muscle, C5/C6 joint, second metacarpal and tibialis anterior to assess widespread pressure hyperalgesia.

Results: Side-to-side consistency between DPT ($r = 0.769$, $P < 0.001$) was found. DPT was moderately associated with widespread PPTs ($0.364 > r > 0.769$, all $P < 0.001$). No significant association with migraine pain features (frequency, intensity or duration of migraine attack) were observed (all, $P > 0.129$). Associations were similar in women with episodic or chronic migraine.

Conclusions: Dynamic pressure algometry was valid for assessing dynamic mechanical muscle allodynia in migraine. DPT was associated with widespread static muscle hyperalgesia independently of migraine frequency supporting that dynamic muscle allodynia in the trigeminal area is consistent with generalized pressure pain hyperalgesia. Assessing dynamic deep somatic tissue sensitivity may provide a new tool for assessing treatment effects.

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The number of active trigger points is associated with sensory and emotional aspects of health-related quality of life in tension type headache

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Aims: Some evidence supports that referred pain elicited by active trigger points (TrPs) reproduces some features of tension type headache (TTH). Our aim was to investigate the association between the number of active TrPs and health-related quality of life TTH.

Methods: Patients with TTH diagnosed by experienced neurologists according to the last International Headache Classification (ICHD-III) were included. Exclusion criteria included other primary headaches, medication overuse headache, whiplash injury or fibromyalgia. TrPs were bilaterally explored within the masseter, temporalis, trapezius, sternocleidomastoid, splenius capitis, and suboccipital. Health-related quality of life was assessed with the SF-36 questionnaire including 8 domains: physical functioning, physical role, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. Higher scores represent better quality of life. Spearman correlation coefficients were used to determine correlations between the active TrPs and SF-36.

Results: Two hundred and two patients (mean age: 45 ± 12 years) with a headache frequency of 17 ± 7 days/month participated. Each patient with TTH exhibited 4.7 ± 2.9 active TrPs. The number of active TrPs showed moderate weak negative associations with bodily pain (r_s: −0.216; $P = 0.002$), emotional role (r_s: −0.185; $P = 0.008$) and vitality (r_s: −0.161; $P = 0.02$), but not with the remaining domains: the higher the number of active TrPs, the worse the emotional role and vitality and the higher the pain interference with daily life. These results were similar in both frequent episodic and chronic TTH.

Conclusions: The number of active TrPs was associated with sensory and emotional aspects of quality of life in a cohort of subjects with TTH.

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Chronic neuropathic pain following oxaliplatin and docetaxel: A 5-year follow-up questionnaire study

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Background: Adjuvant chemotherapy with docetaxel and oxaliplatin increases survival in patients with high-risk breast and colorectal cancer, respectively, but may induce acute and chronic neurotoxicity. This study is a 5-year follow-up of chronic chemotherapy-induced peripheral neuropathy (CIPN).

Methods: In 2011–2012, 74 patients with high-risk colorectal cancer and 100 patients with high-risk breast cancer answered a questionnaire before, during and one year after receiving adjuvant chemotherapy with oxaliplatin and docetaxel, respectively. In 2016, a 5-year follow-up with the same questionnaire was performed in survivors.

Results: Fifty-two (36.5% women) of 74 patients (91%) treated with oxaliplatin and 80 (100% women) of 100 patients (85%) treated with docetaxel answered the questionnaire. The most common symptoms of CIPN were tingling in the hands (44.2% in the oxaliplatin (CI 95% 30.5; 58.7) and 36.3% in the docetaxel group (CI 95% 25.8; 47.8)) and feet (52.0% in the oxaliplatin (CI 95% 37.6; 66.0) and 37.5% (CI 95% 29.9; 49.0) in the docetaxel group) and numbness in the feet (34.6% in the oxaliplatin (CI 95% 22.0; 49.1) and 17.5% (CI 95% 9.9; 27.6) in the docetaxel group). Pain was present in the hands or feet in 28.9% of patients treated with oxaliplatin (CI 95% 17.12; 43.0) and 31.3% of patients treated with docetaxel (CI 95% 21.3; 42.6).

Conclusions: The results showed no major change in symptoms of neuropathy or pain from 1 to 5 years after chemotherapy. Symptoms of neuropathy were more common in patients treated with oxaliplatin.

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