



EVALUATING PREGABALIN IN TERMINAL CANCER PATIENTS WITH CHRONIC NEUROPATHIC PAIN AND DEPRESSION: AN OBSERVATIONAL CASE SERIES

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ABSTRACT

Introduction: Chronic neuropathic pain and depression are common and debilitating conditions in terminal cancer patients, significantly impacting their quality of life. Pregabalin, an anticonvulsant medication, is used for neuropathic pain and may also influence depressive symptoms. This study evaluates the efficacy and safety of pregabalin on pain intensity, depression severity, and side effects in terminal cancer patients with chronic neuropathic pain and depression.

Methods: This observational case series included 10 terminal cancer patients experiencing chronic neuropathic pain and depression. Pregabalin was administered at a starting dose of 150 mg twice daily, with adjustments based on patient tolerance and pain response up to 300 mg twice daily. Pain intensity and depression severity were assessed using the Brief Pain Inventory (BPI) and the Hamilton Depression Rating Scale (HDRS) at baseline, 4 weeks, and 8 weeks. Side effects were monitored using a self-reported side effect questionnaire.

Results: Pregabalin led to a significant reduction in pain intensity and depression severity. The mean BPI score decreased from 7.8 (SD = 1.2) at baseline to 5.2 (SD = 1.4) at 4 weeks and 4.1 (SD = 1.5) at 8 weeks, representing reductions of 33.3% and 47.4%, respectively. The mean HDRS score decreased from 18.5 (SD = 4.0) at baseline to 13.2 (SD = 4.1) at 4 weeks and 9.8 (SD = 3.6) at 8 weeks, showing reductions of 28.4% and 47.0%, respectively. Side effects included dizziness (50%), drowsiness (40%), weight gain (30%), and dry mouth (20%). No severe adverse effects were reported. All patients completed the study, with 30% requiring dose adjustments.

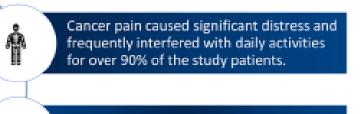
Conclusion: Pregabalin significantly alleviates both chronic neuropathic pain and depression in terminal cancer patients with a manageable safety profile. These findings support the use of pregabalin in this patient population, though further research with larger samples and controlled designs is warranted.

1. INTRODUCTION

Depression in Cancer Palliative care setting

Conventional antidepressants may be unwise for terminal cancer patients

Currently prescribed tidepressants have little effect on improving depression in erminally ill depressed cance patients

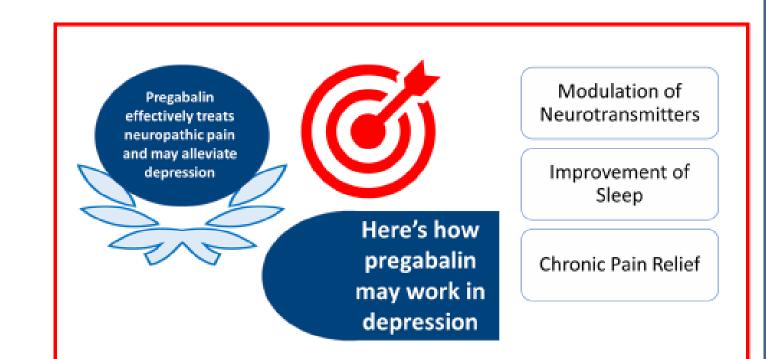


QOL was significantly lower in relation to pain intensity, distress, and interference.

The Critical Unmet Need



Unaddressed Pain and **Depression in cancer patients**



3. RESULTS

- Pregabalin led to a significant reduction in pain intensity and depression severity.
- The mean BPI score decreased from 7.8 (SD = 1.2) at baseline to 5.2 (SD = 1.4) at 4 weeks and 4.1 (SD = 1.5) at 8 weeks, representing reductions of 33.3% and 47.4%, respectively.
- The mean HDRS score decreased from 18.5 (SD = 4.0) at baseline to 13.2 (SD = 4.1) at 4 weeks and 9.8 (SD = 3.6) at 8 weeks, showing reductions of 28.4% and 47.0%, respectively.
- Side effects included dizziness (50%), drowsiness (40%), weight gain (30%), and dry mouth (20%). No severe adverse effects were reported. All patients completed the study, with 30% requiring dose adjustments.

4. DISCUSSION

- Our findings suggest pregabalin may enhance palliative care for terminal cancer patients by alleviating neuropathic pain and depressive symptoms.
- This dual benefit could improve overall quality of life and support a more holistic treatment approach.
- However, limitations such as small sample size and lack of controls highlight the need for larger, rigorous studies to confirm efficacy and safety.

2. METHODS AND MATERIALS

- This observational case series included 10 terminal cancer patients experiencing chronic neuropathic pain and depression.
- Pregabalin was administered at a starting dose of 150 mg twice daily, with adjustments based on patient tolerance and pain response up to 300 mg twice daily.
- Pain intensity and depression severity were assessed using the Brief Pain **Inventory (BPI) and the Hamilton Depression Rating Scale (HDRS) at** baseline, 4 weeks, and 8 weeks.
- Side effects were monitored using a self-reported side effect questionnaire
- Metastatic solid cancers Chronic Neuropathic Pain Depression Patient Population: Patients Females, 4 Males Mean Age 65 years Age Range 50-80 years Lung Cancer: 4 Dexamethasone, Diclofenac Doxorubicin, Cyclophosphamide, Breast Cancer: 3 Zolendronic acid, Letrozole, Anastrozole, Metastatic Dexamethasone, Diclofenac Cancer Types Leuprolide, Enzalutamide, Zolendronic acid, Prostate Cancer: 2 Gemcitabine, 5-Fluorouracil, Pancreatic Cancer: Dexamethasone, Diclofenac

Diclofenac was prescribed based on the patient's complaint of pain. and was not used for more than seven days NO OPIOIDS WAS USED FOR PAIN.

- Medication: Pregabalin
- · Starting Dose: 150 mg twice daily
- Dose Adjustment: Doses were adjusted up to a maximum of 300 mg twice daily based on patient tolerance and pain response.

- Pain Intensity: Measured using the Brief Pain Inventory (BPI).
- Depression Severity: Measured using the Hamilton Depression Rating Scale (HDRS) Side Effects: Monitored through a self-reported side effect questionnaire.
- Baseline: Before the initiation of pregabalin.
- 4 Weeks: Intermediate assessment.
- 8 Weeks: Final assessment.

RESULTS



Pain intensity reduction from baseline at study's end



Depression severity reduction from baseline at study's end

5. CONCLUSIONS

- Pregabalin effectively reduces pain and depression in terminal cancer patients
- Findings support pregabalin's efficacy for neuropathic pain and depression
- Results are promising, but further research is needed for confirmation

6. REFERENCES

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