

Special Issue on
**Chronic Pain Hurts the Brain: The Pain Physician's
 Perspective**

CALL FOR PAPERS

Chronic pain is a devastating disease and its management is a challenge for clinicians. It has recently been highlighted as one of the most prominent causes of disability worldwide and significantly affects both the individual and society. For example, 0.417% of the national GDP can be spent on chronic musculoskeletal pain and this condition can cause nearly 140.000 years lost due to disability based on a very recent study from Chile.

Chronic pain is defined as any pain lasting more than three months and can affect about 20% of the whole population. About 10% of people suffer from chronic widespread pain. Chronic pain is also associated with poor quality of life and reduced daily activity as well as an enormous burden on the healthcare system. Neuropsychiatric complications include mood disorders, persistent fatigue, cognitive dysfunction, headaches, irritable bowel syndrome, and insomnia. To address this growing problem, many people are turning to mind-body therapies, including meditation, yoga, and cognitive behavioral therapy.

Cognitive, psychosocial, and emotional factors have a critically important influence on pain perception, due to the connectivity of brain regions controlling pain perception, attention or expectation, and emotional states. Imaging studies have confirmed altered activity of afferent and descending pain pathways, as well as atrophy of different pain perception regions of the brain, which can result in psychiatric symptoms. The current neurophysiological understanding of pain-related fear is that it is a psychopathological problem where people who catastrophize about the meaning of pain become trapped in a vicious cycle of avoidance behavior, pain experience, and disability, as recognised in the fear-avoidance model. It has been hypothesized that individuals with chronic pain can change their motor behavior, which is fundamentally an adaptation mechanism aimed at minimizing the real or perceived risk of further pain.

Although advances have been made in treatments for chronic pain, it remains inadequately controlled for many people. Conventional analgesic drugs (NSAIDs) are minimally effective and overused in the management of chronic pain, leading to serious adverse effects and complications such as heart attack, kidney failure, and gastrointestinal bleeding. Opioids, if properly selected, can be efficacious but are also associated with addiction.

However, the introduction of the neurophysiological model of pain during the past decade stimulated the development of more therapeutically effective and cost-effective interdisciplinary chronic pain management programs including both pharmacological and cognitive therapies.

We invite authors to submit original research and review articles presenting their latest research and developments in this growing field. We further encourage authors to provide research papers exploring the impact and implementation of their clinical findings and outcomes into everyday clinical practice.

Potential topics include but are not limited to the following:

- ▶ Neurophysiology of chronic pain
- ▶ Neuropsychiatric consequences of chronic pain
- ▶ Multidisciplinary pain management
- ▶ Chronic pain and cognitive therapy
- ▶ Neuropathic pain in chronic pain syndromes
- ▶ Chronic pain in multiple sclerosis
- ▶ Chronic pain in neurodegenerative disorders
- ▶ Musculoskeletal pain, cognition, and depression
- ▶ Impact of pain on cognition
- ▶ Neuropsychiatry and cognition in low back pain and failed back syndrome
- ▶ Pain and cognition in neurodegenerative disorders
- ▶ Pain and cognition in multiple sclerosis
- ▶ Cognitive therapies in orofacial pain
- ▶ Neuropsychiatry of orofacial pain
- ▶ Poststroke pain and depression: focus on neurophysiology

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/bn/cphp/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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