# Nociceptive flexion reflex (NFR) thresholds in chronic tension-type headache and chronic whiplash syndrome

Published: 18-05-2006 Last updated: 14-05-2024

The objective of this study is to prove patients with CTTH and chronic neck pain after a whiplash injury have a lower nociceptive flexion reflex threshold compared to painfree controls.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Headaches
Study type	Observational non invasive

# Summary

### ID

NL-OMON29972

**Source** ToetsingOnline

Brief title NFR thresholds

# Condition

• Headaches

**Synonym** chronic tension-type headache, chronic whiplash syndrome

#### **Research involving**

Human

### **Sponsors and support**

Primary sponsor: neurologie en klinische neurofysiologie

1 - Nociceptive flexion reflex (NFR) thresholds in chronic tension-type headache and ... 14-05-2025

#### Source(s) of monetary or material Support: Ministerie van OC&W

### Intervention

Keyword: chronic, headache, NFR, whiplash

### **Outcome measures**

#### **Primary outcome**

Primary outcome is the minimum current intensity eliciting a spinal reflex

(reflex threshold).

#### Secondary outcome

Secondary outcomes are the RIII amplitude, psychological symptoms (SCL-90),

quality of life (SF-36) and the total tenderness score (TTS).

# **Study description**

#### **Background summary**

The pathophysiology of chronic tension-type headache (CTTH) and of chronic neck pain after a whiplash trauma is largely unknown. It has been shown that these patients often show increased pericranial muscle tenderness and muscle hardness. In two randomized controlled trials we could not prove botulinum toxin (with a spasmolytic effect) to be effective in patients with CTTH and chronic whiplash syndrome.

Treatment of these tender muscles did not seem to help the patient. Possible explanation herefore is the so-called spinal cord hypersensivity.

Patients with CTTH and chronic neck pain after a whiplash trauma show often exaggerated pain responses following low intensity nociceptive stimulation. This can explain the persistence of pain after minimal or even in absence of tissue injury.

The nociceptive flexion reflex (NFR) is a spinal reflex of one limb after (painful) electrical stimulation of the suralis nerve. It is a reliable and objective tool to measure pain and the degree of spinal cord hypersensivity. Patients with chronic pain syndromes seem to have lower reflex thresholds compared to pain free controls as a result of spinal cord hypersensivity.

#### **Study objective**

The objective of this study is to prove patients with CTTH and chronic neck pain after a whiplash injury have a lower nociceptive flexion reflex threshold compared to painfree controls.

#### Study design

After informed consent is obtained, we record baseline demographics (age, sex, length, weight, bloodpressure). During a baseline period of 4 weeks, patients use a diary to record the presence of headache and/or neck pain, number of headache hours per day, number of days on which medication is taken and number of tablets taken per day. Before and after the NFR measurements patients record their headache and\or neck pain intensity on a visual rating schaal (VRS), in which 0 means no pain and 10 the worst pain imaginable.

#### Study burden and risks

The NFR measurements are non-invasive measurements, according to standard EMG (electromyograghy) protocols.

# Contacts

Public

Selecteer

Leyweg 275 2545 CH Nederland **Scientific** Selecteer

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# **Trial sites**

# Listed location countries

Netherlands

3 - Nociceptive flexion reflex (NFR) thresholds in chronic tension-type headache and ... 14-05-2025

# **Eligibility criteria**

Age Adults (18-64 years) Elderly (65 years and older)

### **Inclusion criteria**

Patients are eligible: (1) if they meet the criteria for chronic tension-type headache (according to the International Headache Society criteria = IHS); (2) if they had a whiplash type neck distortion defined as a soft tissue injury of the neck following a vehicle collision, with symptoms lasting longer than 6 months (according to the Quebec task Force, Whiplash Associated Disorders grade 1 and 2)

### **Exclusion criteria**

Age < 18 or > 65 years; pregnancy; neuromuscular disorders; severe psychiatric comorbidity; analgesics abuse

# Study design

### Design

Study type:	Observational non invasive	
Intervention model:	Other	
Allocation:	Non-randomized controlled trial	
Masking:	Open (masking not used)	
Control:	Active	
Primary purpose:	Basic science	

### Recruitment

. . .

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-06-2006
Enrollment:	90
Туре:	Actual

4 - Nociceptive flexion reflex (NFR) thresholds in chronic tension-type headache and ... 14-05-2025

# **Ethics review**

Approved WMO Date: Application type: Review commission:

18-05-2006 First submission METC Leiden-Den Haag-Delft (Leiden) metc-ldd@lumc.nl

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register CCMO ID NL11797.098.06