



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:

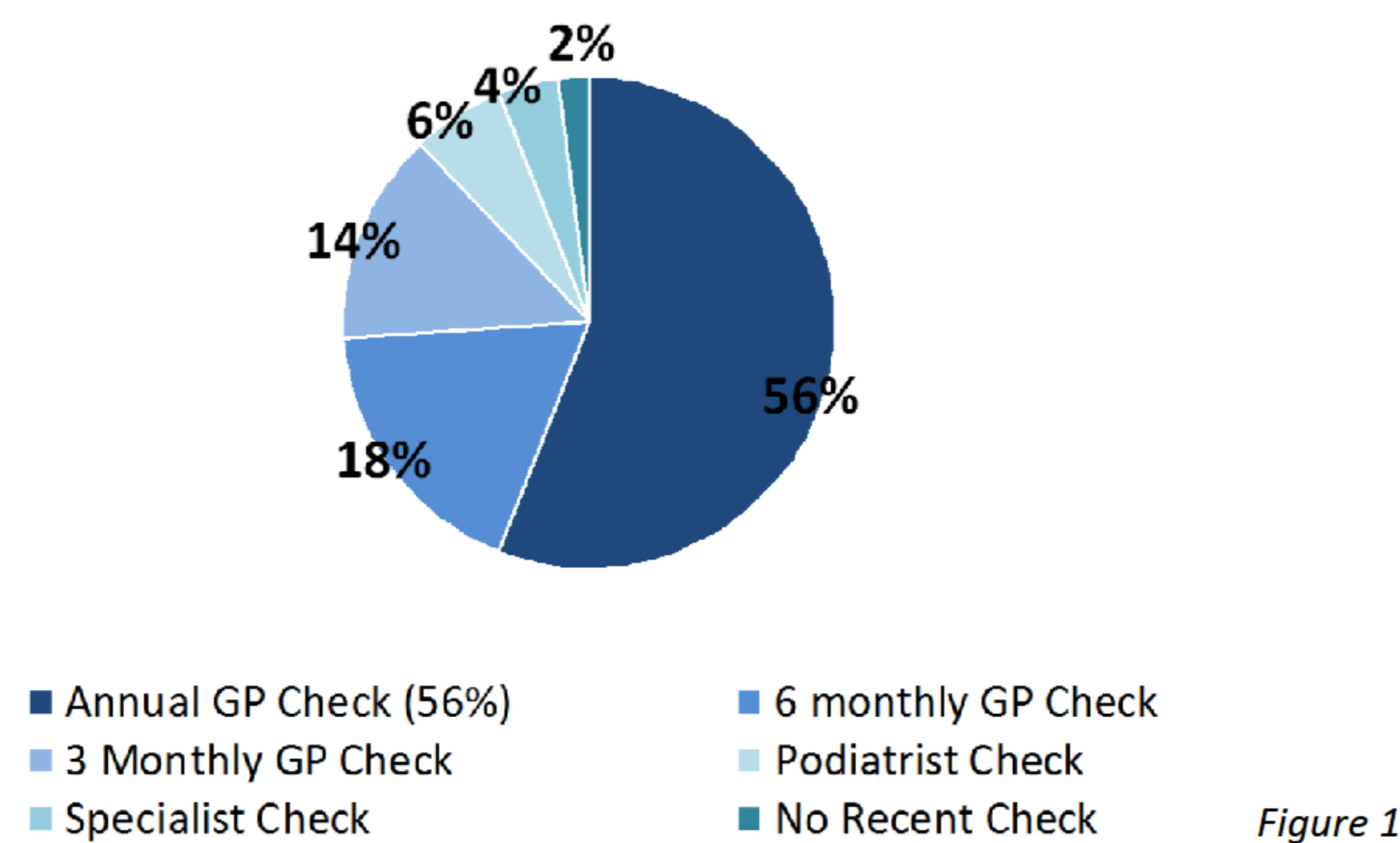
Our primary aim was to assess the **prevalence** of peripheral painful diabetic neuropathy in a diabetic cohort who and whether it was being **managed** according to **NICE guidelines**.

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?



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**", "**prickling**, 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**

References

1. Neuropathic pain- drug treatment. Clinical Knowledge Summaries. NICE. February 2014.
2. Diabetic Neuropathic Pain Management; Guideline 1.14.2.1. 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
4. Tool for the Initial Assessment of Foot Pain Among People with Diabetes. Produced by Eli Lilly and Company Limited. Feb 2011
5. Bennett M. et al. The S-LANSS Score for Identifying Pain of Predominantly Neuropathic Origin: Validation for Use in Clinical and Postal Research. The Journal of Pain. Vol.6, No.3 (march), 2005: 7. Type 2 diabetes foot problems: prevention and management of foot problems. NICE clinical guideline 10. Jan 2004

Results:

27% (n=27) of patients admitted getting pain in their feet or lower legs which fulfilled all the criteria indicative of **neuropathic pain**.

On a scale of 1-10, the average pain score in this group was 7 out of 10. Two thirds of these patients had spoken to a healthcare professional about their symptoms previously. However, only **19%** (n=5) of these were on one of the **recommended medications** for PDNP; amitriptyline (n=1), gabapentin (n=2), combined amitriptyline and gabapentin (n=2).

Can Your Pain be Described in any of the Following Ways?

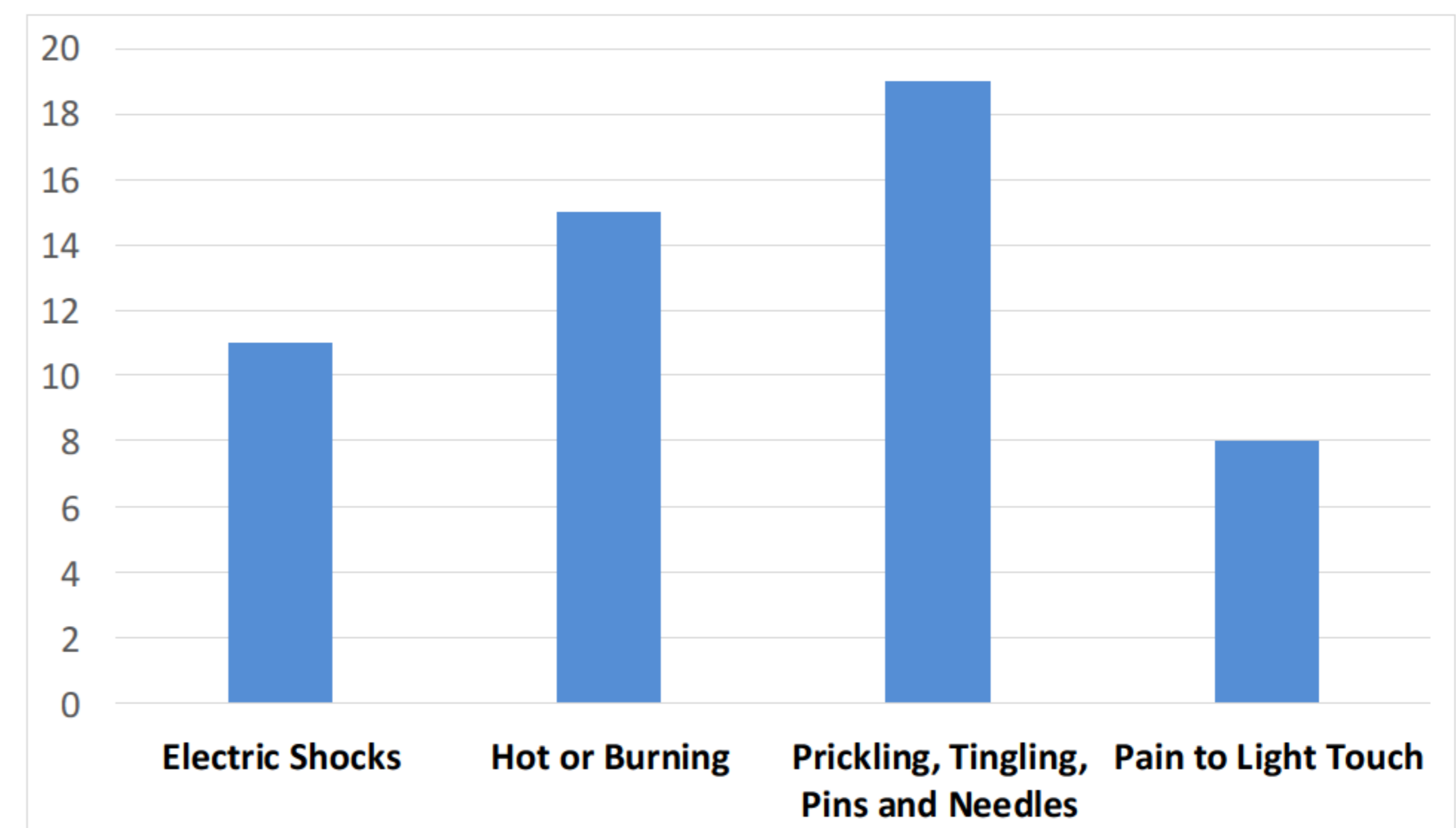


Figure 2

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 PDPN.

