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Central Sensitization Pathophysiology of Chronic Pain



International Association for the Study of Pain®

### PAIN

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage

### NOCICEPTION

The activity produced in the nervous system by potentially tissue-damaging stimuli (activation of nociceptors) Types of Pain

## Types of Pain



Cervero y Laird en 1991

### Acute Pain vs. Chronic Pain

- Signals tissue Injury
- Cause usually obvious
- Rest / Immobilize
- Disappears with Treatment
- Opioids effective usually
- No secondary gains
- Adrenergic Fight or Flight / anxiety

- Serves no useful function
- Cause is often unclear
- Involves central sensitization
- Often unresponsive to many forms treatment
- Opioids: Effective?
- Secondary gains?
- Learned behaviors
- Vegetative signs depression

### Chronic Pain

### 116 million Americans (25% of population)



Annually \$560-635 billion in direct and in-direct costs

### The Nociceptive Pathways Descartes first described a "nociceptive pathway" in 1664



### From René Descartes. L'homme.

### The Nociceptive Pathways

• Peripheral sites:

Nociceptors (free nerve endings)

• Spinal Cord:

The "Gate" of pain control

 Supraspinal (Brain): Perception, previous experience, stress, emotions, etc.

## The Periphery



### Neurogenic inflammation

Initiation of Wound Healing



On-going pain (peripheral sensitization) prevents re-injury

dysfunction



Neuropathy (100% of ulcers)



### Peripheral nerve fiber



Do not respond to painful stimulation, but just to innocuous stimulation A alpha, A beta A delta QS A delta QS Etime

Respond to painful stimulation

Now they respond to innocuous stimulation

When active, they reduce pain sensation

### The Periphery



## The Periphery



### The Spinal Cord



#### http://youtu.be/5g2crxb-PJs

# The Spinal Cord

#### **Descending pathways**



Modified from: Cheryl L. Stucky, Michael S. Gold, and Xu Zhang Proc Natl Acad Sci U S A. 2001 October 9; 98(21): 11845–11846

# The Spinal Cord



ACh, ADH, Oxytocin, Angiotensin II

This is a key anatomical place in which central sensitization takes place due to an extended or intense barrage from the periphery

- NMDA receptors
- Voltage-gated Ca channels (a2δ subunit)
- NE
- 5-HT

No major role in CNS •COX-2 or NK1 recep

## The Spinal Cord

Lymphoc

Anesthesiology 2008; 108:722-34

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Spinal Microglial and Perivascular Cell Cannabinoid Receptor Type 2 Activation Reduces Behavioral Hypersensitivity without Tolerance after Peripheral Nerve Injury

Alfonso Romero-Sandoval, M.D., Ph.D.,\* Nancy Nutile-McMenemy,† Joyce A. DeLeo, Ph.D.‡

Astrocyte

Presynaptic

Neuron

OPEN OACCESS Freely available online

PLos one

# Evidence for a Role of Endocannabinoids, Astrocytes and p38 Phosphorylation in the Resolution of Postoperative Pain

Matthew S. Alkaitis<sup>1,2</sup>, Carlos Solorzano<sup>3</sup>, Russell P. Landry<sup>1,4</sup>, Daniele Piomelli<sup>3</sup>, Joyce A. DeLeo<sup>1,4,5</sup>, E. Alfonso Romero-Sandoval<sup>1,4,5</sup>\*

#### Postsynaptic

Immunology

CNS-infiltrating CD4<sup>+</sup> T lymphocytes contribute to murine spinal nerve transection-induced neuropathic pain

Ling Cao<sup>1</sup> and Joyce A. DeLeo<sup>1,2</sup>

### The Brain

Spinothalamic tract Spinomesencephalic tract

Spinoreticular tract

Cheryl L. Stucky, Michael S. Gold, and Xu Zhang Proc Natl Acad Sci U S A. 2001 October 9; 98(21): 11845–11846



### The Brain

### Psychological factors



Psychological factors rarely cause pain but these factors may trigger or exacerbate a pain episode, help maintain the pain disorder, and contribute to the distress and disability experienced with chronic pain disorders

The stimulus does not determine the experience to be considered as painful

## The Brain

### Psychological factors

- Expectation
- Attention
- Gender
- Mood
- Stress



#### Expectation



Attention





Mood



Hypnosis changed unpleasantness without changing pain intensity

## Back to the Spinal Cord



Recognition and Alleviation of Pain and Distress in Laboratory Animals (1992) Institute for Laboratory Animal Research.

## Areas of Pain Processing

#### SUPRASPINAL MODULATION Pain signals to brain-Lightly myelinated Að fibres stem and brain Large cell (through secondary To supraspinal bodies pain-projection targets neurons) Heavily DRG myelinated AB fibres Dorsal Small cell bodies <sup>I</sup>Unmyelinated C fibres Pain-projection neurons Ventral projection fibres Ventral PERIPHERAL MODULATION Pain signals to spinal cord (through primary afferents) MODULATION Normal

acute pain

SPINAL