



WESTERN NEUROPATHY ASSOCIATION

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AMERICAN ACADEMY OF NEUROLOGY UPDATES TREATMENT GUIDANCE ON PAINFUL DIABETIC NEUROPATHY

Megan Brooks, Medscape, January 04, 2022

Updated guidelines from the American Academy of Neurology (AAN) advise against prescribing opioids for painful diabetic neuropathy (PDN) — but note that several other oral and topical therapies may help ease pain. The recommendations update the 2011 AAN guideline on the treatment of PDN and has been endorsed by the American Association of Neuromuscular & Electrodiagnostic Medicine. To update the guideline, an expert panel reviewed data from more than 100 randomized controlled trials published from January 2008 to April 2020.

Multiple Options

The guideline recommends offering one of four classes of oral medications found to be effective for neuropathic pain:

- **tricyclic antidepressants** such as amitriptyline, nortriptyline, or imipramine
- **serotonin-norepinephrine reuptake inhibitors (SNRIs)** such as duloxetine, venlafaxine, or desvenlafaxine
- **gabapentinoids** such as gabapentin or pregabalin
- **sodium channel blockers** such as carbamazepine, oxcarbazepine, lamotrigine, or lacosamide.

New studies on sodium channel blockers published since the last guideline have resulted in these drugs now being recommended and considered as effective at providing pain relief as the other drug classes recommended in this guideline.

When an initial medication fails to provide meaningful improvement in pain, or produces significant side effects, a trial of another medication from a different class is recommended.

Opioids are not recommended for PDN. Not only do they come with risks, there is also no strong evidence they are effective for PDN in the long term, the panel writes. Tramadol and tapentadol are also not recommended for the treatment of PDN.

For patients interested in trying topical, nontraditional, or nondrug interventions to reduce pain, the guideline recommends a number of options including capsaicin, glyceryl trinitrate spray, and *Citrullus colocynthis*. Ginkgo biloba, exercise, mindfulness, cognitive behavioral therapy, and tai chi are also suggested.

It is important to note that the recommended drugs and topical treatments in this guideline may not eliminate pain, but they have been shown to reduce pain. The good news is there are many treatment options for painful diabetic neuropathy, so a treatment plan can be tailored specifically to each person living with this condition.

Reference

Price, R. et al. Oral and Topical Treatment of Painful Diabetic Polyneuropathy: Practice Guideline Update Summary, Report of the AAN Guideline Subcommittee. *Neurology*, 98 (1) 31-43; DOI: 10.1212/WNL.00000000000013038