

A Case of Neuropathic Pain

Part 1 of a series of case studies to provide a template for the assessment and management of chronic pain in primary care.

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History

- 61 year old lady
- Type 2 diabetes (10 years)
- Hypertension (20 years)
- Overweight, little exercise
- OA both knees
- Bilateral ankle oedema
- Pain in both feet
 - Difficulty in walking, poor quality sleep
 - Feelings of despair
 - Increasing dependence on family
 - Takes regular diclofenac, occasional paracetamol

First consultation

- Take a history of the pain
- Explore her feelings and concerns
- Brief examination to rule out red flag pathology
 - Ischaemia
 - Infection
 - Ulceration
 - Inflammatory arthritis

Investigations

- FBC
- HBA1_c
- Biochemistry
- ESR
- Possible X-Ray of feet if evidence of joint swelling
- Assess depression on PHQ9 and HADS

Pain history that suggests a diagnosis of neuropathic pain

- **Onset?** *Gradual*
- **Nature of pain?** *Spontaneous stabbing burning, tingling and numbness and /or hypersensitivity*
- **Intensity?** *Severe*
- **Diurnal variation?** *Continuous throughout the day, worse in the evening, occurs at night*
- **Site?** *Sock distribution*
- **Relieved by?** *Not relieved by current medication, hot and cold packs, hanging feet out of bed*
- **Made worse by?** *Fatigue and stress*

Second/third pain consultation

- Blood tests indicate CKD Stage 3 (stable)
- Diabetic control satisfactory
- Depression scores high
- Use neuropathic pain assessment tool
 - LANSS
 - DN4
- Explain mechanisms of neuropathic pain
 - How it is possible to have numbness and pain in the same area

LANSS Pain Scale

(self report scale S-LANSS)

- Question 1: pricking, tingling, pins and needles (0-5)
- Question 2: skin mottled, red, pink (0-5)
- Question 3: abnormally sensitive to touch (0-3)
- Question 4: electric shocks, jumping, bursting (0-2)
- Question 5: hot, burning
- Sensory testing: Mechanical allodynia (0-5)
Pinprick alteration (0-5)

Neuropathic pain if total score >12

Neuropathic Pain Assessment Scale:

DN4 Bouhassira et al. Pain (2005)

Question 1: Does your pain have one or more of the following characteristics? (Score of 4 or more likely to be neuropathic pain)

	YES	NO
Burning		
Painful cold		
Electric shocks		

DN4

Is the pain associated with one or more of the following symptoms in the same area?

	YES	NO
Tingling		
Pins and Needles		
Numbness		
Itching		

Management plan

- Check if local guidelines for neuropathic pain
 - www.mgp.ltd.uk
- Start a tricyclic, suggest nortriptyline 10 mgs daily, less sedating than amitriptyline
- Advise this may take a week or two to be beneficial
- Explain side effects and need to increase dose weekly up to a maximum of 50 mgs/day
- Provide simple advice on self management of pain
- Use a pain diary
 - Record pain three times a day using scale of 0-10
 - Record daily “happy” or “sad” events
- Involve practice nurse in diabetic care and weight loss programme

Tips on Pacing of Activities

- “You won’t make the pain worse by doing something”
- “Go out of the house, but use a stick or other support if you can’t feel your feet properly”
- “Set yourself small tasks every day; rest in between”
- “Don’t overdo it on good days”
- “Make a positive effort to stay in touch with friends and family”
- “Do something you enjoy at least once a week”
- “Think about what you can do; build on this instead of what you can’t do”

Fourth Pain Consultation

- Pain score are unchanged
- Mrs DN appears distressed and believes that if she walks the pain will become worse and she equates this with further harm, despite the input and support she has received
- Family anxious
- Believes she will end up in a wheelchair
- Significant “yellow” flags

“Yellow” flags

- Beliefs about pain and injury
- Unhelpful pain beliefs
- Unhelpful coping strategies
- Psychological distress
- Adopting the sick role
- Passive role in recovery

Further management

- Add in gabapentin (or pregabalin) at 100 mgs three times a day (or pregabalin 25mg bd)
- Consult guidelines and BNF for dose adjustments (caution in CRF)
- Refer on to a specialist pain service

Triggers for referral to a specialist pain service; the 4 D's

- Disability
- Distress
- Diagnostic difficulties
- Drug problems

Summary

- Chronic pain is a long term illness
- Physical and psychological assessment are both important
- Diagnose and treat remedial causes of pain
- Use tools to determine if the pain is neuropathic
- Explain pain mechanisms
- Use simple advice as well as drugs
- Be aware of triggers for referral to a specialist pain service