Pain Relief Foundation

www.painrelieffoundation.org.uk

DRUGS FOR NERVE PAIN

INTRODUCTION

- Nerve pain or neuropathic pain is caused by nerve damage or nerve disease. Neuropathic pain is often aching, burning or shooting in nature. Sometimes the pain is unlike any usual pain and more like the pain you have after hitting your elbow or funny bone, or sometimes like an unpleasant tingling or pins and needles. There may be skin sensitivity (allodynia) when light touch or clothes rubbing on the area can cause severe pain. There may be numbness in the area of pain.
- Drugs can be used to treat neuropathic pain. These drugs are available on prescription and may be prescribed by a hospital specialist or a GP.
- Some of these drugs were developed to treat other medical conditions such as depression or epilepsy and are not licensed to treat pain. Doctors often use drugs "off licence" when there is evidence from research that they can be effective. Your doctor should explain to you that the drug is being used "off licence".
- These drugs are not effective for all people with nerve pain and can often have side effects such as drowsiness or dizziness. Nerve pain can be a very severe and distressing problem but often the pain reduction with these drugs is no better than 50%.

WHAT ARE THESE DRUGS?

There are 3 types of drugs used:

Anti-depressants: These drugs were developed to treat depression but have been used for over 30 years to treat neuropathic pain.

Anti-convulsants: These drugs (also called anti-epileptic drugs -AEDs) are drugs used to control fits in epilepsy but have been used to treat chronic pain since the 1960s.

Opioids: These drugs are sometimes used to treat neuropathic pain. Tramadol and morphine may have some effect on nerve pain. The effect of these strong painkillers on nerve pain is much less than the effect when they are used for pain after surgery.

HOW DO THESE DRUGS WORK? ARE THERE ANY SIDE EFFECTS?

Anti-depressants: There are 2 main types of anti-depressants which can reduce nerve pain.

- **Tricyclic anti-depressants** (TCAs) eg. amitriptyline, imipramine, nortriptyline, dosulepin (used to be called dothiepin) and others.

  TCAs treat nerve pain at lower doses than needed for treating depression. They are not licensed for the treatment of pain. They may be used in the treatment of postherpetic neuralgia, painful diabetic neuropathy, and atypical facial pain.

  They have a direct effect in the brain and spinal cord and also on other nerves. Because they affect the nervous system generally they often cause side effects. Side effects include drowsiness, dry mouth, blurred vision, constipation, and urinary retention. After a week or two these side effects reduce. The side effects are less severe if doses are built up gradually. They can affect heart rhythm in some people. These drugs need to be taken regularly for them to work and it may take a few days for them to have an effect.

- **SNRIs** (Selective Noradrenaline Reuptake Inhibitors) eg. venlafaxine (Efexor®) and duloxetine (Cymbalta®).

  Venlafaxine is as effective as the TCAs and may be tolerated better by some people. There is evidence that duloxetine is effective for painful diabetic neuropathy. Duloxitine has a license in the UK for the treatment of diabetic neuropathy. SNRIs are not recommended for under 18 year olds.

  All anti-depressants should be reduced gradually over about four weeks before stopping taking them.

Anti-convulsants (anti-epileptic drugs)

- These drugs act by calming the nerves which become over excitable in neuropathic pain. They are used to treat conditions such as trigeminal neuralgia (TGN), postherpetic neuralgia (PHN), painful diabetic neuropathy (PDN), facial neuralgias, and nerve pain after stroke.

Gabapentin and pregabalin (Lyrica®) are newer anti-convulsants which were developed to treat neuropathic pain and epilepsy. They have a license in the UK for the treatment of neuropathic pain. Carbamazepine (Tegretol®) is very useful in TGN.

These drugs have side effects such as sedation, dry mouth, nausea and vomiting, dizziness and skin rashes. The dose is built up slowly to reduce side effects.

Opioids

- Opioids such as tramadol, morphine and methadone may have some effect on nerve pain in some people. In people for whom they work, low dose strong opioids may be effective.

Generally these drugs are much more effective for other pains that are not due to nerve damage or disease.

Side effects are constipation, sedation, nausea and vomiting, sweating and itching.

WILL THESE DRUGS WORK FOR ME?

- Unfortunately nerve pain is difficult to treat. The best result is often only 50% reduction in pain. Many people find this valuable but they often have to put up with some side effects in order to have this improvement. Often people will take a combination of medicines. Different drugs from the various groups can be tried to see what works best. It is not unusual for people to be unable to take some of these drugs because of the side effects they experience.
- Together with your doctor you need to be patient in trying out various combinations of drugs and their doses to get the best pain reduction and least side effects. Since neuropathic pain is often a permanent condition, these drugs have to be taken for several years.

Lidocaine Patch

- A skin patch containing lidocaine (an anaesthetic) solution has been shown to be effective in some patients for relief of nerve pain.

WHERE TO GET HELP & SUPPORT

The British Pain Society, www.britishpainsociety.org 3rd Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG. Tel. 0207 269 7840. Provide a booklet: "The use of medicines beyond licence—Information for patients"

Brain and Spine Foundation, www.brainandspine.org.uk Brain and Spine Helpline, 7 Winchester House, Cranmer Road, Kennington Park, London SW9 6EJ, Helpline 0808 808 1000. Information on neuropathic pain.

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.

This leaflet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Centre for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK . www.thewaltoncentre.nhs.uk

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