

Table 5. Management of Neuropathic Chronic Pain

DISORDER	PRIMARY TREATMENT	SECONDARY TREATMENT	POSSIBLE REFERRAL OUTCOME
Trigeminal neuralgia	Carbamazepine	Opioids	Optimization of medical therapy
HIV neuropathy pain	Lamotrigine	Gabapentin	Optimization of medical therapy
Spinal cord pain	Pregabalin	Opioids	Optimization of medical therapy
Painful diabetic neuropathy	Tricyclic antidepressants* Gabapentin	Pregabalin Tramadol Duloxetine	Optimization of medical therapy
Postherpetic neuralgia	Tricyclic antidepressants* Gabapentin	Tramadol Opioids	Optimization of medical therapy Regional nerve blockade
Phantom limb pain	Gabapentin	Tramadol Opioids	Optimization of medical therapy Sympathectomy
Sciatica (Neurogenic back pain)	Prednisolone Diclofenac	Tricyclic antidepressants* Opioids	Epidural steroids, surgery
Post-stroke pain	Tricyclic antidepressants*	Gabapentin	Optimization of medical therapy
Complex regional pain types I and II (RSD and causalgia)	Acute: Prednisone	Chronic: Calcitonin (type I)	Alendronate or clodronate Sympathetic nerve blocks, spinal analgesia

Key: NSAIDs = nonsteroidal anti-inflammatory drugs; RSD = reflex sympathetic dystrophy,

*Preferred tricyclic antidepressants are amitriptyline, start 25 mg/day, or imipramine, start 25 mg/day