Pregabalin in the prevention of Neuropathic Pain after SCI

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Should we try to prevent pain after SCI?

Pain after SCI

- A common significant problem
- Two thirds of persons with SCI will develop some form of chronic pain (range 44-94%)
- About 40% of SCIs develop persistent pain neuropathic pain
- One third of individuals with paraplegia were willing to trade the possibility of recovery from their SCI for pain relief.

Should we try to prevent pain after SCI?

- One third (range 25-44%) will describe their pain as severe and interfering with daily activities.
- Pain interferes with:
  - Rehabilitation
  - Daily Activities
  - Quality of life
  - Causes depression and even suicide.

Pregabalin in the Prevention of Pain in SCI

• Pain is a significant complication of almost 50% of the SCI population
• Pregabalin and gabapentin the only medications for the treatment of neuropathic pain in SCI with Level 1 evidence for effectiveness
• An Animal model study (Dr. Marsh’s lab) suggests pregabalin can prevent pain after SCI
• Is it worth preventing in Humans?
Pregabalin in the Prevention of Pain in SCI: A double Blind, Randomized Placebo Control Trial

Protocol

• 30 pts
• All enter within 2 weeks of SCI
• Must have no evidence of NeP
• Randomized to receive pregabalin or placebo
• Followed and treated for 12 months
• Treatment withdrawn at 12 months and followed for an additional 6 months
• Primary end point is the development of NeP
Pregabalin in the Prevention of Pain in SCI: A double Blind, Randomized Placebo Control Trial

Progress to date:

- Single centre study
- Recruitment challenging 6 pts Randomized over 18 months
- 1 developed neuropathic pain before randomization
- 3 developed NeP during placebo control phase (2 placebo, 1 pregabalin)
- Medication well tolerated with few side effects
- No patients left the study due to side effects
Future Plans for the Project

• Still a worthy research question
• Exploring interest and funding opportunities to expand to a multi centre trial in order to recruit adequate numbers to assess the impact of this treatment
Team acknowledgement slide

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