

Journal Watch

“Gabapentin and an Opioid Combination Versus Opioid Alone for the Management of Neuropathic Cancer Pain: A Randomized Open Trial”

Reference: Keskinbora, K., Pekel, A.F., Aydinli, I. *Journal of Pain and Symptom Management*, 2007 Aug; 34(2):183-9

By: Lora Hagar, Pharmacist. August 12, 2008 during rounds on the Tertiary Palliative Care Unit, Grey Nuns Hospital

Summary:

Cancer pain is often accompanied by a neuropathic component which may be difficult to treat. This trial randomized cancer patients with uncontrolled neuropathic pain (reported as burning or shooting pain) into two groups, opioid with gabapentin and opioid alone. No change in opioid dosing was allowed in the gabapentin group. Pain scores, absence or presence of allodynia and side effects were compared at baseline, day 4 and day 13 of therapy. By day 4, the gabapentin group had significantly lower pain scores for burning and shooting pain with lower reports of side effects. However, both groups did report significant lowering of pain scores at day 13. Results suggest gabapentin in combination with an opioid may be a good treatment option and potentially opioid-sparing when used for neuropathic cancer pain.

Strengths:

The study design called for stable opioid doses in the gabapentin combination group so that changes in analgesia could be attributed to the gabapentin titration. The study participants all had cancer-related neuropathies (either tumor or treatment related) and only assessed the neuropathic component of pain as well as assessing for Allodynia which has not been studied in this format in this population previously. The patients were randomized to the different groups and there was good follow up of study participants.

Weaknesses:

The most significant weakness is the open label design of the trial. The results would have had more impact if the study drugs were blinded to the parties involved as bias may have taken place. Also, there is no information given with regards to the cancer diagnosis or where the participants were in their disease trajectory. This makes the results difficult to extrapolate to other patients. It was unfortunate that no participant was treated with methadone which is a treatment option utilized here for neuropathic pain as a comparison with methadone would have been helpful.

Relevance to Palliative Care:

Many palliative cancer patients do struggle with burning, shooting, nerve type pain which often does lead to escalating doses of opioids. The use of adjuvants such as gabapentin may be beneficial if the combination is shown to have synergistic, opioid-sparing effects. Unfortunately, the study took place in an ambulatory pain clinic setting where the patients were not stated to be palliative in nature so no conclusions can be drawn from this study. In the future, a useful trial would be one comparing methadone to gabapentin combinations in a palliative, cancer population.