalence of pain with neuropathic characteristics is likely to lie between 6.9% and 10% [3].

1)
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