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Recommendations for the Treatment of Neuropathic Pain

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ARTICLE HISTORY

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INTRODUCTION

Clinical Practice Capsules (CPC) are short summaries of diseases and syndromes written for all prescribers. The CPCs contain a description of the disease/syndrome, diagnostic criteria, treatment algorithms including options and prices. We welcome submissions from all students and practicing pharmacists. Multiple examples are available on the CPhA Journal website.

According to the International Association for the Study of Pain (IASP), neuropathic pain (NP) is “initiated or caused by a primary lesion or dysfunction in the nervous system,” and damage in the peripheral or central nervous system is often due to common diseases, injuries, and interventions. The management of NP can be challenging due to the complex and frequently inadequate treatment options. Healthcare professionals must be able to properly diagnose and assess a patient’s NP in order to successfully treat his/her condition.

Choice of Therapy

Multiple guidelines with slightly different approaches exist for the treatment of NP. However, most studies have been based around treatment for painful diabetic neuropathy and below are recommendations for treatment options.

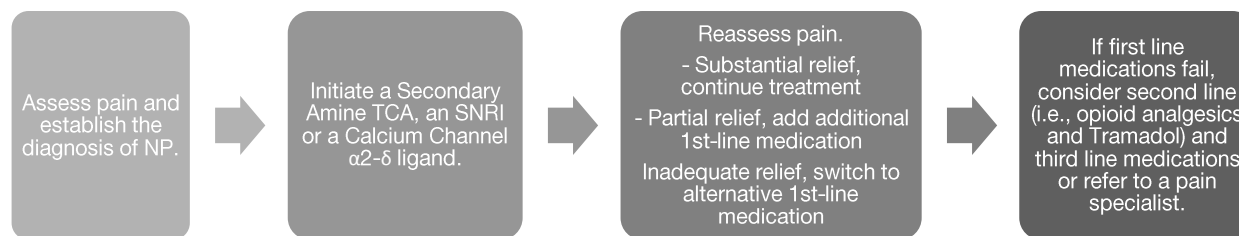
American Diabetes Association (ADA) Algorithm for Management of Diabetic Neuropathy



American Academy of Neurology (AAN) Recommendations for Treatment of Diabetic Neuropathy

Level A (Effective)	Level B (Probably Effective)	
Pregabalin 300-600mg/d	Gabapentin 900-3600mg/day	Dextromethorphan 400mg/day
	Sodium valproate 500-1200mg/day	Morphine sulfate titrate to 120mg/day
	Venlafaxine 75-225mg/day	Tramadol 210mg/day
	Duloxetine 60-120mg/day	Oxycodone max 120mg/day
	Amitriptyline 25-100mg/day	Capsaicin 0.075% QID

International Association for the Study of Pain (IASP) Stepwise Approach of Neuropathic Pain Treatment



First-Line Pharmacologic Options

	Dosing	Duration	Side Effects	AWP Cost
Secondary Amine TCAs				
Nortriptyline (PAMELOR)	25 mg at bedtime. Increase by 25 mg daily q 3-7 days. (MAX: 150 mg/day)	6-8 weeks (at least 2 weeks of max tolerated dose)	• Dry mouth, somnolence (initiate therapy at bedtime)	\$17
Desipramine (NORPRAMIN)				\$82
SNRIs				
Duloxetine (CYMBALTA)	30 mg once daily. After 1 week, increase to 60 mg once daily. (MAX: 60 mg BID)	4 weeks	• Nausea (decreased when Duloxetine is titrated)	\$320
Venlafaxine (EFFEXOR)	37.5 mg once or twice daily. Increase by 75 mg weekly. (MAX: 225 mg/day)	4-6 weeks		\$110
Calcium Channel alpha2-delta ligand				
Gabapentin (NEURONTIN)	100-300 mg at bedtime or 100-300 mg TID. Increase by 100-300 mg TID q 1-7 days. (MAX: 3600 mg/day); no benefit > 1800 mg/d	3-8 weeks titration (2 weeks at max dose)	• Sedation, dizziness (reduced when dose is titrated) • peripheral edema (dose-dependent ≥ 1800 mg)	\$15
Pregabalin (LYRICA)	50 mg TID or 75 mg BID. Increase to 300 mg/day after 3-7 days. Then by 150 mg/day q 3-7 days. (MAX: 600 mg/day)	4 weeks		\$550 (B)

*Pricing is based on AWP Unit Price of all generic/brand (B) formulations available for a 30-day supply of maximum daily dose.

About the Author

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