

**EUROPEAN GUIDELINES:**

# European Academy Neurology (EAN), European Pain Federation (EFIC) and Neuropathic Pain Special Interest Group (NeuPSIG) Joint Guidelines on Neuropathic Pain (NeP) Assessment



**THESE RECOMMENDATIONS** provide evidence-based clinical practice guidelines for the use of screening questionnaires and diagnostic tests in patients with NeP.

Read the full guidelines in the European Journal of Neurology:  
<https://doi.org/10.1111/ene.15831>



	Screening questionnaires	Diagnostic tests
<b>STRONG RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• Douleur Neuropathique en 4 Questions (DN4)</li> <li>• I- DN4*</li> <li>• Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Skin biopsy</li> <li>• Trigeminal reflex testing (for secondary trigeminal neuralgia)</li> </ul>
<b>CONDITIONAL RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• S-LANSS*</li> <li>• PainDETECT</li> </ul>	<ul style="list-style-type: none"> <li>• Quantitative sensory testing</li> <li>• Nociceptive evoked potentials</li> </ul>

\*Self-administered

## Further findings

No study specifically investigated the diagnostic accuracy of **CORNEAL CONFOCAL MICROSCOPY** in patients with NeP.



Current literature does not support the use of **FUNCTIONAL NEUROIMAGING, PERIPHERAL NERVE BLOCKS** for the diagnosis of NeP.



**GENETIC TESTING** may be considered in specialist centres, in selected cases



When using GRADE, panels make strong recommendation when most clinicians and patients would choose the recommended course of action. Weak recommendation indicates that clinicians and patients should consider the recommended course of action, but the final decision should be based on discussion, case-by-case risks and preferences.