

Treatment options for neuropathic pain

Non-specialist

Non-pharmacological

- social support
- psychological therapy
- physiotherapy
- occupational therapy
- acupuncture

Pharmacological

- topical (capsaicin, lidocaine)
- buccal, oral, rectal
 - analgesics (paracetamol, NSAIDs, opioids)
 - antidepressants (initially a tricyclic, then possibly others)
 - anticonvulsants (usually carbamazepine for trigeminal neuralgia, gabapentin or pregabalin)
- transdermal (e.g. weak buprenorphine patches)

Specialist or pain clinic

Non-pharmacological

- group-based CBT
- specialist one-to-one chronic pain physiotherapy and psychology
- multiprofessional-based assessments and treatment planning
- neuroaugmentation – nerve stimulation

Implants such as spinal cord stimulators can reduce certain types of neuropathic pain. They are a major undertaking with a commitment to maintenance and support. A thorough work up before implantation is required; some centres use structured protocols including psychology sessions to prepare people adequately. The costs for each implant are in the order of £20,000 before adding ongoing costs. There is NICE guidance on spinal cord stimulation⁹

Pharmacological

- complex, potent or off-licence medication (e.g. cannabinoids, strong opioids whether oral or transdermal, other anticonvulsants)
- intravenous medication (e.g. lidocaine, ketamine)
- sympathetic blockade (multiple approaches e.g. i.v. phentolamine or ganglion blocks)
- implanted drug delivery systems (including spinal)