

Fast Facts on Pain Management

FAST FACTS #5 Neuropathic Pain

CASE STUDY:

Gloria is having pain that is radiating down her right leg. The Morphine has helped a little but it is still sharp and shooting.

What would you consider for improving pain management?

Which drug would you choose?

Main Teaching Points:

Since Gloria has had only a little effect on the pain and she has given us the clues of sharp, shooting pain that radiates down the leg, which is a nerve root, we can identify neuropathic pain. Adding an adjuvant would be helpful. Start low and increase slowly. A good first choice is Gabapentin 100mg q 8 hours.

Definition: Pain characterized by sharp, shooting, burning, numbness and tingling, hyperalgesia (slight pain like pinprick felt as severe), allodynia (light touch that feels painful). The pain is severe and continuous and often disturbs sleep, but it can fluctuate in severity and can be reduced by diversional activity or elevation of mood. At times position may have an effect on the pain because of pressure on nerve roots. The pain typically will occur in the arm when there is involvement of the brachial plexus or in the leg when there is involvement of the lumbo-sacral plexus with pelvic tumors.

A distinct feature of neuropathic pain is that it can be bilateral with sacral pain, which is aching pressure-like sensation, weakness in the leg/s, burning or stabbing pain in the leg, numbness or tingling.

Describing the pain will give clues to the best management of the pain. It is also important to know if the pain responds at all to analgesics of acetaminophen or opioid.

Management Options:

Opioids, antidepressants, anticonvulsants, if these do not work, a local anesthetic.

Opioid: Some of the neuralgic pains will respond partially. If the patient becomes drowsy without any pain relief then it is not responsive to the opioid then use the adjuvant..

Anticonvulsants: This would be the next step.

Gabapentin (Neurontin) po Starting dose 100mg q 8 hours

Clonazepam (Klonopin) po Starting dose 0.5 mg q 8 hours

Carbazine (Tegretol) po Starting dose 100 mg BID

Antidepressants

Desipramine (Norpramin) po Starting dose 10 mg q hs

Nortriptyline (Pamelor) po Starting dose 10 mg po qd

References:

Kaye P. Symptom Control in Hospice and Palliative Care. Hospice Education Institute, Essex CT. 1999.
Wrede-Seaman L. Symptom Management Algorithms: a handbook for palliative care, second edition. Intellicard, Yakima, Washington. 1999.