Neuropathic pain is characterized by burning, tingling, or stabbing pain. It can be caused by multiple underlying conditions, including vitamin B12 deficiency, diabetes, prediabetes, and even in those with impaired glucose tolerance but without diabetes. It can also be associated with conditions like multiple myeloma, paraproteinemia, thyroid dysfunction, and other underlying causes.

**Test for Underlying Conditions**
- Multiple myeloma or other paraproteinemias
- Thyroid dysfunction
- Vitamin B12 deficiency
- Diabetes or prediabetes
- Impaired glucose tolerance

**Painful Peripheral Neuropathy:**
- Neuropathic pain may be responsive to tight glycemic control.
- Painful diabetic peripheral neuropathy typically persists for several months after the rash resolves and can be associated with a typical rash of herpes zoster.
- The pain from postherpetic neuralgia typically cross midline, affecting sensory and autonomic dermatomes but may occur elsewhere.

**Diagnosis & Treatment of Neuropathic Pain**

1. **Try one of the following ORAL medications.**
   - Gabapentin
   - Pregabalin
   - Duloxetine
   - Venlafaxine
   - Antidepressants (e.g., trimipramine, hydroxydiphenylisopropylamine)
   - Anticonvulsants (e.g., valproic acid, lamotrigine)

   **Pros:**
   - Oral interventions associated with an 80-90% response rate.
   - May be continued if there is a significant improvement in pain.
   - Can be used in those with renal impairment.

   **Cons:**
   - Requires frequent monitoring of blood levels and dose adjustments.
   - May be expensive.
   - Not effective in all patients.

2. **Try one of the following TOPICAL medications.**
   - Capsaicin 8% patch
   - Capsaicin 0.075% cream
   - Lidocaine 5% patch
   - Lidocaine/pramoxine adhesive patch
   - Nitric oxide dermal patch

   **Pros:**
   - Can be used on areas with and without neuronal sensitivity.
   - Can be taken at nighttime so the sedating effects can help with insomnia.
   - May help with comorbid depression and anxiety.

   **Cons:**
   - May cause topical adverse effects.
   - Requires repeated applications.
   - Messy to apply (wash hands well afterwards).

**Non-clinically Meaningful Effect with one of the above?**

- Try a different approach from the above list.
- Try second-line therapy from the above list.
- Try combining medications from the above list.

**No clinically meaningful effect with one of the above?**

- Refer to a pain clinic.
- Consider referral to a pain clinic or a pain center.

**Use of Opioids**
- Opioids do not have a role in the initial management of neuropathic pain.
- Their use is possible if the patient has constant severe pain and has already tried other strategies.

**Complementary and Alternative Therapies**
- Acupuncture
- Chiropractic therapy
- Massage therapy
- Education

**Refer to a rehabilitation professional or a physical therapist for searching any underlying causes and physical therapy for improving balance.**

**Refer to a neurologist for further diagnostic workup.**