

How's your knowledge of neuropathic pain?

Did you know that:

- Whether in the setting of cancer or not, **burning pain** or **shooting pain** indicate a **nerve lesion**.
- **Neuropathic pain** is another example of pain that **does not respond well to opiates** (relatively **opiate-resistant**)
- An exaggerated painful response to a **normally non-painful stimulus** (such as light touch) is called **ALLODYNIA**, and is a sure sign of neuropathic pain.
- It can be very difficult to control some types of neuropathic pain, especially if it has gone on for a long time.

But WAIT—neuropathic pain can often be prevented, or at least prevented from getting worse!!!

Anaesthetists do nerve blocks and local anaesthetic infiltrations in the OR now, to prevent neuropathic pain from starting.

Patients with post-herpetic neuralgia and trigeminal neuralgia get worse if left alone, don't they!! So do patients with diabetic neuropathy and cancer related neuropathic pain. So what should we do?

- **Intervene early** with meds directed at the neuropathic component of the pain.
- **Tricyclics** work well for **burning pain or allodynia**. Try **desipramine 25-100mg qhs**, or nortriptyline 10-75mg qhs—less toxic than amitriptyline.
- **Anticonvulsants** work well for **shooting, electric shock-like pain**. **Valproic acid or gabapentin** are preferred (most effective and least toxic), but any anticonvulsant will work. (remember carbamazepine for trigeminal neuralgia? It works, but is more toxic).
- **Acupuncture or TENS** (transcutaneous electrical nerve stimulation) can sometimes be very effective for neuropathic pain. Consider physio referral.
- **Topical capsaicin cream** (Zostrix TM) can be helpful if neuropathic pain is confined to one or two dermatomes, but it must be applied **routinely about five times a day (NOT PRN)** in order to work.

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- If these are not working, referral to a **pain or palliative care specialist** might be in order—there are other things we can do (nerve blocks, epidurals, meds such as methadone or ketamine).

****Practice tip: always ask the patient about burning or shooting pain, and look for evidence of allodynia, or sensory/motor changes on physical exam. If you find them, think neuropathic pain and start the co-analgesics right away—not after you have tried and failed with opiates alone!!****

Want to learn more?

Call us: Palliative Care Community Advice Line: (905) 548-5565 —available 24 hrs a day.

We're here to help you.