IASP Recommendations for the Stepwise Pharmacological Management of Neuropathic Pain

Step 1

- Initiate therapy for the disease causing neuropathic pain, if applicable
- Initiate symptom treatment with one or more of the following first-line medications:

First-Line Medications

- Secondary amine TCA (nortriptyline, desipramine)
- SNRI (duloxetine, venlafaxine)
- $\alpha_2\delta$ ligand, either gabapentin or pregabalin
- Topical lidocaine, alone or in combination with one of the other first-line therapies for patients with localized peripheral neuropathic pain

Note: for patients with acute neuropathic pain, neuropathic cancer pain or episodic exacerbations of severe pain and when prompt pain relief during titration of a first-line medication is required, opioid analgesics or tramadol may be used alone or in combination with one of the first-line therapies.

• Evaluate patient for non-pharmacological treatments and initiate if appropriate

Step 2

- Reassess pain and health-related quality of life frequently
- If substantial pain relief (e.g., average pain reduced to ≤3/10) and tolerable adverse effects, continue treatment
- If partial pain relief (e.g., average pain remains ≥4/10) after an adequate trial, add one of the other four first-line medications
- If no or inadequate pain relief (e.g., <30% reduction) at target dosage after an adequate trial, switch to an alternative first-line medication

Step 3

• If trials of first-line medications alone and in combination fail, consider second- and third-line medications or referral to a pain specialist or multidisciplinary pain center

Second-Line Medications Tramadol Opioid analgesics	 Third-Line Medications Certain antidepressants (bupropion, citalopram, paroxetine) Certain antiepileptics (carbamazepine, lamotrigine, oxcarbazepine, topiramate, valproic acid) Topical low concentration capsaicin Dextromethorphan Memantine Mexiletine
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IASP = International Association for the Study of Pain;

SNRI = serotonin-norepinephrine reuptake inhibitor; TCA = tricyclic antidepressant

Adapted from: Dworkin RH et al. Mayo Clin Proc 2010; 85(3 Suppl):S3-14.