

Management of Neuropathic Pain

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Clinical features and practical points in the management of neuropathic pain in cancer patients are discussed in this presentation. The ISSP definition for neuropathic pain is that it is a “pain initiated or caused by a primary lesion or dysfunction in the nervous system”. It is a diverse group of ‘difficult pains’ where the pathology is an injury to either peripheral or central nervous system. The disease process or treatment can cause neuropathic pain in cancer patients. Neuropathic pain is associated with some of the features like allodynia, hyperalgesia, impaired sensations or autonomic dysfunction in the affected area.

Since many of the neuropathic pains respond to opioid drugs, they are the first line of drugs in the management of this condition. The drugs commonly used for management of neuropathic pains not responding well to opioids are anti convulsants, anti depressants, NMDA antagonists, steroids, GABA agonist (gabapentin) local anaesthetics, and topical agents. Anti depressants (of which drugs inhibiting the reuptake of both noradrenaline and serotonin are most effective) and anti convulsants are the commonly used drugs. All these drugs have poor side effect profiles. So it is customary to use tolerable doses of multiple drugs from different groups. A practical option will be to start with either an anti depressant (eg; Imipramine 25 -75mg nocte) or an anti convulsant (Sodium Valproate 200 – 1000 mg /day) and then add the other one. Gabapentin 300 – 1800 mg /day can be effective, but is relatively expensive.