Good efficacy in neuropathic pain
• Can be used on areas with a lot of movement (e.g., abdomen)
• Convenient to apply

• Rapid onset

Expensive

Rapid onset

Test for the following underlying conditions:

- Evidence of autonomic neuropathy, e.g., orthostatic hypotension
- Polyneuropathy associated with diabetes, HIV infection, syphilis
- Multiple myeloma or other paraproteinemias
- Uremic polyneuropathy
- HIV infection

Try one of the following ORAL medications:

- Try one of the following ORAL medications:
  - Gabapentin
  - Pregabalin
  - Amantadine
  - Anticonvulsants: lamotrigine, topiramate

- Gabapentinoids
  - Gabapentin
  - Pregabalin

Opioids do not have a role in the initial management of neuropathic pain.

Try one of the following TOPICAL medications:

- Capsaicin 0.075% cream
- Lidocaine 5% patch

No clinically meaningful effect with one of the above?

Try second-line therapy

Has many drug interactions

Requires frequent monitoring of blood levels and dose adjustments

Proceed to a trial of pharmacologic therapy, taking into account:

- Location of pain
- Sensitivity to pain (allodynia) and/or sensory impairment to the affected area.
- Postherpetic neuralgia whose pain is in an accessible area. They can also be used in patients with postherpetic neuralgia whose pain is in an accessible area.

Try one of the following ORAL medications:

- Tricyclic antidepressants
  - Amitriptyline
  - Nortriptyline
  - Desipramine

- Serotonin–norepinephrine reuptake inhibitors (SNRIs)
  - Duloxetine
  - Venlafaxine

- Antidepressants
  - Selective serotonin reuptake inhibitors (SSRIs)
  - Selective serotonin–norepinephrine reuptake inhibitors (SNRIs)
  - Tricyclic antidepressants

- Anticonvulsants
  - Gabapentin
  - Pregabalin

- Anticonvulsant: lamotrigine

- Antidepressant: amitriptyline

No clinically meaningful effect with one of the above?

Try second-line therapy

No clinically meaningful effect?

Refer to neurologist for further diagnostic testing

Refer to gastroenterologist for the following gastrointestinal conditions:

- Evidence of autonomic neuropathy, e.g., orthostatic hypotension
- Polyneuropathy associated with diabetes, HIV infection, syphilis
- Multiple myeloma or other paraproteinemias
- Uremic polyneuropathy
- HIV infection

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- Anticonvulsants
  - Gabapentin
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- Anticonvulsant: lamotrigine

No clinically meaningful effect with one of the above?

Try second-line therapy

No clinically meaningful effect?

Refer to neurologist for pain diagnosis

References:


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