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INTRODUCTION: Neuropathic pain is difficult to manage especially in patients presenting with several co-morbidities leading to enormous financial and social burden on society. Due to challenges faced in selection of evidence-based therapy of neuropathic pain, The International Association for Study of Pain (IASP) declared year 2015 as 'Global Year against Neuropathic Pain'.

OBJECTIVES: Apply evidence-based appropriate pharmacotherapy to manage neuropathic pain in a patient with spinal cord injury with several co-morbid clinical challenges. The aim was to minimize side effects due to possible drug-drug interactions and maximize clinical benefit in the long-term.

CLINICAL CASE: Mrs FR Caucasian 40F, admitted for end-colostomy and management of chronic sacral ulcer. Her past medical history included:

Fell off horse in 2009: T4 level traumatic paraplegia (T4 syndrome):

1. pins and needles in the upper arm.
2. pain in the upper back and in the neck.

Lower limb DVT + PE in 2010: no longer anticoagulated.

Neurogenic Overactive Bladder in 2010: has supra pubic catheter. G5P4: 1st vaginal birth, 2nd caesar, 3rd lost at 4months, 4th emg. caesar, 5th booked caesar, last pap smear in 2011 was clear.

Chronic Left Hip Dislocation: shown on MRI
Obesity, High Lipids, T2DM, GORD, Mild OSA: sleep study in 2011 showed no need of CPAP.

Hypopituitarism in 2011: secondary to Rathke's cleft cyst causing pituitary dysfunction, visual disturbances & headaches. Treated with corticosteroids and follow up MRI showed no pituitary abnormality but has depression.

Sacral Ulcer: Requires daily Flamazine/ Allevyn dressing & repositioning every 2-3 hours for pressure area care.

Laparoscopic End-Colostomy: Stoma education & appliance change practice provided by 'Stoma CNC' prior to discharge

MEDICATIONS: (for co-morbidities)

Baclofen: 50mg BD @0800/2200,	Baclofen: 25mg BD @1200/1800
Oxybutynin 5mg TDS	Lantus N & Novorapid TDS
Lactulose 20ml BD	Metformin 500mg BD
Coloxyl+Senna 2 BD	Atorvastatin 40mg D
Movicol 1 Sachet D	Cholecalciferol3000U D
Frusemide 40mg M	Temazepam 10mg N PRN

MEDICATIONS: (for neuropathic pain)

Drug	Dose Used	Maximum Dose
Amitriptyline	50mg N	150mg N
Pregablin	150mg QID	300mg BD
Duloxetine	60mg BD	60mg BD
Tramadol SR	100mg BD	200mg BD

RESULTS AND DISCUSSION:

This patient's neuropathic pain was successfully managed with judicious step-wise selection and combination of medications with response-guided dose-escalation. The adverse drug-drug interactions were managed. Use of strong opioids was avoided, as they are of limited benefit in nerve pain in the long term and carry risk of dependence and adverse effects such as constipation which can cause complications with functioning of stoma appliance in this patient. New biological therapies known as Nerve Growth Factor monoclonal antibodies such as Tanezumab are in clinical trial which may help in managing nerve pain in the future.

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