



Diagnosis and management of Neuropathic Pain

With Dr Jane Standen, Consultant Anaesthetist and Interventional Pain Specialist, Sydney, Australia

Introduction

Neuropathic pain refers to pain in association with a lesion or disease effecting the somatosensory nervous system.

Case 1 - You're covering the ward after hours and you receive a call to review a 65 year old male with foot pain. He has presented with Peripheral Vascular Disease (PVD), an angiogram shows arterial narrowing. He is on a heparin infusion and has been charted targin and endone, which is providing inadequate pain relief.

1. Initial questions to ask over the phone

- How does the patient score his pain out of ten?
- Where is the pain?
- What is helping with the pain?
- What is the patient's medical history?
- What other medications is the patient taking?

2. How do you assess the pain?

- SOCRATES
- Examine the patient
 - Current degree of distress

3. Features consistent with neuropathic pain?

- **History descriptors**
 - Electric shock
 - Shooting
 - Freezing cold
 - Pins and needles
 - Radiating pain
- **Examination**
 - Sensory changes, increased or decreased

4. What is allodynia?

- Pain in response to a not normally painful stimulus

5. How do you treat neuropathic pain?

- Multimodal and multidisciplinary approach
- Pharmacological
 - Small doses of antidepressants, TCA, SSRI or SNRI = first line
 - If the pain is impacting sleep TCA are usually preferred, for example, Amitriptyline 5-10mg nocte, with dose increases every 3-5 days up to 25mg
 - If there is a mood component SNRI are preferred, for example, Duloxetine, 30mg mane, titrating the dose every week
 - Gabapentinoids = alternative first line
 - Opioids = third line, as tolerance and dependence become problematic non-pure mu agonists are preferred, for example, tramadol or paxia



- Non-pharmacological
 - Physiotherapy, ensuring ongoing movement and mobility
 - TENS
 - Location specific interventions, for example, lumbar sympathectomy or spinal cord stimulation

6. When to ask for a chronic pain team consult?

- If your initial plan does not adequately alleviate the pain, you should ensure to seek guidance as neuropathic pain is very distressing for patients

7. Prognosis

- The longer the pain is present the greater the risk of not achieving a pain free state

Take home messages

- First line management for neuropathic pain is low dose antidepressants or gabapentinoids
- Do not try and treat neuropathic pain with escalating opioid therapy, however if using opioids, non-pure mu agonists are preferred and more effective than pure mu agonists

Resources

- Acute pain management: A Practical Guide, Fourth Edition by Pamela E. Macintyre, Stephan A. Schug.