

Summary of Trigeminal Neuralgia and Side Effects of Drugs Used In Its Treatment Review of Literature

Mini Review



Maria Harriet Stack*

Killarney Journal Club, College of General Practitioners, Ireland

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***Corresponding author:** Maria Harriet Stack, Killarney Journal Club, College of General Practitioners, 10C The Ash Avenue, Countess Road, Killarney, Co Kerry Ireland Tel: 00353 87 9728088; Email: dr.maria.harriet.stack@gmail.com

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Review of current literature into Trigeminal Neuralgia particularly type 2 also known as the suicide disease or symptomatic trigeminal neuralgia ...and problems with medical treatment. Trigeminal Neuralgia is among the most painful and disabling of all medical conditions. The trigeminal nerve is the fifth cranial nerve and is the largest of the cranial nerves. The intensity of the pain in Trigeminal Neuralgia especially in Type 2 when the pain is constant is the worst known to man. The correct treatment protocol must be applied in a given patient

It occurs in women slightly more than men ...why this is... is not understood but oestrogen could have a role...it occurs more frequently in patients over 50 and it has also been observed that the pain only occurs on one side of the face, more often the right rather than the left. ...Again why the right side of the face is more often affected is not understood. Trigeminal Neuralgia occurs exclusively usually within one of the three trigeminal nerves three divisions, on one side of the face. The patient initially does not understand the pain pathway and may think it is a dental or sinus pain. This can occur for many months and the patients can be shuttled between a number of health professionals before the pain is determined to be neurological.

Pain is sharp intense and stabbing, constant and because of this the symptoms are extremely disabling...

The diagnosis of TN is clinical...it is based solely on the patients medical history and symptoms. It is now understood than normal pain management including opioids and benzodiazepines and some AEDs e.g. Topamax are not only ineffective against this disease but are harmful because of side effects. And surgical treatment is now the preferred option. Many patients find that they become refractory to their medication over time. Requiring initially increasing doses...eventually, the side effects of the medication become intolerable... And they may have to stop and seek surgical options and there are now

so many options, which were not readily available over a decade ago.

Trigeminal Neuralgia can occur after a nerve injury as in the case the unintentional damage by dentistry. Indeed it has been found that where patients report a higher than usual levels of pain after early phase trauma following dental or orofacial surgery they are at greater risk of developing TN especially of the type 2 variety... The intensity of the pain can be physically and mentally incapacitating. As the pain can become constant ...the pain worsens as there are fewer and shorter pain free intervals the pain free intervals finally disappear and the medication to control the pain becomes less effective.

Due to the intensity of the pain the patient avoids daily and social activity and requires more and more rest and becomes reclusive. Because of the intensity of the pain and its prolonged duration over time the pain itself can cause profound psychological effects such as depression and anxiety.

Why are Standard Drug Treatments for Trigeminal Neuralgia Deemed to Be Harmful

Research into patients with Trigeminal Neuralgia reveals that patients with this condition are prone to mood swings because of the severe burden of pain especially with symptoms of prolonged duration. Research has also revealed that opioids, some of the new AEDs and the benzodiazepines can, in some patients after long term use, cause significant impaired cognitive abilities, memory problems and mood swings...when this becomes superimposed on the already compromised patient... the risk -benefit ratio of medical management eventually becomes unfavorable.

It takes at least 6 months to a year even longer in some cases after cessation of these drugs for behavioral patterns to return to normal. These drugs can cause perceptual disturbances and depersonalization in some patients. Dis-inhibition and amnesia

are well-documented side effects of benzodiazepines. Standard pain medication and indeed the benzodiazepines also can lead the patient to be confrontational and impulsive and therefore damage the professional reputation of the patient in a social or work setting, if their condition is not clearly understood.....This on top of the severe pain that the patient is coping with makes things terribly difficult for the patient on all fronts

Dr. Scott Strassels from the American College of Pharmacy has recently written that chronic pain itself causes harmful side effects and can affect concentration mental clarity, temperament and behavior just as profoundly as any drug. Professor Stephen McMahon of the London Pain Consortium has recently emphasized that chronic pain is not unidimensional...it does not simply come as a scale [1-11], how threatening the pain is, how emotionally disturbing the pain is and how pain affects the patient's ability to concentrate are huge factors in determining its severity ...

Non Invasive Surgical and Surgical options must be pursued. Micro vascular Decompression is a surgical procedure showing good results...percutaneous procedure e.g. percutaneous retrogasserian glycerol rhizotomy is another option and of course radiation therapy gamma knife surgery also shows good results. Ninety percent of patients are pain free immediately or soon after any of these procedures...so patients here to fore living with this malevolent every day companion can at long last be symptom free. As one commentator put it chronic pain and indeed the pain associated with Trigeminal Neuralgia is so

excruciating it has been compared to the deafening shriek of psychopathic violins...it is great to know that there is light at the end of the tunnel for these patients...

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