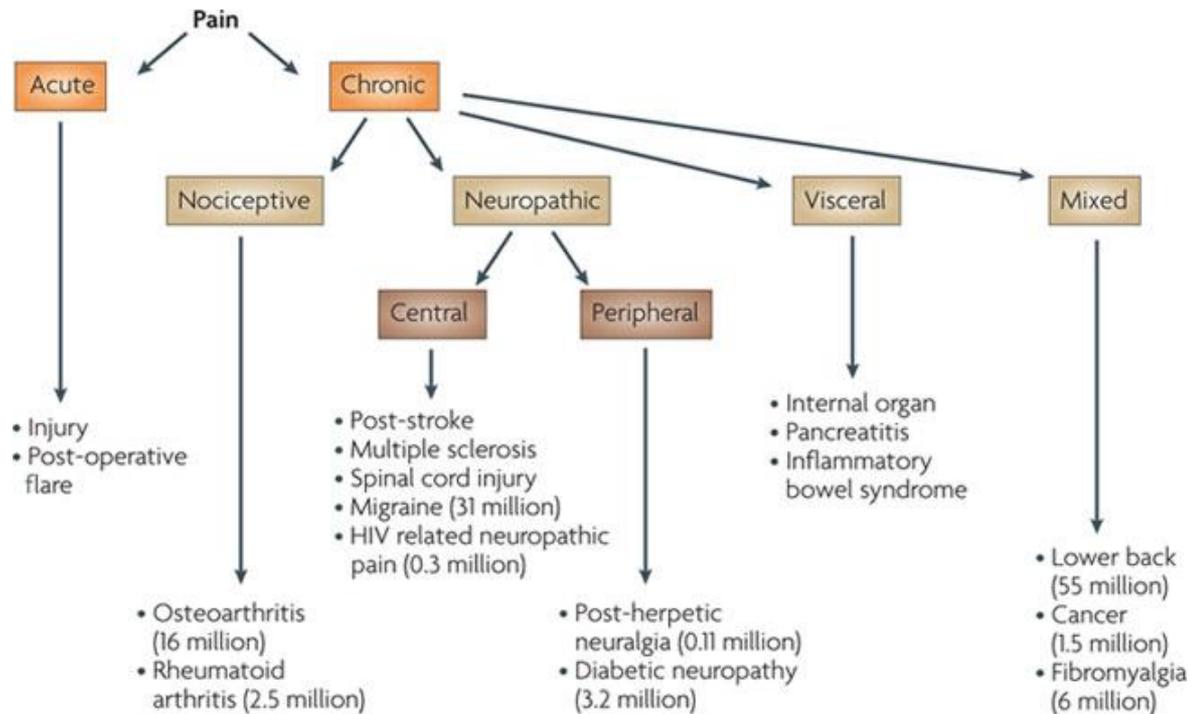


Farmacologia del Dolore

I numeri

- Prevalenza del dolore cronico: 33,5% o 105 milioni di persone
- Costo: > 100 miliardi \$/anno

Classificazione del dolore ed indicazioni rappresentative



Valore totale e partecipazione alle vendite delle classi più importanti di farmaci per il dolore nei sette mercati farmaceutici maggiori nel 2009

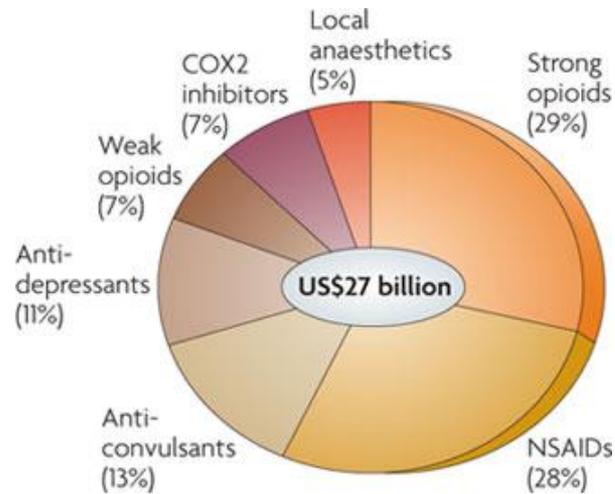
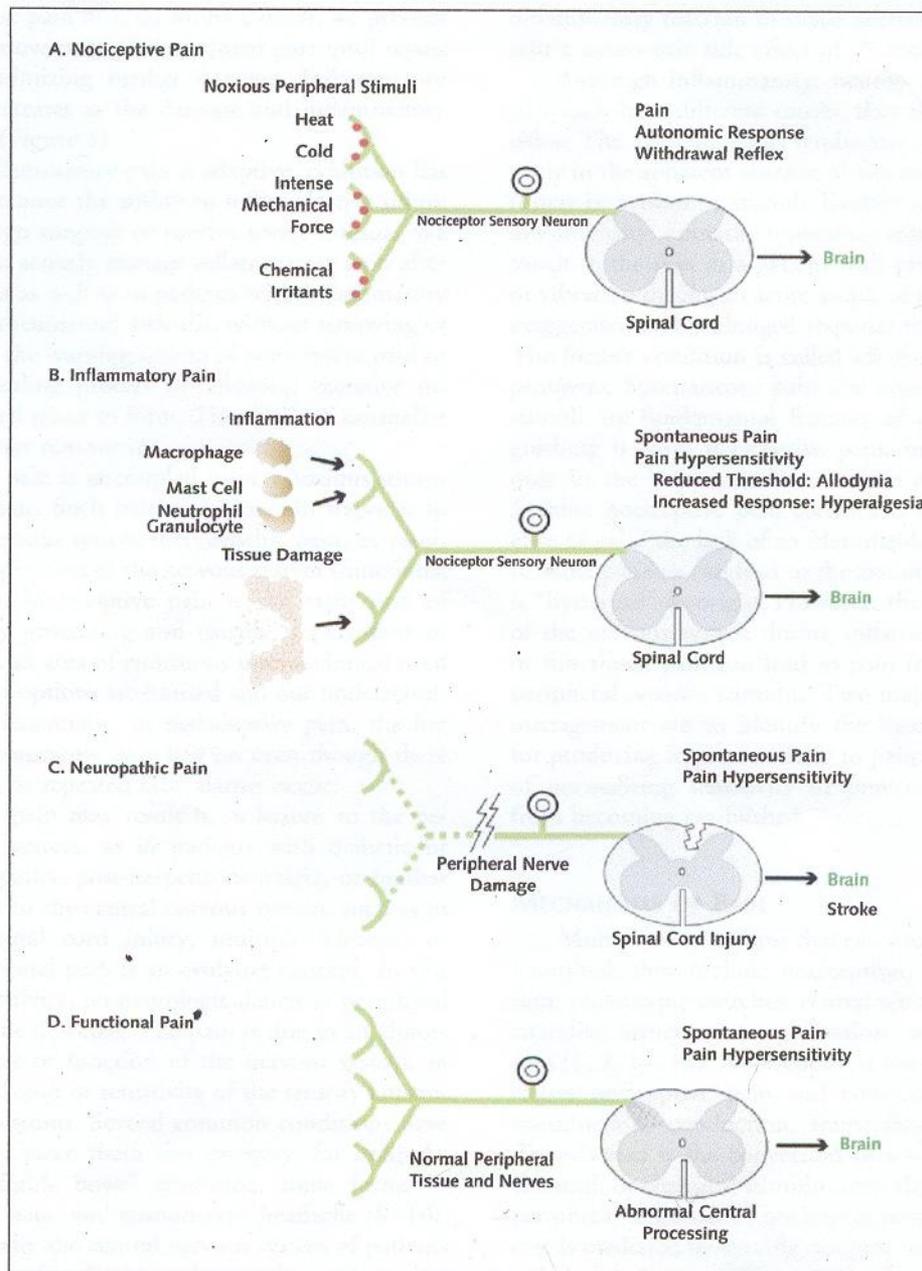


Figure 1. The 4 primary types of pain.



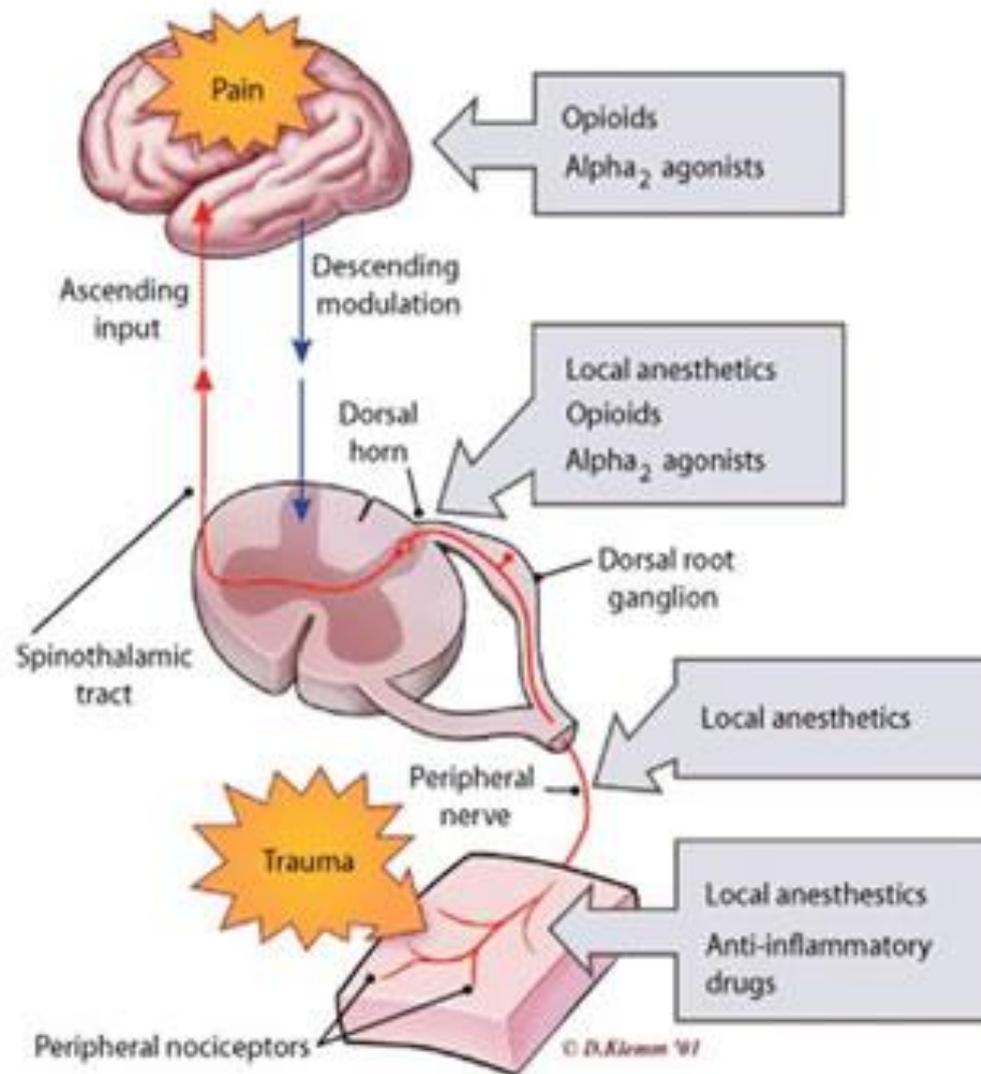
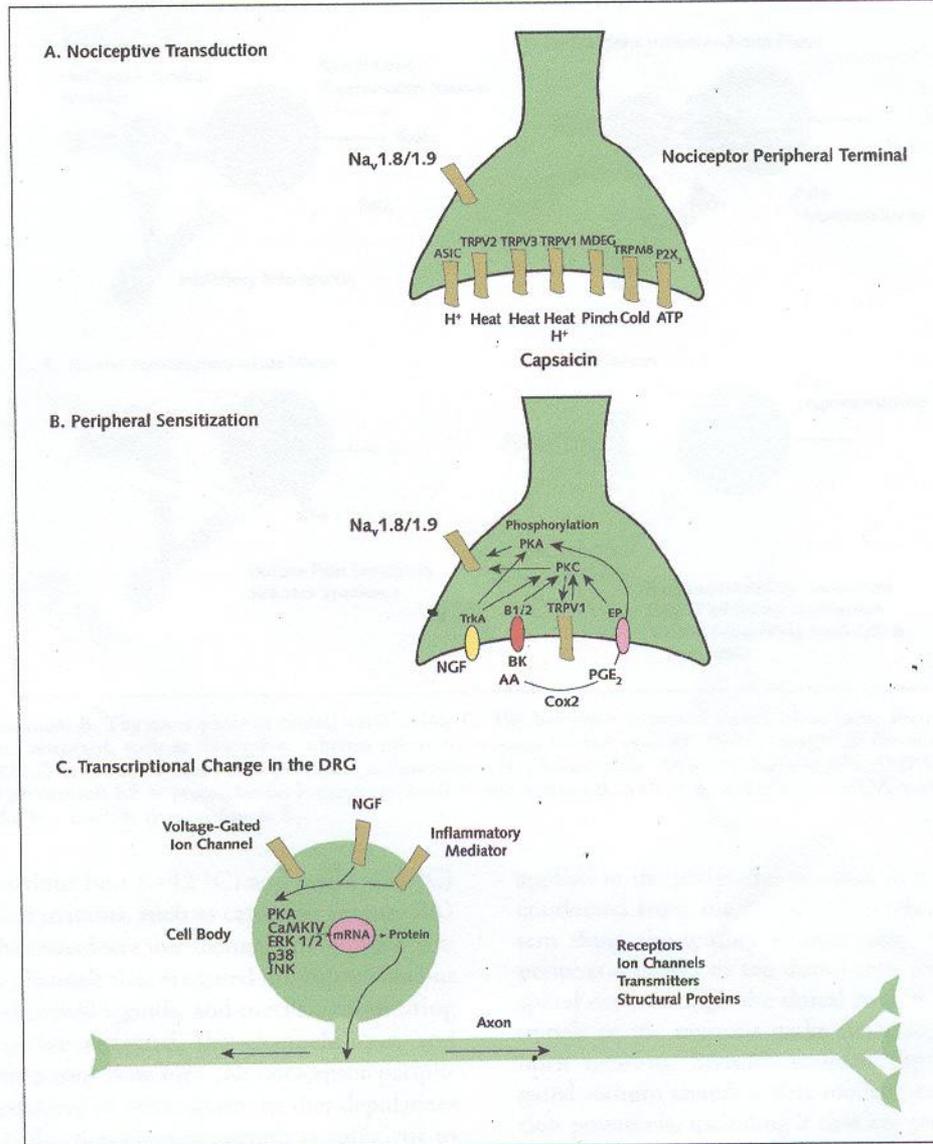


Figure 2. Contributions of primary sensory neurons to pain.



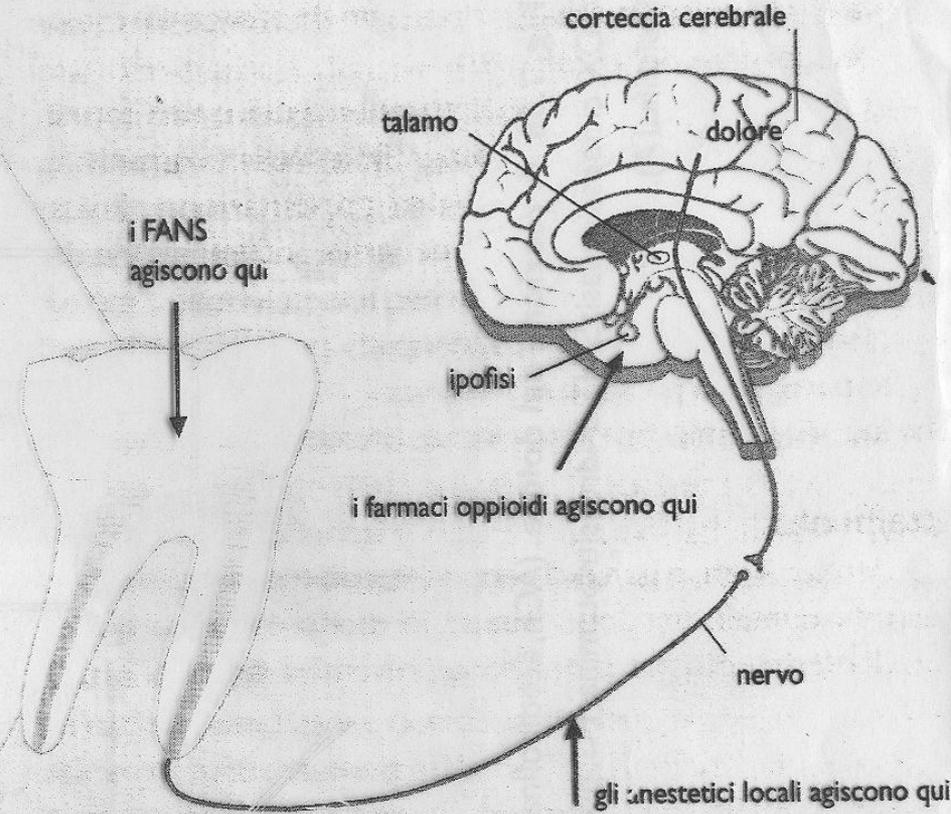
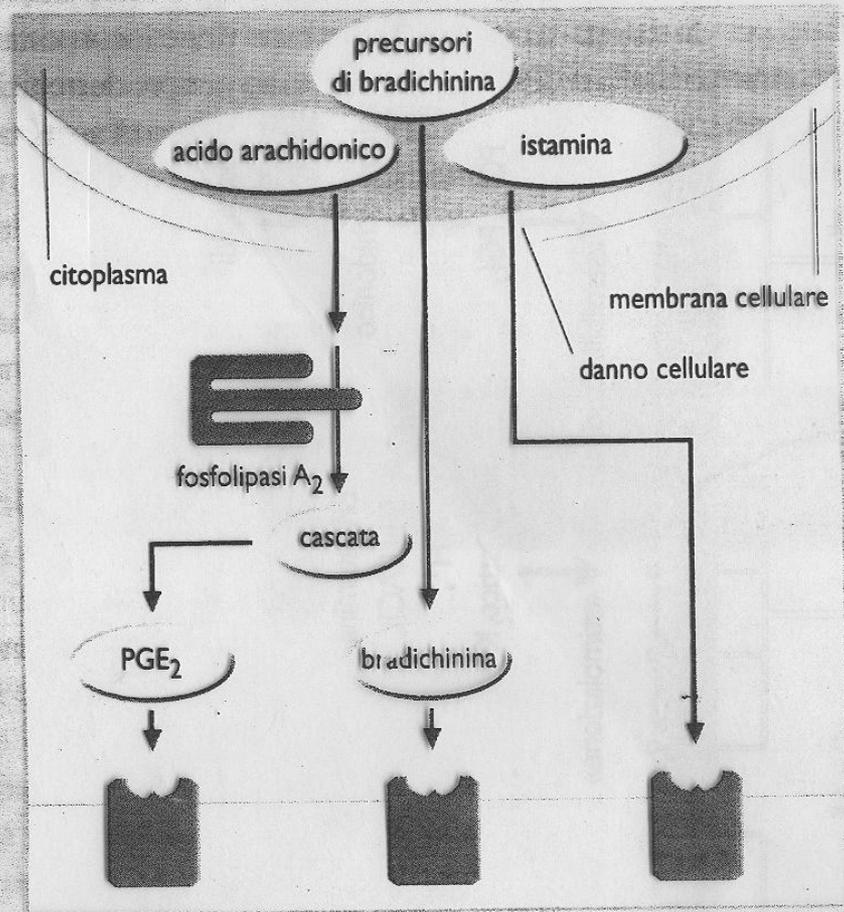


Fig. 20.3 Rappresentazione schematica dei siti d'azione di oppioidi, farmaci anti-infiammatori non steroidei (FANS) e anestetici locali quando usati per mal di denti acuto. Gli oppioidi agiscono all'interno del sistema nervoso centrale per alterare la percezione del dolore; aspirina e FANS inibiscono la sintesi di prostaglandina (PG) nel sito di lesione e gli anestetici locali bloccano la trasmissione dello stimolo doloroso.

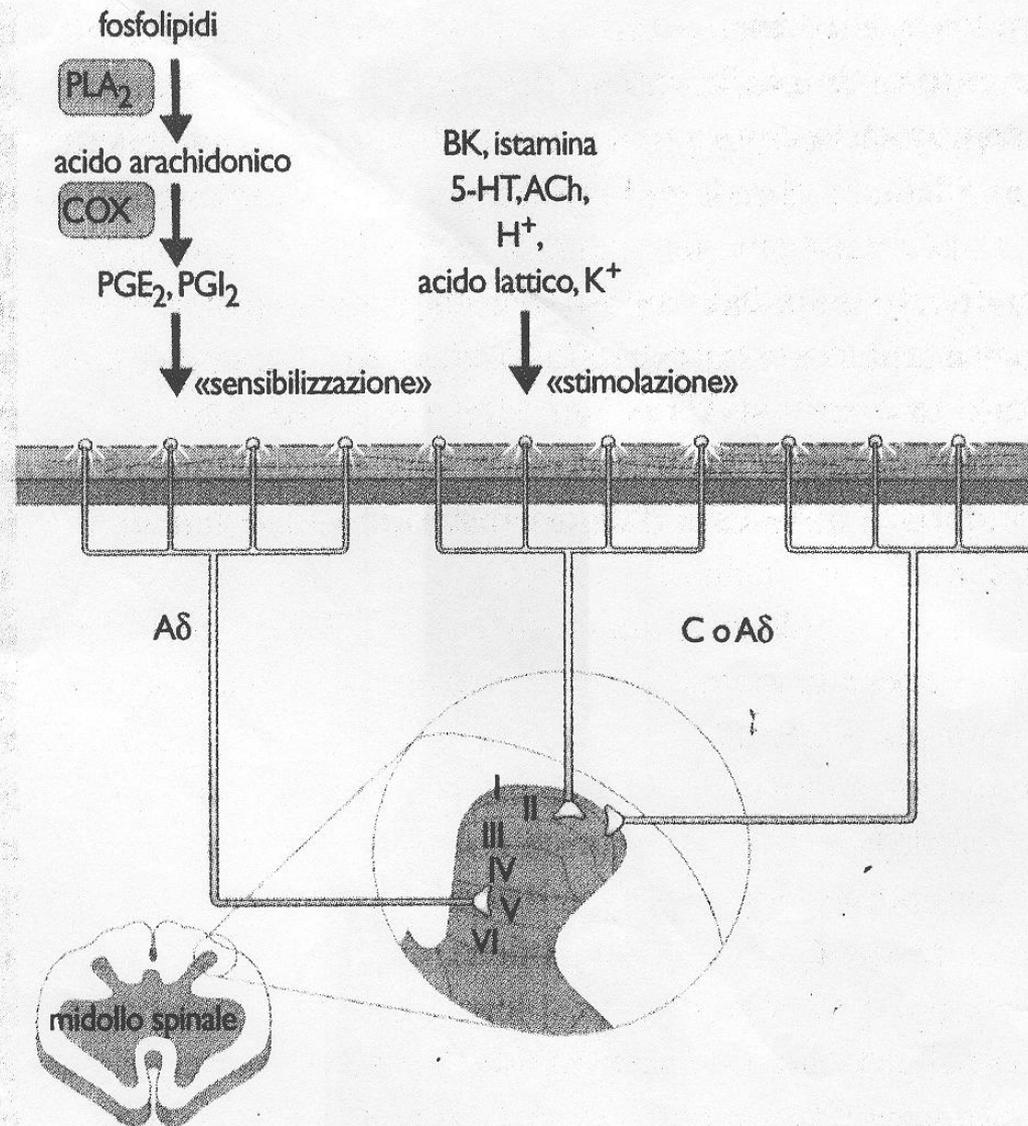
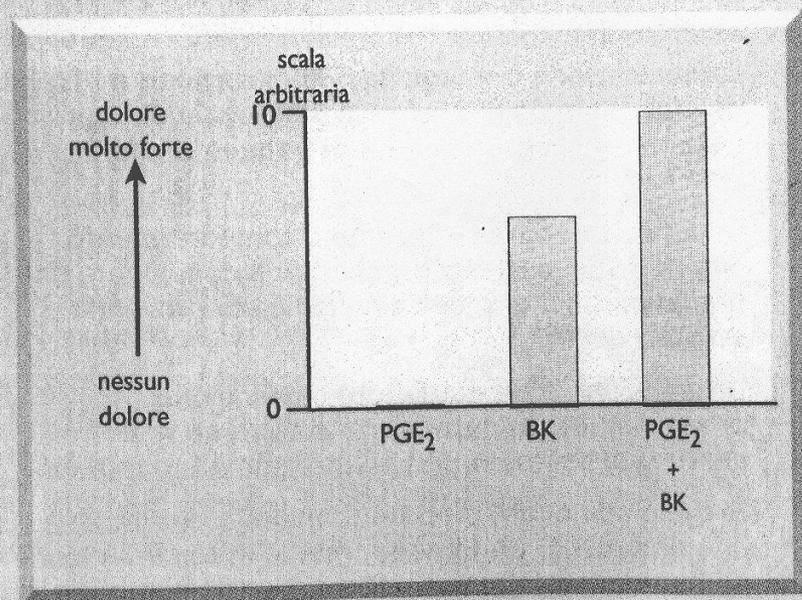
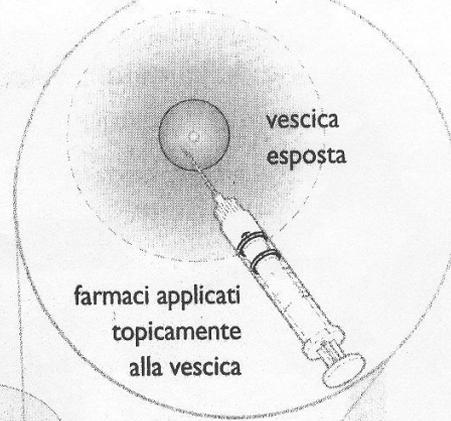
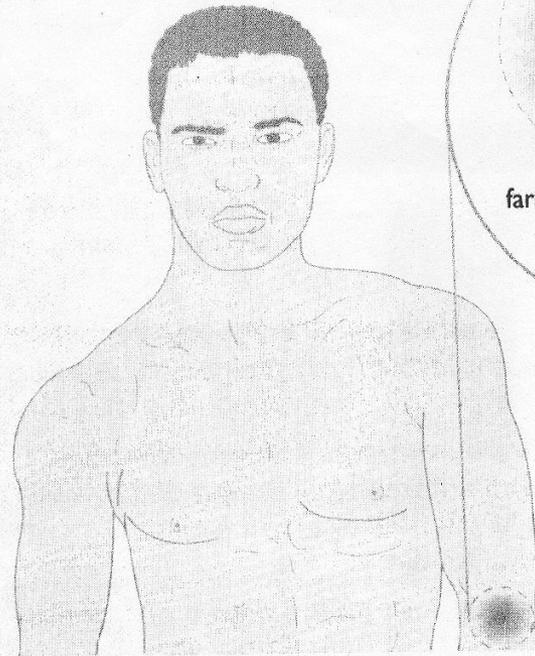
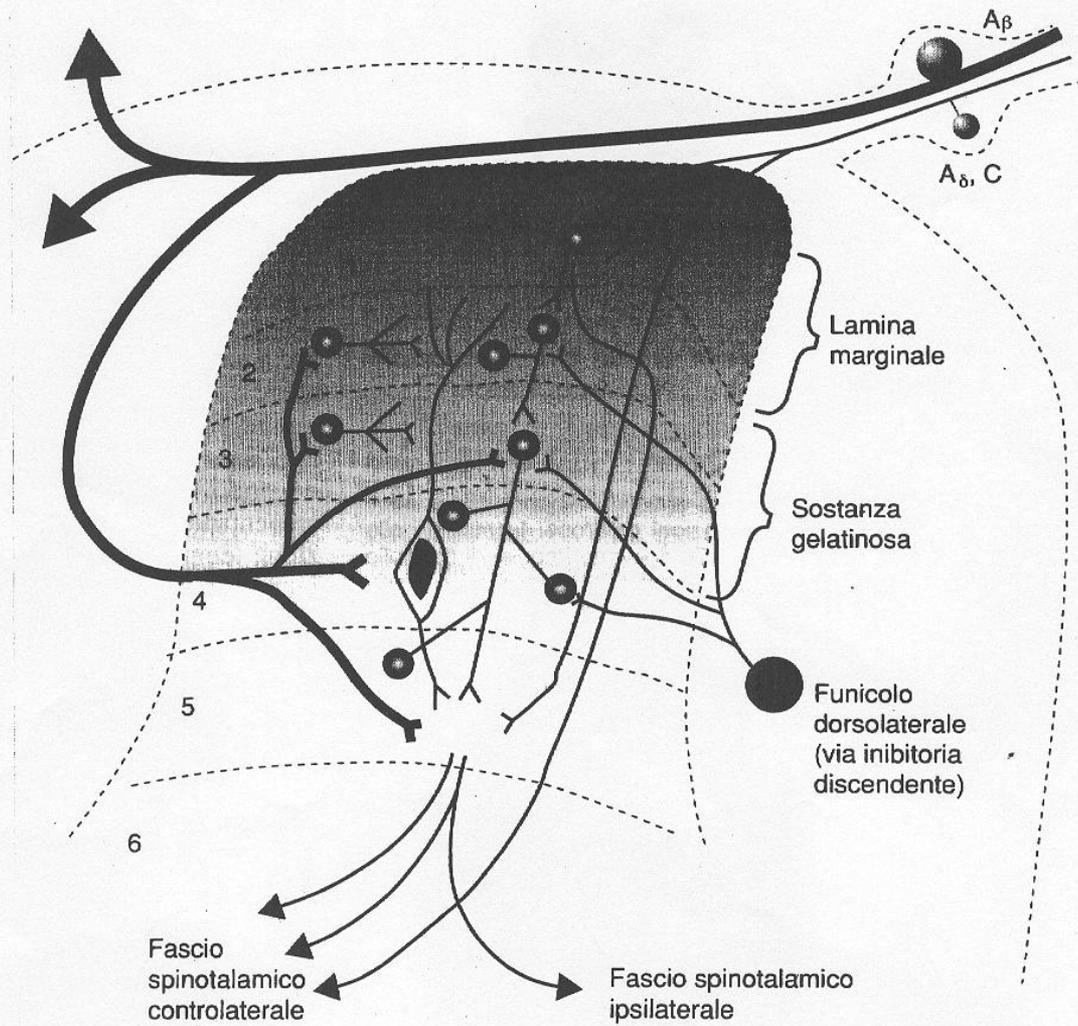


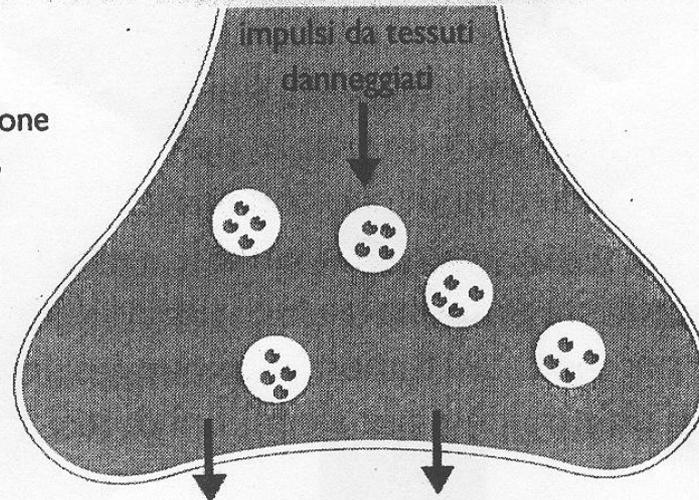
Fig. 7.58 Percezione del dolore. (ACh, acetilcolina; BK, bradichinina; COX, cicloossigenasi; 5-HT, 5-idrossitriptamina; PG, prostaglandina; PLA, fosfolifasi A).





terminazione
del nervo
afferente

impulsi da tessuti
danneggiati



SP

glutammato

1

NMDA

neurone
nocirispondente

NKA

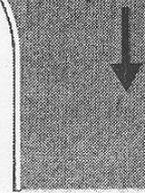
AMPA

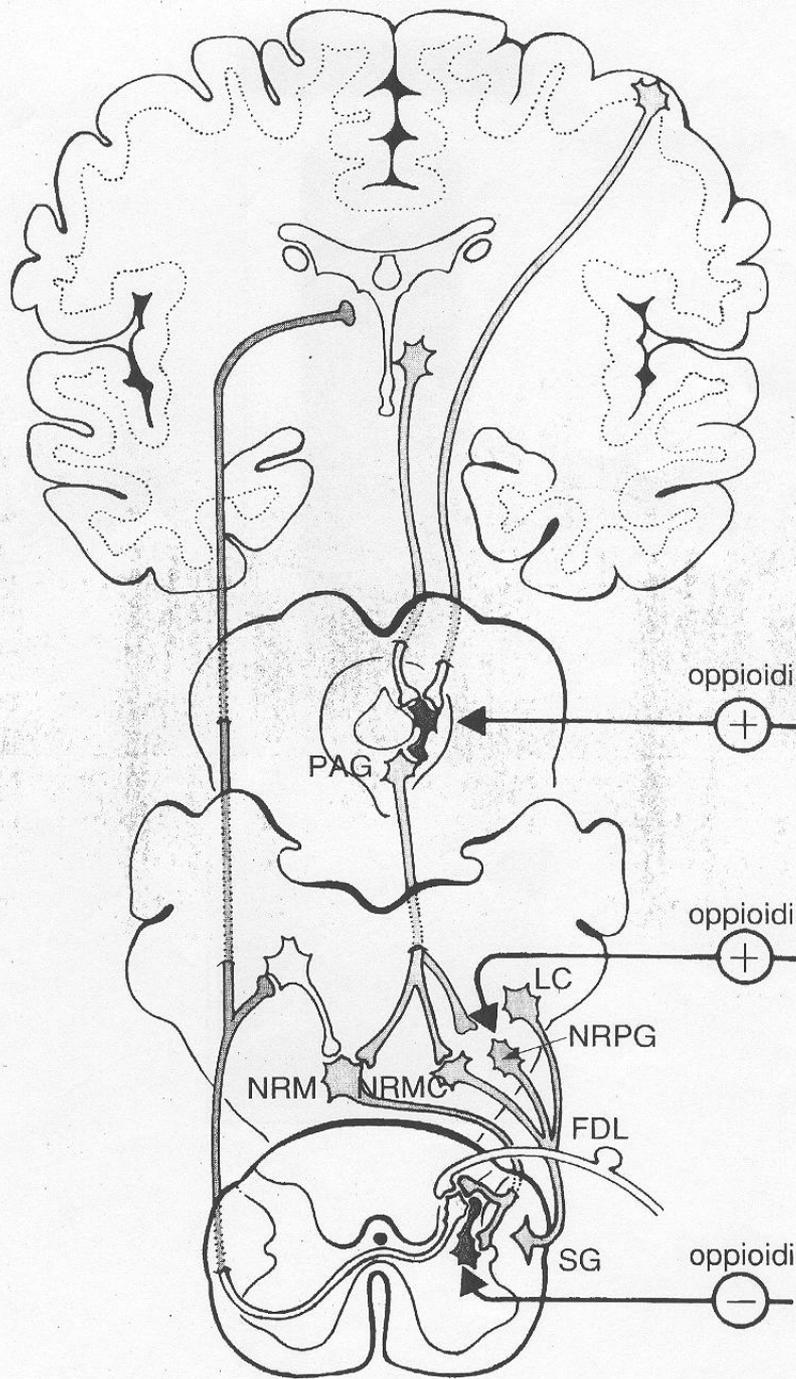
NOS

NO

impulsi ai centri
cerebrali
superiori

(+)



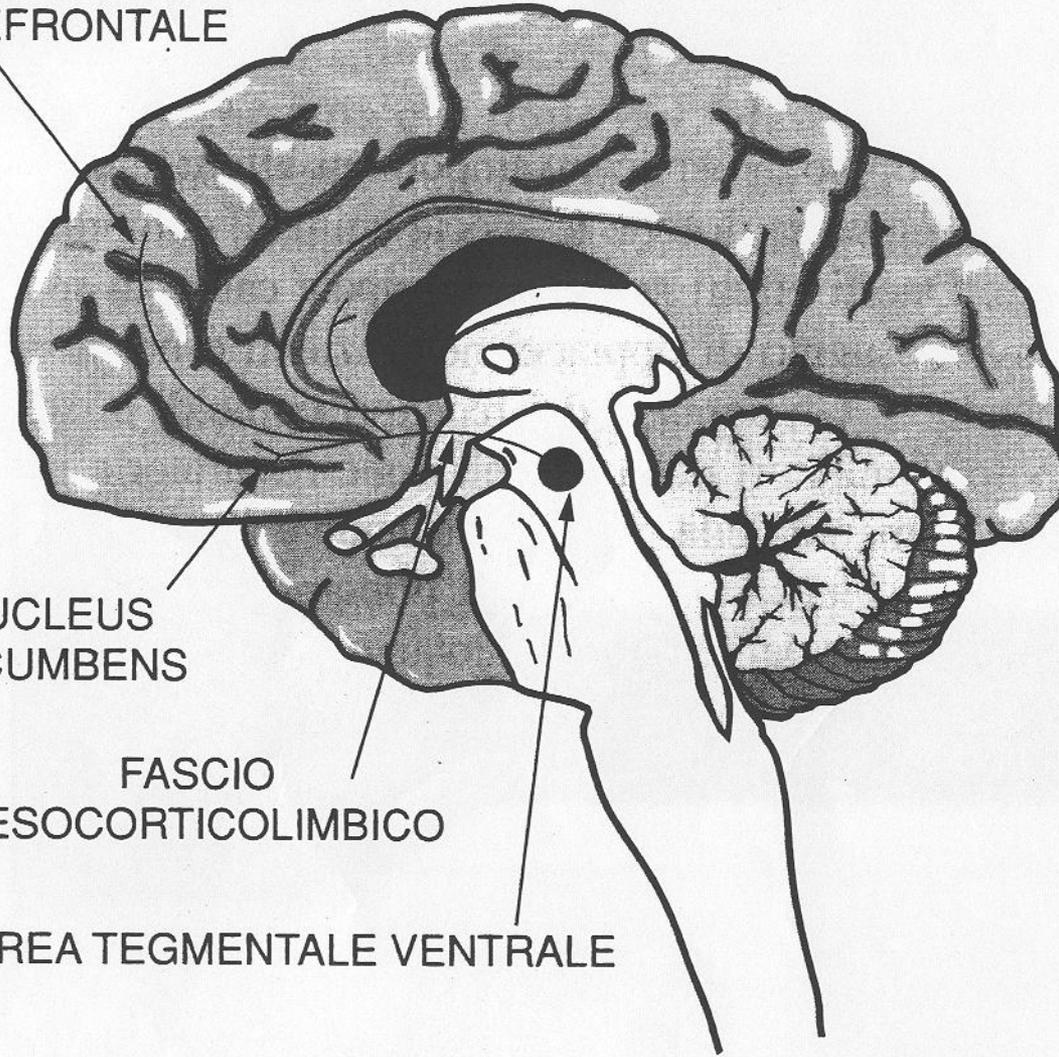


CORTECCIA
PREFRONTALE

NUCLEUS
ACCUMBENS

FASCIO
MESOCORTICOLIMBICO

AREA TEGMENTALE VENTRALE



Metodologia struttura protocolli

