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Guideline on trigeminal neuralgia

- An extremely painful disorder which can be difficult to diagnose and treat
- Management is provided by many different specialities including GPs, anaesthesiologists, dentists, neurologists and neurosurgeons
- A need for comprehensive European guideline for the management of trigeminal neuralgia
- A task force of **13 experts** from **7 countries** was set up
- Recommendations for 10 clinically important questions were developed, following the Grading of Recommendation, Assessment, Development and Evaluation (GRADE) approach, based on expert opinion, during 2016

DIAGNOSIS

In patients with TN, which clinical features correctly identify patients with secondary TN?

- A three high-resolution sequences - 3D T2-weighted, 3D TOF-MRA and 3D T1-Gad - MRI scan is strongly recommended
- Neurovascular contact (NVC) should not be used to confirm a diagnosis of TN, but may help determine if the patient should be referred for surgery

PHARMACOLOGY

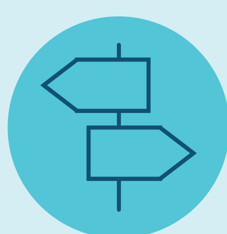
- Opioids are not usually effective
- In-hospital treatment may be necessary
- Intravenous fosphenytoin and lidocaine may be effective
- Carbamazepine (200-1,200 mg/day) and oxcarbazepine (300-1,800 mg/day)
- Alternatively, lamotrigine, gabapentin, botulinum toxin type A, pregabalin, baclofen and phenytoin may be used either as monotherapy or combined with carbamazepine and oxcarbazepine
- Dosages should be adjusted according to pain level and side-effects

SURGERY

- Use surgery if the pain is not sufficiently controlled medically or if medical treatment is poorly tolerated
- Microvascular decompression is preferred over neuroablative treatments
- Neuroablative treatments should be preferred if MRI does not demonstrate any neurovascular contact

OTHER CONSIDERATIONS

- Medical treatment of patients with secondary TN should be similar to treatment of primary TN
- Consider Gasserian ganglion surgical procedures and MVD
- Offer psychologicaland nursing support
- Offer access to national support groups



CONCLUSIONS

- Diagnostic criteria have changed considerably allowing for a similar classification in IHS and IASP
- MRI should be performed in all patients using specific protocols and procedures
- Neurovascular contact plays an important role in primary TN - should not be used to conform diagnosis, rather to decide for surgery
- Acute exacerbations: in-hospital treatment with titration of medications, rehydration and i.v treatment (fosphenytoin or lidocaine)
- For prophylactic treatment carbamazepine and oxcarbazepine are drugs of first choice
- Lamotrigine, gabapentin, botulinum toxin type A, pregabalin, baclofen and phenytoin may be used as monotherapy or add-on
- MVD is first line surgery in classical TN
- Neuroablative procedures or MVD for idiopathic TN
- Reasons for optimism: increased research and new drugs in the pipeline

Read the Guideline in full in the *European Journal of Neurology* at **http://bit.ly/TrigeminalNeuralgiaGL**

WILEY