

OCR 3

(Mis) Management of Painful Neuropathy of Diabetes

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Background: Painful neuropathy is a common but distressing complication of diabetes and drugs used for this have unpleasant side effects. Majority of patient respond to treatment or are happy to put up with mild discomfort once they experience unpleasant side effect of medication. However few patients are exceptions.

Case History: JH, 81-year male with type 2 diabetes and complicated medical history of hypertension, angina and stroke, was referred to foot clinic with tingling and burning sensation of feet. Six months back he was treated with gabapentin 600mg TDS with good response which now ceased to be effective. Pain was exacerbated at night and with walking. He had good peripheral pulses, some sensory loss and LANSS score of 24 suggesting it to be painful neuropathy. CT scan of LS spine excluded spinal problems. Amitryptiline was added to gabapentin to control pain, however, he became drowsy so it was changed to imipramine and later on to carbamazepine. Unfortunately this combination made him ataxic so topical capsaicin was prescribed with gabapentin. Pain became worse and capsaicin discontinued at patients's request. A combination of tramadol and pregabalin was tried that caused sleep disturbances so at his request all medications were stopped. After 3 weeks, all side effects disappeared but pain worsened. He then had a trial of intravenous lignocaine infusion assessed by McGill questionnaire, which demonstrated good response. So he was started on oral mexiletin 600 mg daily, which controlled pain but caused collapse. The dose was reduced, which did not control pain. GTN patch, topical opsite and topical lignocaine were added at various stages without any benefit. Mexiletin was then changed to duloxetine, which caused nausea and had to be stopped. He was also tried without any success on intravenous alpha-lipoic acid imported from Germany. Finally in consultation with anaesthetist he had guanethidine block. Pain improved with the first block but did not respond at subsequent doses. He also underwent acupuncture and hypnotherapy and both were ineffective. At present he is on a combination of gabapentin and oxycodone but the response is still sub-optimal.

Discussion: This case illustrates that painful neuropathy can occasionally be very difficult to treat. Medications to control pain have considerable side effects and may not always be effective. Once pain becomes chronic, it is very difficult to treat possibly due to central imprint of the pain.