

impulses from large to small neurons, predominantly in dorsal root ganglia rather than sensitisation in central pathways as occurs in neuropathic pain. This manifests clinically as explosive high frequency bursts of paroxysmal pain.

These syndromes are generally responsive to carbamazepine, presumably acting as a sodium channel blocker. It is used in doses sufficient to alleviate paroxysms without producing unacceptable adverse effects. The starting dose varies, but, because these patients are often old and frail, should usually be 50 mg or 100 mg. Carbamazepine may even be effective at this dose, but usually needs to be increased over a few days according to the patient's tolerance of adverse effects such as drowsiness and dizziness. When to decrease the dose once an attack is controlled is always problematic. An attempt should be made to do so 1–2 weeks after control has been achieved. Despite gradual reduction it is often difficult to cease the dose and so a maintenance dose may be needed.

If carbamazepine is unhelpful, there are a number of second-line drugs, none of which has been adequately studied. They include oxcarbazepine, lamotrigine, gabapentin and baclofen. Early referral for surgery should be considered if control is difficult to obtain in patients with trigeminal neuralgia.

References

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Further reading

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Jensen TS, Baron R. Translation of symptoms and signs into mechanisms in neuropathic pain. *Pain* 2003;102:1-8.

[R] randomised controlled trial

[S] company sponsored trial or publication

Dr Helme is a member of the neuropathic pain advisory board for pregabalin, manufactured by Pfizer.

See also **Dental notes**, page 82

Self-test questions

The following statements are either true or false (answers on page 87)

5. A sensory deficit is often present in areas of the body affected by neuropathic pain.
6. Selective serotonin reuptake inhibitors can effectively reduce neuropathic pain in most patients.

Patient support organisation

Trigeminal Neuralgia Association of Australia

The Trigeminal Neuralgia Association provides information and support to patients, families and friends of those with trigeminal neuralgia. In addition there are support groups in most states (New South Wales, Victoria, Queensland and South Australia). Members receive monthly newsletters. The Association is affiliated with the US Trigeminal Neuralgia Association.

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