

## AAN issues new guideline on best treatments for diabetic nerve pain

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The American Academy of Neurology has issued a new guideline on the most effective treatments for diabetic nerve pain, the burning or tingling pain in the hands and feet that affects millions of people with diabetes. The guideline is published in the April 11, 2011, online issue of *Neurology*, the medical journal of the American Academy of Neurology, and will be presented April 11, 2011, at the American Academy of Neurology's Annual Meeting in Honolulu.

This guideline was developed in collaboration with the American Association of Neuromuscular and Electrodiagnostic Medicine and the American Academy of Physical Medicine and Rehabilitation.

Diabetic nerve pain, or neuropathy, is caused by <u>nerve damage</u>. "When <u>neuropathy</u> strikes, it is painful and can disrupt sleep; because of this it can also lead to mood changes and lower quality of life," said lead guideline author Vera Bril, MD, FRCP, with the University of Toronto and a member of the American Academy of Neurology. "It is estimated that diabetic nerve pain affects 16 percent of the more than 25 million people living with diabetes in the United States and is often unreported and more often untreated, with an estimated two out of five cases not receiving care."

According to the guideline, strong evidence shows the seizure drug pregabalin is effective in treating diabetic nerve pain and can improve quality of life; however, doctors should determine if it is appropriate for their patients on a case-by-case basis.



In addition, the guideline found that several other treatments are probably effective and should be considered, including the seizure drugs gabapentin and valproate, antidepressants such as venlafaxine, duloxetine and amitriptyline and painkillers such as opioids and capsaicin.

Transcutaneous electric nerve stimulation (TENS), a widely used pain therapy involving a portable device, was also found to be probably effective for treating diabetic nerve pain.

"We were pleased to see that so many of these pain treatments had high-quality studies that support their use," said Bril. "Still, it is important that more research be done to show how well these treatments can be tolerated over time since diabetic nerve pain is a chronic condition that affects a person's quality of life and ability to function."

The recommendations of this guideline will serve as the foundation for a new set of tools the AAN is creating for doctors to measure the quality of care they provide people with nerve pain. The measures will be released in 2012.

The guidelines will also appear in the April edition of the journal *Muscle and Nerve* from the American Association of Neuromuscular and Electrodiagnostic Medicine as well as the April issue of *PM&R*, the American Academy of Physical Medicine and Rehabilitation's scientific journal.

## Provided by American Academy of Neurology

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