When chronic low back pain with a neuropathic component takes over patients’ lives, Pregabalin Pfizer may help them take control of their pain.¹²

To what extent is chronic low back pain with a neuropathic component an issue?

- Low back pain is a leading cause of activity limitation, work absenteeism, and lost productivity throughout much of the industrialised world — threatening function, mental health and quality of life.\(^1\)

- A multi-country longitudinal study in adults aged over 50 years indicated the overall prevalence of self-reported back pain (in the previous month) was 30%.\(^1\)

- People with chronic neuropathic pain usually report poorer physical and mental health compared with people with other types of chronic pain, even when adjusting for pain intensity.\(^2,3\)

- Retrospective analyses of a US healthcare claims database revealed the economic burden of having a neuropathic component to back pain or neck pain.\(^4,5\)
  - The economic burden of back pain or neck pain is increased when associated with a neuropathic pain component.\(^4,5\)

Pregabalin significantly reduced pain-related sleep interference in patients with chronic low back pain with a neuropathic pain component.\(^1\)

Change from baseline in sleep disturbance, assessed using the Pain-Related Sleep Interference Scales (PRISIS)\(^1\)

![Figure 2](https://example.com/figure2.png)

**Figure 2** Change from baseline in sleep disturbance, assessed using the Pain-Related Sleep Interference Scale (PRISIS).

Note: *P<0.05 versus usual care.

Abbreviation: L.S. least-squares.

Pregabalin improved pain, function, and health status, contributing to an overall improvement in quality of life in patients with chronic low back pain with a neuropathic component.\(^1\)

**Study Design:** Prospective, non-interventional, observational study of Japanese adults (18 years and over) with chronic low back pain with a neuropathic pain component of duration of 3 months or more and a severity 5 or more (0=no pain, 10=worst possible pain). Patients received 8 weeks treatment with pregabalin (n=157) or usual care alone (n=174). The primary efficacy outcome was change from baseline to 8 weeks in the Pain Related Sleep Interference Scale (PRIS) with a recall period over the past week. The PRIS is scored using an NRS ranging from 0 (“did not interfere with sleep”) to 10 (“completely interferes with sleep”).\(^1\)

**Reference**

**Pregabalin** significantly reduced pain in patients with chronic low back pain with a neuropathic component (secondary endpoint)

Efficacy for treatment of pain assessed using pain numerical rating scale (NRS)

Change from baseline in NRS least-squares mean pain scores in Pregabalin Pfizer vs usual care patients over 8 weeks.

Percentage of patients at week 8 (last observation carried forward) reporting clinically relevant improvements in pain.

Differences between Pregabalin Pfizer and usual care were significant for the full set of categories on the Clinical Global Impression change and the Patient Global Impression of Change (both \(P<0.05\)).

**Pregabalin** provided significant improvement in the Global Impression of Change from both the clinician and patient perspective for patients with chronic low back pain with a neuropathic component (secondary endpoint)

Study Design: Prospective, non-interventional, observational study of Japanese adults (18 years and over) with chronic low back pain with a neuropathic component of duration of 3 months or more and severity 5 or more on a numerical scale (0=no pain, 10=worst possible pain). Patients received 8 weeks treatment with pregabalin (n=157) or usual care alone (n=174). Patient and Clinician Global Impression of Change were secondary endpoints.

**GCI C** = Clinician Global Impression of Change

**PGI C** = Patient Global Impression of Change

Chronic low back pain caused by osteoarthritis can have both a nociceptive and neuropathic pain component (mixed pain).1,3,5

- A survey that included 8,000 patients with chronic low back pain found that neuropathic pain was predominant in 37% of cases (males 36.9%, females 37.1%).4
- Chronic low back pain can arise as a result of both a mixture of nociceptive such as osteoarthritis with neuropathic pain mechanisms. Therefore a multimodal and individualised treatment approach is necessary for effective management as chronic low back pain can be difficult to diagnose and treat.1,4
- Combining drugs with different mechanisms of action represents a rational approach to the management of chronic low back pain with both nociceptive and neuropathic pain components.1,4
- Celecoxib Pfizer is indicated for the treatment of nociceptive pain caused by osteoarthritis.5

Therapeutic indications: symptomatic treatment of pain & inflammation in osteoarthritis, rheumatoid arthritis & ankylosing spondylitis, management of Suspected or known CV disease or risk factors; history of CV hypersensitivity to celecoxib or other excipients; allergy, asthma or urticarial with epidermal necrolysis, exfoliative dermatitis, sepsis, sudden death, angioedema, anaphylactoid reaction, intracranial haemorrhage, myositis, hallucination. See Data Sheet for details.


Minimum Data Sheet

Celecoxib Pfizer® Celecoxib 100mg and 200mg

Therapeutic indications: symptomatic treatment of pain & inflammation in osteoarthritis, rheumatoid arthritis & ankylosing spondylitis, management of acute pain & treatment of primary dysmenorrhea. Contraindications: hypersensitivity to celecoxib or other excipients: surgery, asthma or urticarial with epidermal necrolysis, aspirin, NSAIDs, or COX-2 specific inhibitors; concomitant use of other NSAIDS; perioperative use in cardiac or major vascular surgery; unstable/ significant established IHD, PAD or cerebrovascular disease; active peptic ulceration; GI bleeding; estimated creatinine clearance < 30 mL/min; CHF; severe sinusitis, abdominal pain, nausea. Rarely or Serious: drug rash with eosinophilia and systemic symptoms (DRESS, or hypersensitivity syndrome), syncope, skin rash, mucosal lesions or any sign of hypersensitivity. See Data Sheet for details.

Dose and Method of Administration: Use lowest dose for shortest duration possible 200 400 mg daily. Maximum recommended dose is 400 mg per day. See Data Sheet for details. Medicines Schedule: Prescription Medicine. Celecoxib Pfizer is a funded medicine – a prescription charge will apply. Before prescribing please review Data Sheet available from Medsafe (www.medsafe.govt.nz) or Pfizer New Zealand (www.Pfizer.co.nz) or call 0800 736 363 ™Trademark V10517

Neuropathic Pain Screening

- Diagnosis is mainly based on medical history, physical examination and appropriate clinical examinations.3,5
- However screening questionnaires can aid in distinguishing neuropathic pain from nociceptive pain in a quick and easy manner.3,4
- There are several validated screening questionnaires such as PainDetect and DN4 which can be filled out during consultation with the patient.3,5

PREGABALIN offers flexible dosing

Dose may be adjusted according to patient response and tolerability

**Starting Dose**
- 150 milligram/day
  - 75 milligram BD

**Effective starting dose**

**300 milligram/day**
- 150 milligram BD

Based on individual response and tolerability the dose may be increased to 300mg/day after an interval of 3 to 7 days

**7 DAYS**

**600 milligram/day**
- 300 milligram BD

If need to a maximum dose of 600 mg/day after an additional 7 day interval

*Dose range 150 – 600 mg/day in two divided doses. Dosage reduction necessary in patients with renal impairment.

It is generally recommended neuropathic pain treatments are tried for at least 3 months or until adverse events prevent adequate dosage and continued treatment.

**Flexible dosing based on individual response and tolerability**

- Starting dose (150mg/day) is within the therapeutic range

**PREGABALIN Pfizer is a suitable option for patients taking other medications**

- Low potential for pharmacokinetic interactions

**Remind patients:**

- It is important to remain on therapy to ensure adequate pain relief
- Adjustment may be needed to ensure they continue to receive the optimal dose for pain relief
- PREGABALIN withdrawal can be managed by slowly tapering the dose over a period of time to reduce the intensity of withdrawal symptoms.


Minimum Data Sheet
PREGABALIN PFERD® (pregabalin) 25 mg, 75 mg, 150 mg & 300 mg capsules

**Therapeutic indications:** Neuropathic pain in adults; adjunctive therapy in adults with partial seizures with or without secondary generalization.

**Contraindications:** Hypersensitivity to pregabalin or its excipients. Special Warnings and Precautions for Use: Pregnancy: lactation; dizziness; somnolence; history of substance abuse; congestive heart failure; galactose intolerance; withdrawal symptoms; renal impairment; peripheral oedema; creatine kinase elevation; weight gain; blurred vision; hypersensitivity reactions; increased risk of suicidal thoughts or behavior. See Data Sheet for details. **Interactions:** CNS depressants; alcohol; lorazepam; oxycodone; medications causing constipation. See Data Sheet for details. **Undesirable Effects:** Most common: dizziness, somnolence. Others include: blurred vision, fatigue, weight gain, dry mouth, headache, ataxia, peripheral oedema, impaired balance, dyspnea, sedation. Post-marketing: serious: angioedema, allergic reaction, loss of consciousness. Mental impairment, congestive heart failure, keratitis, pulmonary oedema. See Data Sheet for details. **Dosage and Method of Administration:** 150 to 600 mg orally/day given as 2 divided doses. Neuropathic pain: start at 150 mg/day; increase to 300 mg/day after 3 to 7 days. If needed increase to a maximum of 600 mg/day after a further 7 days. Epilepsy: start at 150 mg/day; increase to 300 mg/day after 7 days. Maximum dose of 600 mg/day may be given after a further week. Renal impairment: reduce dose. See Data Sheet for details. **Medicines Classification:** Prescription medicine. Pregabalin Pfizer is a funded prescription medicine. Before prescribing, please review full Data Sheet available from Medsafe (www.medsafe.govt.nz) or Pfizer New Zealand Limited (www.pfizer.co.nz) or call 0800 735 363. TM Trademark. VI017

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