

Neuropathy Medication for Diabetes

Prevention – Maintain glycemic control; quit smoking, alcohol reduction, exercise.

Pathogenetically Oriented Therapy

- Alpha lipoic acid 600 – 1,800 mg a day

Prescription Therapy:

1st line – Tricyclic Antidepressants (Amitriptyline, Nortriptyline, Desipramine)

- Calcium Channel Modulators (Gabapentin, Pregabalin)
- Serotonin Norepinephrine Reuptake Inhibitors (SNRI – Venlafaxine, Duloxetine)

2nd Line

- Topical Capsaicin Cream for localized pain – Apply 2-4 x daily for up to 8 wks
- Opioids (Tramadol, Oxycodone)

Reasons for Treatment Failure

- Dose too low
- Inadequate trial – requires 2-8 weeks of treatment to observe symptom reduction
- Pt expecting elimination of symptoms – only reduces symptoms by about 50%
- Incorrect diagnosis: If in doubt, refer to neurologist
- If patient does not respond or has adverse effects, change medication class
- In patient has some but inadequate relief, raise the dose and consider adding or changing meds.

References: Ziegler, D. Painful diabetic neuropathy. Diabetes Care 2009; 32 (Supp 2): S414-S419

| Class | Generic / Trade Name | Usual Daily Dose Range | Comments | Side Effects/ Caution |
|---|--|---|---|---|
| 1st Line Agents Tricyclic Antidepressants TCA Improves neuropathy and depression | Amitriptyline / Elavil | 25 – 100 mg* Avg dose 75mg | Usually 1 st choice | Take 1 hour before sleep. Side effects; dry mouth, tiredness, orthostatic hypotension. Caution: not for pts w/ unstable angina (<6 mo), MI, heart failure, conduction system disorder. |
| | Nortriptylline / Pamelor | 25 - 150 mg* (for burning mouth) | Less sedating and anticholinergic | |
| | Desipramine / Norpramine | 25 – 150 mg* *Increase by 25mg weekly till pain relieved | | |
| Calcium Channel Modulators | Gabapentin/ Neurontin | 100 - 1,200mg TID | Improves insomnia, fewer drug interactions | Sedation, dizziness, peripheral edema, wt gain Caution; CHF, suicide risk, seizure disorder. |
| | Pregabalin / Lyrica *FDA approved for neuropathy treatment | 50 - 200mg TID | | |
| Serotonin Norepinephrine Reuptake Inhibitor SNRI | Duloxetine / Cymbalta *FDA approved for neuropathy treatment | 60 mg daily Start at 30 mg | Improves depression, insomnia | Nausea, sedation, HTN, constipation, dizziness, dry mouth, blurred vision. Caution: adjust dose for renal insufficiency, do not stop abruptly, taper dose. |
| | Venlafaxine/ Effexor | 75 - 225 mg daily | | |
| 2nd Line Agents Opioids | Weak opioids Tramadol / Ultram | 50 – 400 mg | Sedation, nausea, constipation (always prescribe stool softener) Caution: abuse, suicide risk, short acting opioids not recommended for long term tx, can develop tolerance | |
| | Strong opioids Oxycodone / Oxycodone | 10 – 100 mg | | |
| Local Treatment | Capsaicin Cream (0.025%) Apply 2-4 x daily for up to 8 wks | | | |
| Other choices | If above medications not effective, contraindicated or intolerable consider: Bupropion/Wellbutrin Paroxetine / Paxil Citalopram / Celexa Toprimate/ Topamax Topical Lidocaine (for localized pain). | | | |