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Researchers find the right combination to unlock neuropathic pain

14th September, Istanbul, Turkey: New data¹ released today at the European Federation of IASP (International Associations for the Study of Pain) Chapters (EFIC) has revealed that an innovative combination of analgesics may hold the key to unlocking the severe and relatively untreatable pain associated with common diseases like diabetes.

Neuropathic pain such as diabetic neuropathy is traditionally one of the most challenging of pain syndromes. The standard analgesic treatments rarely provide more than a 50% reduction in pain and almost all patients are left with some degree of constant residual pain.

Dr Magdi Hanna, Director of Pain Clinical Research Hub, King's College Hospital, London, UK has been studying the benefits of combining the strong opioid oxycodone (**OxyContin®**) with the anti-epileptic gabapentin in patients with severe diabetic neuropathy. This combination demonstrated a significant 33% improvement on top of the best pain relief achievable using the maximum tolerated dose of gabapentin as monotherapy.

The research included over 300 patients with an established diagnosis of moderate to severe diabetic neuropathy. Prior to the trial all patients were maintained on gabapentin at the maximum tolerated dose and their pain levels were measured as a baseline. Patients then had either oral prolonged-release oxycodone or placebo tablets added to their therapy for up to 12 weeks. Oxycodone–gabapentin provided a 33% reduction in pain score from baseline to end of treatment and the combination produced no additional side effects.

Dr Hanna explains, "Our approach to the effective treatment of neuropathic pain should be consistent with every other specialty; first understand the mechanisms and

biomarkers, then treat appropriately. Decades of anecdotal evidence has shown us that two patients with the same lesion are unlikely to experience the same level of pain and this has now been substantiated in the literature indicating that there is no single mechanism responsible for producing neuropathic pain and no single presentation for its onset. In addition, our clinical experience has taught us that half of all patients do not respond to a monotherapeutic approach and those that do, there is still significant residual pain. While our study does have its limitations, in my opinion it provides a strong 'proof of concept' for the early use of combination therapy in patients experiencing neuropathic pain", he concluded.*

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For further information, or to request an interview with a member of the study team, please do not hesitate to contact:

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Note to editors

- *Opioids are not first line therapies for the treatment of neuropathic pain
- **OxyContin®** (oxycodone) preparations are not registered in Turkey

References

1. Abstract presentation at the European Federation of IASP Chapters (EFIC) 2006. *Neuropathic pain; optimising patient outcome with combination therapy*. Magdi Hanna MD, Pain Clinical Research Hub, King's College Hospital, London, UK; Cathy O'Brien, Fincham Statistics, King's Lynn, Norfolk, UK; Maggie Wilson, Napp Pharmaceutical Research Limited; Cambridge Science Park, Cambridge, UK