



Painful Diabetic Peripheral Neuropathy

RISK FACTORS FOR DIABETIC PERIPHERAL NEUROPATHY

MAJOR PREDICTORS OF DPN:¹

Duration of diabetes



Level of glycosylated hemoglobin



OTHER RISK FACTORS:¹



Hypertension



Elevated Body Mass Index



Levels of total cholesterol, including LDL cholesterol and triglycerides



Smoking

RECOGNIZING DPN

Identifying DPN may be difficult:

- Diabetic neuropathy is a diagnosis of exclusion²
- Clinical presentation is diverse and varies according to the type of nerve fibres involved³
- Up to 50% of DPN patients may be asymptomatic²

Neuropathic pain is an important symptom

Neuropathic pain may be the first symptom reported by the patient. Sensations may be described as:^{2,4}

- Burning
- Electric shocks
- Stabbing
- Numbness
- Prickling
- Piercing
- Shooting
- Deep aching
- Pins and needles
- Tingling

Additionally, patients may experience:²

Allodynia: A condition in which pain is caused by a stimulus that does not normally elicit pain.

Hyperalgesia: A condition in which the patient experiences an enhanced sensitivity to pain.

COMMON PAIN-RELATED PATIENT CHALLENGES

“ No compelling evidence exists in support of glycemic control or lifestyle management as therapies for neuropathic pain in diabetes or prediabetes, which leaves only pharmaceutical interventions. ”

– American Diabetes Association, 2017 position statement²

The American Diabetes Association recommends the following therapies:²

FIRST-LINE:

Consider either pregabalin or duloxetine as the initial approach in the symptomatic treatment for neuropathic pain of diabetes.

SECOND-LINE:

A range of other medicines including tricyclic antidepressants* is suggested as second-line treatment options, though caution is recommended.

NOT RECOMMENDED:

The use of opioids, including tapentadol or tramadol, is not recommended as first- or second-line treatment options because of the high risk of addiction and other complications.

* not all second-line therapies are licensed for pDPN in all countries

[Download Screening Questionnaire](#)

References:

1. Tesfaye S, et al. Vascular risk factors and diabetic neuropathy. *N Engl J Med.* 2005;352:341–350.
2. Pop-Busui R, et al. Diabetic neuropathy: a position statement by the American Diabetes Association. *Diabetes Care.* 2017;1;40(1):136–54.
3. Aring A, et al. Evaluation and prevention of diabetic neuropathy. *Am Fam Physician.* 2005;71:2123–2128.
4. Iqbal Z, et al. Diabetic peripheral neuropathy: epidemiology, diagnosis, and pharmacotherapy. *Clin Ther.* 2018;40(6): 828–849.

© Viatris Inc. All Rights Reserved.

If you have an adverse event to report or have a medical information inquiry for a legacy Upjohn brand please visit the [link](#).

This communication is intended solely for the use of Healthcare Professionals. By accessing content from any link within this email, you are confirming that you are a Healthcare Professional. If you are not a Healthcare Professional, please note that you are not an intended addressee of this email and should delete this e-mail. Clicking any external links within this email will direct you to external websites. We are not responsible for the content contained on external websites.

To opt-out from any further corporate communications please click [here](#). To learn more about personalized email, please see our [Online Privacy Notice](#), which also includes information about the tracking tools we use on our digital interactions and how you can manage them.

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions, please [contact us](#).

Pfizer PFE Private Limited (a Viatris company)
80 Pasir Panjang Road #17-83, Mapletree Business City
Singapore 117372

LJR-2021-0745/05NOV2021