Painful Neuropathy (see APC-approved algorithm)

Definition

The presence of positive symptoms and/or signs of peripheral nerve dysfunction in people with diabetes after exclusion of other causes. Typical positive symptoms include burning, pricking pain, electric shock-like feelings, tightness and hypersensitivity to touch.

Special Points

- Vastly underdiagnosed and a potential source of debilitation in a person with diabetes
- Occurs in both type 1 and type 2 diabetes and more common with increased duration of diabetes. Often co-exists with other microangiopathy.
- Small fibre neuropathy is a more common variant and responds poorly to treatment. In large fibre neuropathy; proprioception, vibration strength, tendon reflexes and muscle strength may be affected
- Even if successful, treatment may not relieve pain for many months or longer

Suggested Management in Primary Care (refer to neuropathic pain algorithm for detailed information, including dose titration)

- Exclusion of other causes of pain (eg fasciitis, nerve entrapment, arthritis etc)
- Aim for good glycaemic and blood pressure control, angiopathy and foot screening
- Trial of tricyclic antidepressants (eg amitriptyline, with dose titration from 10mg nocte to a maximal tolerable dose (contraindicated in patients with prostatism, glaucoma, dysrhythmias or serious heart disease).
- If no response, consider gabapentin, titrating gradually to a maximum tolerated dose (600mg tds is often required before benefit is achieved).
- Some patients who fail to respond to gabapentin may do so to pregabalin (may also be vice-versa, but no experience yet).
- Duloxetine (SNRI) may be considered as an alternative.
- Tramadol should only be considered if rescue therapy is needed. Long-term opioids should only be started following specialist advice.
- Monotherapy generally results in 30-50% reduction of pain at best and multi-drug treatment may be indicated in patients with intractable pain.

http://pathways.nice.org.uk/pathways/neuropathic-pain

NICE: CG173: Neuropathic pain - pharmacological management. 2013.

Referral Guidelines to Secondary Care

Patients should be referred to the hospital to see a diabetologist if:

1) Intractable pain (despite amitriptyline or duloxetine and/or gabapentin or pregabalin)
2) Concerns about alternative diagnosis where electrodiagnostic investigation may be indicated.
3) Associated with significant glycaemic control or vascular complications of diabetes where secondary input is necessary.

The following circumstances require urgent referral:

- If the painful foot is also noted to be either hot or swollen or both.
- Associated with a non-healing neuropathic ulcers

Not reviewed