

### Seeking Professional Help

- It is essential to consult with a healthcare professional for a tailored treatment plan, as neuropathic pain can vary significantly among individuals. Regular follow-ups can help adjust treatments based on effectiveness and side effects.
- By combining these approaches, individuals suffering from neuropathic pain can find relief and improve their overall well-being. Always discuss any new treatment or therapy with a healthcare provider to ensure it is appropriate for your specific situation.

### WHERE TO GET HELP AND SUPPORT

The British Pain Society, [www.britishpainsociety.org](http://www.britishpainsociety.org) 3rd Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG. Tel. 0207 269 7840

Brain and Spine Foundation, [www.brainandspine.org.uk](http://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.

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### Other leaflets in the series:

Back Pain Fibromyalgia Headache  
Trigeminal Neuralgia Arthritis Diabetes Pain Phantom Limb Pain Shingles & PHN Cancer Pain  
Pain after Stroke Sciatica Opioids for chronic pain  
Chronic pain & sex Drugs for nerve pain  
Complex Regional Pain Syndrome

*Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice*



**PAIN RELIEF FOUNDATION**

[www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)

# NEUROPATHIC PAIN

**Managing neuropathic pain often requires a combination of medications, lifestyle changes, and non-pharmacological therapies to effectively alleviate symptoms and improve quality of life.**

### Understanding Neuropathic Pain

Neuropathic pain arises from damage or dysfunction in the nervous system, leading to symptoms such as burning sensations, tingling, pins and needles, and heightened sensitivity to touch. Common causes include diabetes, post-herpetic neuralgia, nerve injuries, and certain medical conditions like multiple sclerosis.

Neuropathic pain is often described as a burning pain, stabbing, shooting, aching, or like an electric shock.

Various conditions can affect nerves and may cause neuropathic pain as one of the features of the condition. These include the following:

- Trigeminal neuralgia.
- Pain following shingles (postherpetic neuralgia).
- Diabetic neuropathy - a nerve disorder that develops in some people with diabetes.
- Phantom limb pain following surgical removal (amputation) of a limb.
- Multiple sclerosis.
- Pain following chemotherapy.
- HIV infection.
- Alcoholism.
- Cancer.
- Some types of facial pain.
- Various other uncommon nerve disorders.
- Covid-19 infection and also long COVID

**RELATED TO THE PAIN THERE MAY ALSO BE:**

- ALLODYNIA. THIS MEANS THAT THE PAIN COMES ON, OR BECOMES WORSE, WITH TOUCH OR STIMULUS THAT WOULD NOT NORMALLY CAUSE PAIN. FOR EXAMPLE, A SLIGHT TOUCH ON THE FACE MAY TRIGGER PAIN IN CASES OF TRIGEMINAL NEURALGIA, OR THE PRESSURE OF THE BEDCLOTHES MAY TRIGGER PAIN IN PEOPLE WHO HAVE DIABETIC NEUROPATHY.
- HYPERALGESIA. THIS MEANS THAT SEVERE PAIN ARISES FROM A STIMULUS OR TOUCH THAT WOULD NORMALLY CAUSE ONLY SLIGHT DISCOMFORT. FOR EXAMPLE, A MILD PROD ON THE PAINFUL AREA MAY CAUSE INTENSE PAIN.
- PARAESTHESIA. THIS MEANS THAT UNPLEASANT OR PAINFUL FEELINGS OCCUR EVEN WHEN THERE IS NOTHING TOUCHING THE BODY, AND THERE IS NO STIMULUS. THIS IS SPONTANEOUS PAIN. FOR EXAMPLE, PAINFUL PINS AND NEEDLES, OR ELECTRIC SHOCK-LIKE SENSATIONS.

IN ADDITION TO THE PAIN ITSELF, THE IMPACT THAT THE PAIN HAS ON A PERSON'S LIFE MAY BE JUST AS IMPORTANT. FOR EXAMPLE, THE PAIN MAY LEAD TO DISTURBED SLEEP, ANXIETY AND DEPRESSION.

**MEDICATIONS:**

- *ANTIDEPRESSANTS*: MEDICATIONS LIKE AMITRIPTYLINE AND DULOXETINE ARE OFTEN EFFECTIVE IN MANAGING NEUROPATHIC PAIN, EVEN THOUGH THEY ARE PRIMARILY USED FOR DEPRESSION. THEY WORK BY ALTERING PAIN SIGNAL PROCESSING IN THE NERVOUS SYSTEM.
- *ANTICONVULSANTS*: GABAPENTIN AND PREGABALIN ARE COMMONLY PRESCRIBED FOR NEUROPATHIC PAIN. THEY HELP REDUCE NERVE PAIN AND ARE PARTICULARLY USEFUL FOR CONDITIONS LIKE DIABETIC NEUROPATHY.
- *TOPICAL TREATMENTS*: CAPSAICIN CREAM CAN BE APPLIED TO THE SKIN TO HELP RELIEVE LOCALIZED PAIN. IT WORKS BY DEPLETING SUBSTANCE P, A NEUROTRANSMITTER INVOLVED IN PAIN SIGNALING.
- *OPIOIDS*: IN SOME CASES, STRONGER PAIN RELIEF MAY BE NECESSARY, AND MEDICATIONS LIKE TRAMADOL CAN BE PRESCRIBED, BUT THEY ARE TYPICALLY USED FOR SHORT DURATIONS DUE TO THE RISK OF ADDICTION.

**NON-PHARMACOLOGICAL APPROACHES:**

- PHYSICAL THERAPY: ENGAGING IN PHYSICAL THERAPY CAN HELP IMPROVE STRENGTH AND MOBILITY, WHICH MAY ALLEVIATE SOME PAIN SYMPTOMS.
- COGNITIVE BEHAVIORAL THERAPY (CBT): THIS PSYCHOLOGICAL APPROACH CAN HELP PATIENTS DEVELOP COPING STRATEGIES FOR MANAGING CHRONIC PAIN.
- TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS): THIS TECHNIQUE USES LOW-VOLTAGE ELECTRICAL CURRENTS TO RELIEVE PAIN AND CAN BE EFFECTIVE FOR SOME INDIVIDUALS.

**LIFESTYLE CHANGES:**

- DIET AND EXERCISE: MAINTAINING A HEALTHY DIET AND REGULAR EXERCISE CAN HELP MANAGE UNDERLYING CONDITIONS LIKE DIABETES, WHICH CAN CONTRIBUTE TO NEUROPATHIC PAIN.
- STRESS MANAGEMENT: TECHNIQUES SUCH AS MINDFULNESS, MEDITATION, AND YOGA CAN HELP REDUCE STRESS, WHICH MAY EXACERBATE PAIN SYMPTOMS.

**HOW COMMON IS NEUROPATHIC PAIN?**

- IT IS ESTIMATED THAT ABOUT 7 IN EVERY 100 PEOPLE IN THE UK HAVE PERSISTENT (CHRONIC) NEUROPATHIC PAIN. IT IS MUCH MORE COMMON IN OLDER PEOPLE WHO ARE MORE LIKELY TO DEVELOP THE CONDITIONS LISTED ABOVE.