

Treatment of Postherpetic Neuralgia: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. A 69-year-old woman had a dermatomal rash consistent with herpes zoster 2 months ago, followed by moderately severe burning pain in the same area once the rash had healed. Which of the following medications would be ineffective for this patient?**
 - (A) Celecoxib
 - (B) Extended release morphine sulfate
 - (C) Gabapentin
 - (D) Lidocaine transdermal patch
 - (E) Nortriptyline
- 2. Which of the following statements regarding treatment of postherpetic neuralgia with antidepressant medication is true?**
 - (A) Antidepressant agents are approved by the US Food and Drug Administration (FDA) for treatment of postherpetic neuralgia
 - (B) Antidepressant agents are ineffective if dysesthesia is present
 - (C) Antidepressant agents should not be used in persons older than 70 years
 - (D) The dosage for treatment of postherpetic neuralgia is similar to the dosage for treatment of depression
 - (E) Selective serotonin reuptake inhibitors are less effective than are tricyclic antidepressant agents in the treatment of postherpetic neuralgia
- 3. Which of the following statements regarding narcotic analgesic treatment of postherpetic neuralgia is true?**
 - (A) Addiction frequently occurs when narcotic agents are used to treat postherpetic neuralgia
 - (B) Mental slowness is worse with narcotic agents than with other agents used for treatment of postherpetic neuralgia
 - (C) Narcotic medications are ineffective in treating neuropathic pain
 - (D) Respiratory problems are infrequent adverse reactions of narcotic analgesic treatment
 - (E) Short-acting narcotic agents, rather than longer-acting medications, are preferred for the treatment of postherpetic neuralgia
- 4. Which of the following statements regarding the use of gabapentin in patients with postherpetic neuralgia is true?**
 - (A) Gabapentin is less expensive than are other agents used to treat postherpetic neuralgia
 - (B) Gabapentin is more likely to elicit adverse effects than are other agents used to treat postherpetic neuralgia
 - (C) Gabapentin is not FDA-approved for the treatment of postherpetic neuralgia
 - (D) Gabapentin is not recommended in patients with cardiac disease
 - (E) Gabapentin is usually given at a dose of 600 mg 3 times daily to patients with postherpetic neuralgia
- 5. An otherwise healthy 76-year-old man has had intractable thoracic dermatomal pain from postherpetic neuralgia for over a year, despite the use of a variety of usually effective oral medications. Which of the following treatments may be beneficial, according to clinical trial results?**
 - (A) Acupuncture
 - (B) Capsaicin
 - (C) Hypnosis
 - (D) Intrathecal corticosteroid injection
 - (E) Transcutaneous electrical nerve stimulation

(turn page for answers)

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EXPLANATION OF ANSWERS

- 1. (A) Celecoxib.** Cyclooxygenase-2 inhibitors such as celecoxib and other nonsteroidal anti-inflammatory drugs are not useful in the treatment of patients with postherpetic neuralgia. Extended release morphine sulfate, gabapentin, lidocaine transdermal patch, and nortriptyline have all been shown to be effective in treating postherpetic neuralgia.¹
- 2. (E) Selective serotonin reuptake inhibitors are less effective than are tricyclic antidepressant agents in the treatment of postherpetic neuralgia.** Tricyclic antidepressant agents are more effective for the treatment of postherpetic neuralgia (and other neuropathic pain) than are selective serotonin reuptake inhibitors.² Pain character is not predictive of drug effectiveness. Although commonly used, antidepressant agents are not approved by the US Food and Drug Administration (FDA) for the treatment of postherpetic neuralgia. Antidepressant agents can safely be used in elderly patients and are typically effective at a significantly lower dose for postherpetic neuralgia than that which is needed for the treatment of depression.
- 3. (D) Respiratory problems are infrequent adverse reactions of narcotic analgesic treatment.** Respiratory depression with narcotic analgesics is rare and is usually preceded by significant changes in mental status. Narcotic agents have been shown to be effective for the treatment of postherpetic neuralgia and other forms of neuropathic pain.¹ Narcotic addiction is rare when opioids are used in cases of postherpetic neuralgia. Mental slowness and confusion with opioids is similar to that seen with tricyclic anti-

depressant agents. Long-acting narcotic agents are preferred for the treatment of postherpetic neuralgia and other persistent pain syndromes.

- 4. (E) Gabapentin is usually given at a dose of 600 mg 3 times daily to patients with postherpetic neuralgia.** Gabapentin is FDA-approved for postherpetic neuralgia, and clinical trials show efficacy typically at a dosage of 600 mg 3 times daily. Gabapentin is safe for use in patients with cardiac disease, has a similar adverse effect frequency compared with tricyclic antidepressant agents, and is somewhat more expensive than the other agents used to treat postherpetic neuralgia.
- 5. (D) Intrathecal corticosteroid injection.** Small clinical trials have shown that intrathecal methylprednisolone is effective in relieving the pain of refractory postherpetic neuralgia; however, because of risks of corticosteroid-induced arachnoiditis, further confirmation and long-term follow-up is needed. No trials support the efficacy of acupuncture, capsaicin, hypnosis, or transcutaneous electrical nerve stimulation for persistent, unresponsive postherpetic neuralgia.³

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