

Review of Painful and Nonpainful Neuropathies: Issues Surrounding Patient Care

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It is estimated that 50 million people in the United States suffer from chronic pain—the number one cause of disability in this country.¹ Pain is the primary reason for seeking healthcare, resulting in more than \$100 billion in direct medical costs each year.²

Pain is complex and has been defined along several dimensions that have helped to guide both research and clinical practice. One of the most important divisions for the diagnosis and treatment of chronic pain is nociceptive versus neuropathic pain (NP). Nociceptive pain results from events that produce tissue damage or that may be damaging to tissues.^{3,4} In contrast, NP arises secondary to nervous system damage or dysfunction and is often maintained long after demonstrable damage to tissues has healed.^{3,5,6}

NP has a profound negative impact on quality of life⁷ and can be difficult to treat. Although the overall prevalence of NP is not known, painful diabetic peripheral neuropathy (DPN) is a common complication of long-standing diabetes, a disease that affects nearly 21 million people in the United States.^{8,9} The first article in this supplement reviews the etiology and diagnosis of NP, with a focus on 2 of the conditions most often associated with this condition, DPN and postherpetic neuralgia (PHN). This article points out that patients with DPN or PHN may present with a variety of NP symptoms, and it is important to distinguish these conditions from other pain syndromes so appropriate therapy can be initiated.

The second article reviews the societal and patient burdens associated with NP. The presented results document the profound negative impact of NP on quality of life and the particularly debilitating effects of the triad of chronic pain, sleep disturbances, and depression/anxiety that is present in many patients with NP. It is critical that patients with NP be evaluated for comorbidities and that integrated therapy address

both pain and other patient conditions to restore functionality and quality of life.

The third article reviews current therapy for NP. Although a wide range of agents have been used to treat people with this condition, only 4 (ie, lidocaine patches 5%, duloxetine, gabapentin, and pregabalin) are approved for the treatment of painful DPN and PHN. The clinical efficacy and safety of these agents are reviewed in detail. The information in this supplement will provide practitioners with increased understanding of how to assess, treat, and manage patients with conditions that give rise to NP, as well as how to deal with their comorbidities.

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