

EFFECTS OF PREGABALIN ON NEUROPATHIC PAIN IN CHRONIC BACK PAIN

Jan Procházka

Masaryk Hospital, Dept. of Anesthesiology, Perioperative Medicine and Intensive Care,
J.E. Purkyně University, Ústí nad Labem, Czech Republic

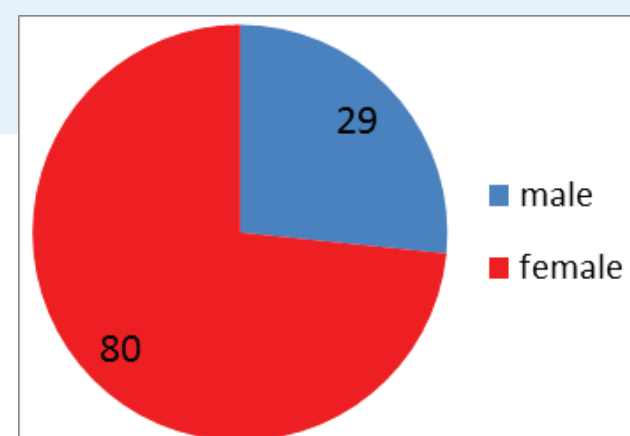
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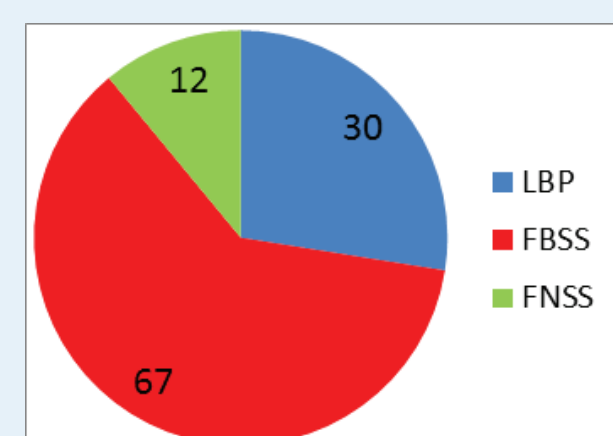
Introduction:

More than a half of chronic back pain patients with radiculopathy suffer from neuropathic pain.

Graph 1: Demographic data – gender



Graph 2: Demographic data – diagnoses



Material and Methods:

This is a retrospective questionnaire study; our questionnaire was based on DN4. Within the framework of this study we define neuropathic complaints as paresthesia, dysesthesia or burning pain and convulsions in lower extremities. We assessed the degree of pain relief, total dose of pregabalin, occurrence and type of adverse effects and other analgesic therapies.

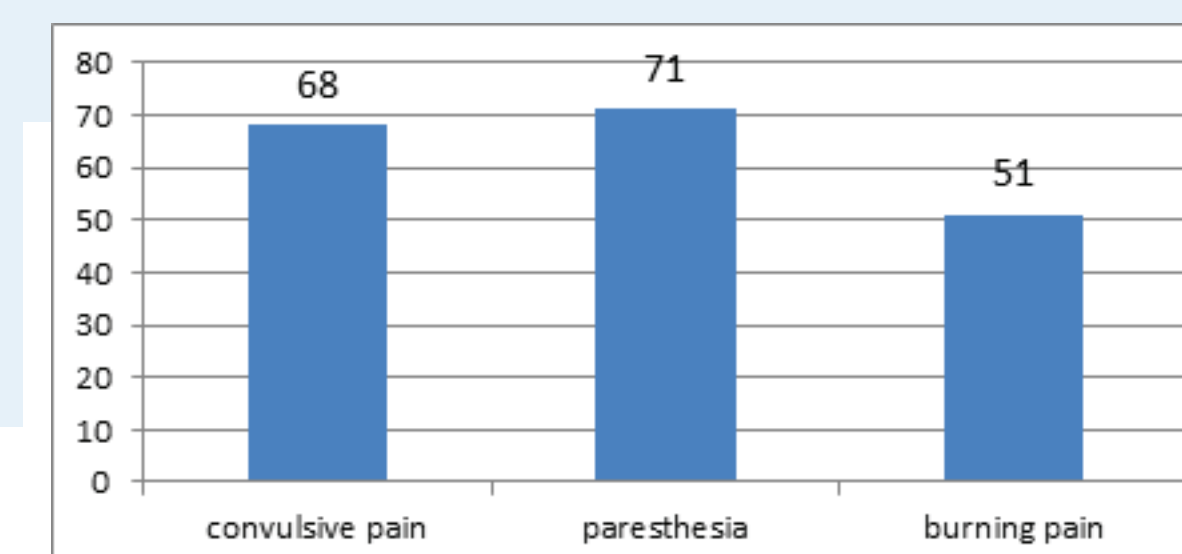
Results:

We assessed 109 patients, 80 female and 29 male (Graph 1), average age at the time of starting pregabalin therapy was 54,9 years (ranging from 27 to 90 years). This group contains 30 patients (28%) with chronic low back pain, 67 patients (61%) with failed back surgery syndrome and 12 patients (11%) with failed neck surgery syndrome (Graph 2). Pregabalin was indicated for convulsions in lower extremities in 68 patients (62%), paresthesia/dysesthesia in 71 patients (65%) and burning pain in 51 patients (47%), see Graph 3. The daily dose of pregabalin ranged from 150 to 600 mg (average 233 mg). Twenty-two of our patients were treated with strong opioids (20%), 60 patients with weak opioids (55%) and 27 patients with non-opioids (25%) (Graph 4).

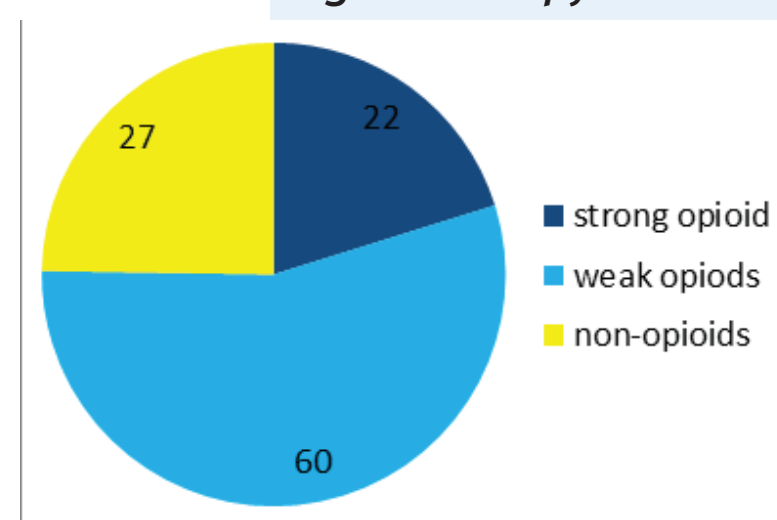
This type of therapy demonstrated a 55% mean reduction of neuropathic complaints. In total 76 patients (70%) reported pain relief 50% or more.

We reported in total 94 adverse effects in 58 patients (53%), whereas 51 patients (47%) had no adverse effect. Drowsiness was seen as a most often reported adverse effect (Graph 5). Quantity of adverse effect per patient is displayed in Graph 6.

Graph 3: Demographic data – neuropathic complaints



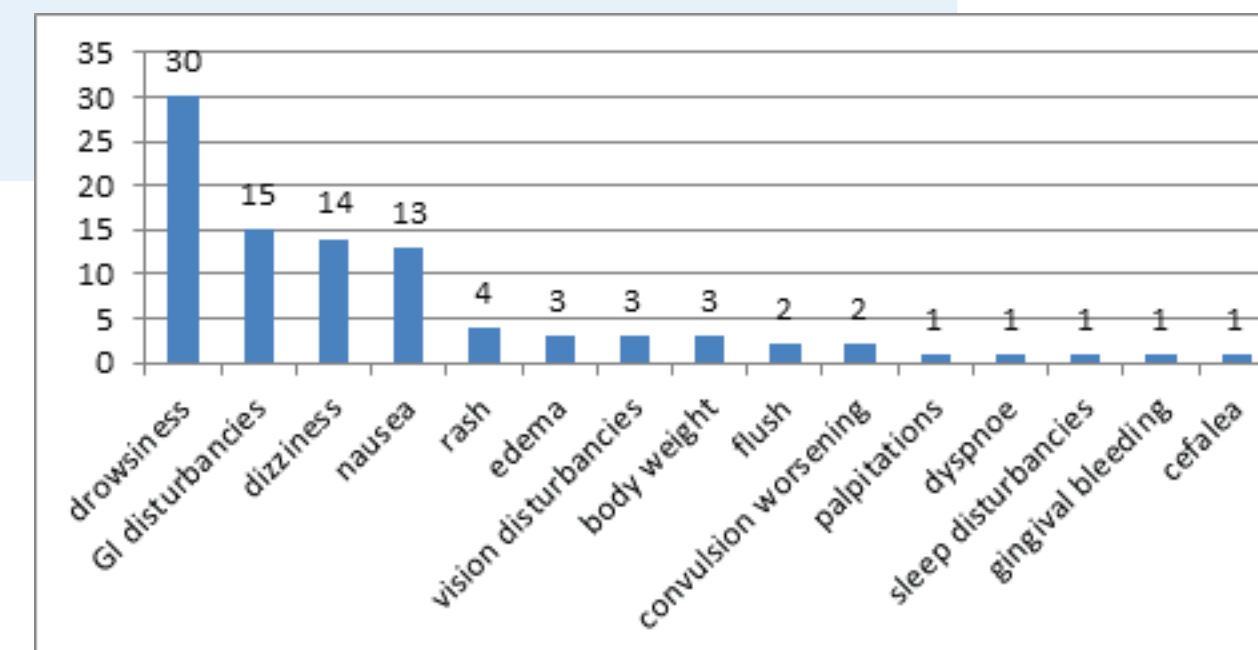
Graph 4: Demographic data – analgesic therapy



Conclusion:

Pregabalin can alleviate the neuropathic signs in patients with chronic back pain in cases when analgesic therapy using either weak and strong opioids or non-opioids alone is not sufficient.

Graph 5: Adverse effects



Graph 6: Quantity of adverse effects per patient

