



THE CRITICAL DIFFERENCE BETWEEN CENTRAL SENSITIZATION (CS) **AND INTRACTABLE PAIN SYNDROME (IPS)**

Chronic pain patients may now be told by their doctors, nurse practitioners, or pharmacist that they have “central sensitization” (CS). This vague, non-descriptive term is unfortunate in many ways. Nevertheless, it appears to be here-to-stay.

Since IPS is a far more serious condition that requires an aggressive, multi-component treatment approach it is essential to know the difference between IPS and CS.

DEFINITION OF CENTRAL SENSITIZATION (CS)

Amplification or heightened pain above what would normally be expected from tissue damage or injury.

DEFINITION OF IPS

Constant, incurable pain with cardiovascular, endocrine, and autoimmune complications.

FACTS TO KNOW

1. CS occurs when brain tissue starts to alter due to excess electric currents that originate in damaged or injured tissue. Brain tissue alteration is referred to as neuroplasticity.
2. CS is the forerunner or precursor of IPS. Almost all persons with IPS have had or currently have CS.
3. There is a movement among medical practitioners to recognize CS and treat it with drugs like duloxetine (Cymbalta®) or pregabalin (Lyrica®) to prevent IPS.
4. CS can often be recognized if pain advances and begins to cause insomnia and requires daily, rather than “as-needed” medication.

Special Note:

It is up to the pain patient with IPS to educate all concerned parties that their CS has turned into IPS and that it is a serious syndrome with cardiovascular, endocrine, and auto-immune complications.

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