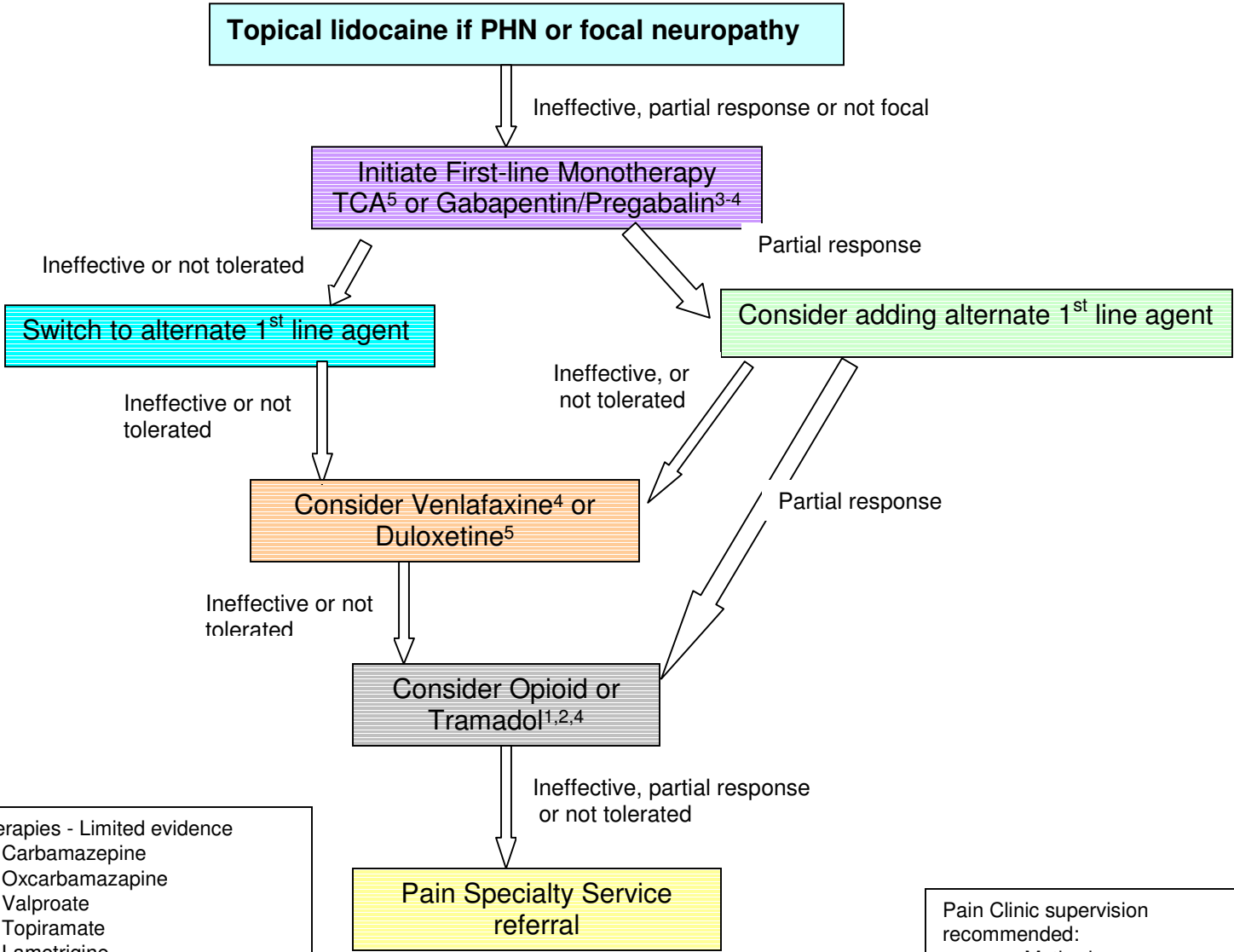


# Neuropathic Pain

## Evidence-based Treatment Algorithm (adapted from 1-2) for 1°Care



- Other therapies - Limited evidence
- Carbamazepine
  - Oxcarbamazepine
  - Valproate
  - Topiramate
  - Lamotrigine
  - Phenytoin
  - Mexiletine
  - Levetiracetam

- Pain Clinic supervision recommended:
- Methadone
  - Lidocaine
  - Ketamine
  - Cannabinoids

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2. Gilron I, Watson PN, Cahill CM, Moulin DE. Neuropathic pain: a practical guide for the clinician. *CMAJ* 2006;175(3): 265-75.
3. Wiffen P, Collins S, McQuay H, et al. Anticonvulsant drugs for acute & chronic pain. *Cochrane Database Syst Review* 2005;(3): CD001133.
4. Zin CS, et al. An update on the pharmacological management of PHN & painful DN. *CNS Drugs* 2008; 22(5): 417-42.
5. Saarto T, Wiffen PJ. Antidepressants for neuropathic pain. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art.No.:CD005454.DOI:10.1002/14651858.CD005454.pub2.
6. Sultan A, et al. Duloxetine for painful diabetic neuropathy & fibromyalgia pain: systematic review of randomized trials. *BMC Neurology* 2008;8(29):1-9.

**Tricyclic Antidepressants (TCAs)**

- ✓ NNT= 1.7-2.5; NNH (minor)=4.6; NNH(major-drug W/D)=14.7
- ✓ Baseline- ECG (age >65); Lying/Standing BP
- ✓ Nortriptyline or Amitriptyline 10§-25mg qHS
- ✓ Titrate 10mg increments every 3-7 days if tolerated to MAX: 75§-150mg qHS
- ✓ Adequate trial: **6-8 week titration & 1-2 weeks at maximum dose**
- ✓ Common SE; constipation, dizziness, xerostomia, blurred vision, orthostatic hypotension

**Gabapentin (Neurontin®)**

- ✓ Initial 100§-300mg/day @HS, titrate 100-300mg/day q7 days to max: 2400mg/day
- ✓ Divide dose once dose > 300mg/day
- ✓ Adjust interval tid if CRCL < 60mL/min; bid < 30mL/min
- ✓ Slow titration to avoid emergent SE
- ✓ Adequate trial: **10wks & 2 wks at max tolerable dose**
- ✓ Common SE: dizziness, drowsiness, gait disturbances, cognitive decline

**Pregabalin (Lyrica®)**

- ✓ Initiate 25§-50mg bid; titrate by 25-50mg q 2-7 days to max: 400§-600mg/day
- ✓ Adjust to daily if CRCL < 30mL/min
- ✓ Adequate trial: **4-5 weeks titration, 1-2 weeks at max tolerable dose**
- ✓ Common SE: dizziness, somnolence, edema, dry mouth, headache

**Venlafaxine (Effexor®)**

- ✓ NNT= 3.1
- ✓ Start 37.5mg daily; titrate to 75-225mg daily every 3-7 days
- ✓ Adequate trial: **4-5 weeks titration; 1-2 weeks at max tolerable dose**
- ✓ Adjust CRCL < 60mL/min: reduce usual dose by 25-50%
- ✓ Adjust mild-mod hepatic impairment: reduce usual dose by 50% or more
- ✓ Common SE: hypertension, sweating, anorexia/wt loss, dizziness, nerves

**Duloxetine (Cymbalta®)**

- ✓ NNT =6; NNH (drug W/D)=15
- ✓ Initial: 30mg daily for 1-2 weeks, increase to 60mg daily if necessary
- ✓ Adjust CRCL < 60mL/min- reduce dose; titrate slower – do NOT use at CRCL < 30mL/min
- ✓ Hepatic insufficiency – do NOT USE
- ✓ Common SE: diaphoresis, constipation, anorexia, dizziness, fatigue

**Tramadol (various forms)**

- ✓ Tramacet® (Acetaminophen 325mg + tramadol 37.5mg)- immediate release (IR)
- ✓ NNT=3.8; NNH= 8.3 (IR data only)
- ✓ Start 2 tabs bid x 1-2 weeks, titrate to max of 2 tabs q6h.
- ✓ Adjust CRCL < 30mL/min – q12h interval
- ✓ Hepatic insufficiency- do NOT use

*Extended release products: Zytram®, Raliva®, Tridural® (do not interchange)*

- ✓ Initial: 100mg daily; titrate by 100mg/day q5 days to max 300mg/day-swallow whole
- ✓ Do NOT USE CRCL < 30mL/min or hepatic insufficiency
- ✓ Common SE: flushing, pruritis, constipation, fatigue, tremor, HA, dizziness

NNT= numbers needed to treat to obtain 1 patient achieving greater than 50% pain relief

NNH= numbers need to treat to experience adverse effects

§Use lower dose range if age > 65 years or history of sensitivity to CNS meds

Dosage & SE information referenced from Micromedex.