

Table 2. Non-Pharmaceutical Interventions for Central Poststroke Pain

Intervention	Considerations
Psychological techniques (biofeedback, relaxation)	<ul style="list-style-type: none"> • Limited rigorous studies • Generally low risk
Mirror therapy	<ul style="list-style-type: none"> • Adjunctive intervention; also used for motor impairment; may alter perception of pain
Acupuncture	<ul style="list-style-type: none"> • Generally well tolerated, low risk • Contraindicated in areas with infection or malignancy, low risk local infection, bleeding
Repetitive transcranial magnetic stimulation (rTMS)	<ul style="list-style-type: none"> • Noninvasive neuromodulation technique • FDA approval for treatment resistant depression; may be difficult to access outside of research setting for CPSP • Contraindications relate to seizure risk or implanted metal or electrical devices²⁰
Deep brain stimulation (DBS)	<ul style="list-style-type: none"> • Invasive neuromodulation technique • Reserved for refractory cases • Potentially serious adverse effects including infection, cerebrospinal fluid leakage, hematoma, seizure, wound complications
Spinal cord stimulation	<ul style="list-style-type: none"> • Less invasive than DBS • Potential complications include electrode displacement, lead fracture, cerebrospinal fluid leakage, seroma, infection, rare spinal cord injury due to cord trauma or epidural hematoma²¹