Prevalence and Management of Peripheral Diabetic Neuropathic Pain in a Hospital Diabetes Clinic – How are we Doing?

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Introduction:
Peripheral diabetic neuropathic pain (PDNP) is a significant complication of diabetes mellitus (DM) which is present in 26% of diabetic patients [1]. NICE guidelines regarding Type 2 Diabetes recommend that doctors should make a formal enquiry about distressing neuropathic symptoms annually [2]. Duloxetine, gabapentin, pregabalin or amitriptyline (unlicensed use) should be the first-line treatment for neuropathic pain [3].

Aims:
Our primary aim was to assess the prevalence of peripheral painful diabetic neuropathic pain in a diabetic cohort who and whether it was being managed according to NICE guidelines.

Methods:
Patients attending an outpatient clinic in SWBH, Birmingham were answered questions regarding sensation in their feet and lower legs. The questionnaire was adapted from the ‘Tool for the Initial Assessment of Foot Pain Amongst People with Diabetes’ [4] and the validated ‘S-LANSS score’ for identifying pain of diabetic neuropathic origin [5].

Results:
Have you been tested for neuropathy this year? How often?

- 50% never tested
- 14% 1 time
- 6% 2 times
- 4% 3 times
- 2% 6 times
- 18% annually

A total of 100 patients agreed to answer questions about symptoms of PDNP of which 65% were male. The average age of responders was 62 years.

98% of patients had an annual foot check which formally assessed their ulcer risk (including monofilament testing and foot pulses); 88% at the GP surgery, 6% by a podiatrist and 4% by a hospital specialist (see Figure 1).

Patients were suspected to have symptoms of PDNP if they fulfilled all of the following criteria:
1. Pain in feet or lower legs
2. This pain felt like any of the following: “electric shocks”, “hot or burning”, “pricking, tingling, pins and needles” or “pain to light touch” (see Figure 2)
3. It was experience in both feet
4. The pain was worse at night

Discussion:
This cohort of patients, who’s diabetes is managed in secondary care, are likely to be at a high risk of microvascular complications of DM. Of 100 patients attending a hospital diabetes clinic, 27% of patients had symptoms suggestive of PDNP with an average pain score of 7/10.

Foot checks were reliably undertaken (normally by the practice nurse) in the primary care setting. However, the aim of these checks is to establish ulcer risk [7] and don’t include any questions relating to pain.

In this cohort, two-thirds of patients with painful foot symptoms had told a healthcare professional about these before, however only 19% were on one of the recommended medications for PDNP.

Diabetic patients who were receiving split care between secondary and primary care are not being optimally treated for PDNP.

Recommendations:
Would detection rates of PDNP increase if practice nurses asked a few simple questions during a patient’s ulcer assessment? Or should this become part of the secondary care review?

Either way, greater awareness and implementation of therapeutic options for neuropathic pain is needed to improve quality of life in patients suffering with PDNP.

References
2. Diabetic Neuropathic Pain Management; Guideline 1.2.1. Type 2 Diabetes, the Management of Type 2 Diabetes. NICE clinical guideline 87. July 2014
3. Neuropathic pain: NICE clinical guideline 96. NICE. September 2011. 1.1.10 - 1.1.17; 11-13