

Multiple sclerosis related trigeminal neuralgia treatment

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Pharmacological options include cannabinoids, muscle relaxants (tizanidine, baclofen, dantrolene), anticonvulsants (benzodiazepines, gabapentin, phenytoin, carbamazepine, lamotrigine), antidepressants (duloxetine, venlafaxine, tricyclic antidepressants), opioids (naltrexone), and botulinum toxin variants, which have evidence from various clinical trials. Non-pharmacological approaches for trigeminal neuralgia may include neurosurgical methods. Non-invasive methods, physical therapy, and psychotherapy (cognitive behavioral therapy, acceptance and commitment therapy and mindfulness-based stress reduction) may be recommended for patients with neuropathic pain in multiple sclerosis. The choice of treatment depends on the severity and type of pain as well as other factors, such as patient preferences and comorbidities. There is a pressing need for healthcare professionals and researchers to prioritize the development of better strategies for managing multiple sclerosis-induced neuropathic pain ¹⁾

Medically refractory trigeminal neuralgia in multiple sclerosis

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Shkodina AD, Bardhan M, Chopra H, Anyagwa OE, Pinchuk VA, Hryn KV, Kryvchun AM, Boiko DI, Suresh V, Verma A, Delva MY. Pharmacological and Non-pharmacological Approaches for the Management of Neuropathic Pain in Multiple Sclerosis. CNS Drugs. 2024 Mar;38(3):205-224. doi: 10.1007/s40263-024-01072-5. Epub 2024 Feb 29. PMID: 38421578.

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