[P33] A DEDICATED PAIN CLINIC BASED IN THE FOOT UNIT HELPS IN THE REDUCTION OF MORBIDITY ASSOCIATED WITH DIABETIC PAINFUL PERIPHERAL NEUROPATHY

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Aim: Diabetic painful peripheral neuropathy (DPPN) is a disabling complication and a significant clinical challenge. Coupled with a limited understanding of pathogenic mechanisms, pharmacologic choices are limited and treatment response not guaranteed. There continues to be a lack of emphasis on DPPN management in diabetes clinics and neuropathic pain review, is usually undertaken during routine diabetes or foot clinic appointments. We report our experience of undertaking a dedicated clinic, based in the diabetic foot clinic, aimed at diagnostic confirmation of DPPN and treatment maintenance.

Method: We report on patients attending a dedicated neuropathic pain clinic from April 2014 to August 2015. A referral pathway through the foot clinic was developed, such that biomechanical and vascular causes of pain were first excluded. Investigations were carried out to rule out secondary causes of neuropathic pain which was subsequently managed according to NICE (UK) guideline CG173.

Results/Discussion: 31 patients (age 67±13 years, type 2 diabetes 68%, males 65%) were reviewed a total of 115 times. Baseline 11-point visual analogue score (VAS) was 7.5±1.6. Although 70% (22/31) had been trialed on at least one neuropathic pain medication in the community prior to referral, only 32% (10/31) were actually taking any such medication at time of initial review. At 6 months, VAS was 5.1±1.5. Approximately 50% of the patients improved their VAS by ≥3, 25% by 1-2 points and 25% did not show any improvement (ANOVA $p<0.001$ for trend). Overall, 22% halved their VAS scores at 6 months. Importantly, 30% (10/31) of the patients had additional coexistent painful aetiologies (DPPN+ group). These were spinal stenosis n=3, lumbosacral entrapment n=3, myositis n=1, cervical compression n=1, paraproteinemia n=1 and B12 deficiency n=1). 6 month VAS was lower in the DPPN+ group (4.7±1.5 v 5.1±1.5) but this did not reach statistical significance.

Conclusion: We demonstrate a significant improvement in pain scores in a dedicated specialist neuropathic pain clinic model. Furthermore, we note that up to a third have associated painful comorbidities mistaken as DPPN, management of which may help improve pain scores. We believe, such focused clinics, delivered through the diabetic foot service will provide the required emphasis and may help relieve the morbidity associated with DPPN.