Evaluation of the Efficacy and Tolerance of Gabapentin in the Treatment of Neuropathic Pain

Authors: A. Ibovi Mouondayi, S. Zaher, R. Assadi, K. Erraoui, S. Sboul, J. Daoudim, S. Bousselham, K. Nassar, S. Janani Abstract: INTRODUCTION: Neuropathic pain (NP) caused by damage to the somatosensory nervous system has a significant impact on quality of life and is associated with a high economic burden on the individual and society. The treatment of neuropathic pain consists of the use of a wide range of therapeutic agents, including gabapentin, which is used in the treatment of neuropathic pain. OBJECTIF: The objective of this study was to evaluate the efficacy and tolerance of gabapentin in the treatment of neuropathic pain. MATERIAL AND METHOD: This is a monocentric, cross-sectional, descriptive, retrospective study conducted in our department over a period of 19 months from October 2020 to April 2022. The missing parameters were collected during phone calls of the patients concerned. The diagnostic tool adopted was the DN4 questionnaire in the dialectal Arabic version. The impact of NP was assessed by the visual analog scale (VAS) on pain, sleep, and function. The impact of PN on mood was assessed by the "Hospital anxiety, and depression scale HAD" score in the validated Arabic version. The exclusion criteria were patients followed up for depression and other psychiatric pathologies. RESULTS: A total of 67 patients' data were collected. The average age was 64 years (+/- 15 years), with extremes ranging from 26 years to 94 years. 58 women and 9 men with an M/F sex ratio of 0.15. Cervical radiculopathy was found in 21% of this population, and lumbosacral radiculopathy in 61%. Gabapentin was introduced in doses ranging from 300 to 1800 mg per day with an average dose of 864 mg (+/- 346) per day for an average duration of 12.6 months. Before treatment, 93% of patients had a non-restorative sleep quality (VAS>3). 54% of patients had a pain VAS greater than 5. The function was normal in only 9% of patients. The mean anxiety score was 3.25 (standard deviation: 2.70), and the mean HAD depression score was 3.79 (standard deviation: 1.79). After treatment, all patients had improved the quality of their sleep (p<0.0001). A significant difference was noted in pain VAS, function, as well as anxiety and depression, and HAD score. Gabapentin was stopped for side effects (dizziness and drowsiness) and/or unsatisfactory response. CONCLUSION: Our data demonstrate a favorable effect of gabapentin on the management of neuropathic pain with a significant difference before and after treatment on the quality of life of patients associated with an acceptable tolerance profile.

Keywords: neuropathic pain, chronic pain, treatment, gabapentin

Conference Title: ICR 2023: International Conference on Rheumatology

Conference Location: London, United Kingdom Conference Dates: February 16-17, 2023