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Topics in pain management: part 1 in a series

Treating localized postherpetic neuralgia (PHN)

An evidence-based and experience-based discussion

Association/organization acronyms

AAFP American Academy of Family Physicians
AAN American Academy of Neurology
AAPM American Academy of Pain Medicine
ABFP American Board of Family Practice
ACPM American College of Pain Medicine
APS American Pain Society

ASN American Society of Neurorehabilitation
IASP International Association for the Study of Pain
IHS International Headache Society
NHF National Headache Foundation
NIH National Institutes of Health

Article cited by Dr Argoff: Suzuki R, Dickenson A. Spinal and supraspinal contributions to central sensitization in peripheral neuropathy. *Neurosignals*. 2005;14:175-181.

Before prescribing LIDODERM®, please refer to the accompanying full Prescribing Information.

R_x only

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"If you'd like to learn more about peripheral/central effects of neuropathic pain, I recommend an article by Rie Suzuki."

(cited on reverse side)



Charles E. Argoff, MD, is board certified in pain medicine and neurology and is the director of the Cohn Pain Management Center, North Shore University Hospital, Bethpage, NY, and Assistant Professor of Neurology, New York University Medical School, New York, NY. Dr Argoff earned his medical degree from Northwestern University Medical School, Chicago, Ill, and completed a medicine internship and neurology residency at the State University of New York, Stony Brook, NY. Following his neurology residency, he completed his fellowship in development and metabolic neurology at the NIH, Bethesda, Md. His research interests include topical analgesics for pain management, botulinum toxin for chronic pain, pharmacologic management of chronic pain, and development of guidelines for such therapies. His articles have been published in the *Journal of the American Osteopathic Association*, *Neurosurgery*, and *Neurology*, among others. Dr Argoff serves on the editorial board of the *Clinical Journal of Pain* and is a reviewer for the *Journal of Pain*, *Journal of the American Medical Association*, *Journal of Musculoskeletal Pain*, and *Journal of Pain and Symptom Management*. He is a member of the APS, AAN (member of the Quality Standards Subcommittee), IASP, NHF, ASN, AAPM, and IHS. (All association/organization acronyms are expanded on reverse side.)

Important Safety Information

LIDODERM® is indicated for relief of pain associated with postherpetic neuralgia. Apply only to **intact skin**. LIDODERM® is contraindicated in patients with a history of sensitivity to local anesthetics (amide type) or any product component.

Chewing or ingesting a new or used LIDODERM® patch may result in serious adverse effects. Store and dispose out of the reach of children and pets.

Excessive dosing of LIDODERM® could result in increased absorption of lidocaine and high blood concentrations leading to serious adverse effects.

When LIDODERM® is used concomitantly with local anesthetic products, the amount absorbed from all formulations must be considered.

Examining the evidence: An academic perspective on LIDODERM® (lidocaine patch 5%)

The value of evidence-based decision making for PHN pain

"While clinical experience is important in choosing pharmacological treatment, I believe that an evidence-based treatment approach provides the *basis* for healthcare providers to choose therapies for their clinical practices. As a participant in the Fourth International Conference on the Mechanisms and Treatment of Neuropathic Pain, we developed several key criteria to evaluate first-line PHN treatment recommendations: FDA approval for pain associated with PHN; completed randomized, controlled trials; strength of study outcomes; number of patients treated; safety profile; and ease of use of therapy."

LIDODERM® meets scientific and practical first-line treatment criteria

"LIDODERM® received our committee's recommendation for first-line treatment of PHN based on its FDA-approved indication and proven efficacy in clinical trials. Because it is a topical analgesic, there is a reduced risk of systemic side effects due to the small amount of lidocaine absorbed following appropriate use. Of course, prior to prescribing LIDODERM®, physicians should select appropriate patient types, such as those without sensitivity to lidocaine or other local anesthetics. All of these factors are important considerations when choosing a medication for PHN pain, and the fact that the attributes of LIDODERM® address them further demonstrates why this preparation meets the scientific criteria for first-line use."

Peripheral action with central implications

"PHN is a neuropathic pain state that possesses both peripheral and central components. The MOA of LIDODERM® is theorized to address both of these mechanisms. First, by locally inhibiting excessive sodium channel activity, LIDODERM® may help suppress peripheral neural hyperexcitability associated with PHN pain. Second, LIDODERM® may also dampen central hyperexcitability because of its peripheral neural activity. Numerous studies (see review article cited on reverse side) have now shown that reducing peripheral neuropathic input can disrupt the central hyperexcitability that facilitates pain transmission. Third, the sodium channel-blocking MOA of LIDODERM® has been established in randomized controlled trials as effective and safe. Finally, the physical construction of LIDODERM® can have a therapeutic effect for allodynic patients. When applied to intact skin, it serves as a local skin barrier to tactile or other stimulation."

Before prescribing LIDODERM®, please refer to the accompanying full Prescribing Information.

Although Drs Argoff and McCarberg received compensation for their participation, the opinions expressed herein are their own. Results reported are based on individual experiences and may not be typical of all patients.

Putting proof into practice: A clinical perspective on LIDODERM®

My clinical experience with LIDODERM®

"Since its market approval in 1999, I have prescribed LIDODERM® for my PHN patients. I first heard about it from colleagues, so I tried it in my own practice. Since then, I've had a great deal of experience prescribing LIDODERM®. While no single medication, including LIDODERM®, works for everybody, some of my patients with difficult-to-treat chronic PHN pain have had success with it."

How I treat the pathology of localized pain

"I think of localized pain as pain contained to a specific body area that a patient can pinpoint. With the localized pain of PHN, the pain generator is also contained. PHN pain is particularly amenable to treatment with LIDODERM® because the MOA allows me to treat pain right where it hurts. If a patient presents with PHN pain he or she can point to, I can use LIDODERM® to treat the area that is believed to be the genesis of the pain."

Factors I consider when prescribing LIDODERM®

"I rely on several important features of LIDODERM® to help me treat localized PHN pain. I like the fact that, based on its side effect profile and low risk of drug-drug interactions, I can prescribe it for my patients who are on concomitant medications. I use it cautiously with patients on Class I antiarrhythmics because the toxic effects may be addictive. I can also prescribe it for patients using other local anesthetics, provided I evaluate the potential absorption from all formulations. LIDODERM® is also effective and well-tolerated, which makes it an excellent first-line agent for my appropriate PHN patients."

Why my patients like LIDODERM®

"Many of my PHN patients are elderly and have coexisting medical conditions. They like the fact that the topical design and customizable construction allow them to actually place LIDODERM® over the painful area, thus becoming active participants in their own pain management. In fact, many of my patients describe with joy how they have cut and customized their patches to help fit their area of pain; they enjoy taking part in their own PHN care."



"LIDODERM® is effective and well-tolerated, which makes it an excellent first-line agent for my appropriate PHN patients."

Bill McCarberg, MD, is the founder of the Chronic Pain Management Program for Kaiser Permanente in San Diego, Calif, and president of the Western Pain Society. He was on the board of directors of the APS; is a member of the AAFP, AAPM, APS, and IASP; and is an Assistant Clinical Professor (voluntary) at University of California, San Diego School of Medicine. Dr McCarberg has received several awards, including the Shilling Compassionate Care Award and the APS Elizabeth Narcessian Award for leadership in the field of pain education, and was named the Highest Rated Physician by Member Appraisal of Physician Services at Kaiser Permanente (1998). He has given more than 100 presentations on pain management issues, has authored and coauthored several publications, is board certified by the ACPM and the ABFP, and is certified in geriatrics. Dr McCarberg received his MD from Northwestern University Medical School in Chicago, Ill, and completed his medical internship and a residency in family practice at Highland Hospital in Rochester, NY. (All association/organization acronyms are expanded on reverse side.)

Important Safety Information (cont'd)

Avoid contact of LIDODERM® with the eye. If contact occurs, immediately wash the eye with water or saline and protect it until sensation returns.

Use LIDODERM® with caution in patients with severe hepatic disease, pregnant (including labor and delivery) or nursing mothers, or those receiving Class 1 antiarrhythmic drugs (such as tocainide and mexiletine) because of the potential for serious adverse effects.

Allergic reactions, although rare, can occur.

During or immediately after LIDODERM® treatment, application-site reactions may occur. The most commonly reported postmarketing adverse events are: application-site erythema, burning sensation, dizziness, erythema, headache, nausea, pain exacerbated, pruritus, rash, and rash erythematous.