# Treatment FYI:
# Controlling Pain

***Benjamin Natelson, MD, professor of neurosciences at the University of Medicine and Dentistry of New Jersey, offers some pharmacological advice based on his clinical experience with CFS patients. When treating a CFS patient's pain, Natelson progresses through four stages of medication, choosing drugs appropriate to each patient's presentation. He's also involved in a clinical trial of an implantable nerve stimulator for treatment-resistant patients.***

## Stage 1 Basics

- Nonsteroidal antiinflammatory drugs (NSAIDs): Includes ibuprofen at maximum doses or Celebrex (200 mg twice daily). "It's a reasonable thing to try," says Natelson. "The problem with NSAIDs is that they usually don't work."
- Tricyclic antidepressants (TCAs): Amitriptyline can be effective, particularly in patients who have trouble sleeping. Use substantially lower doses than prescribed for depression. But Natelson also shares, "If patients have drug coverage, I often bypass this step in favor of Cymbalta because of the side effects of TCAs."
- Cymbalta (duloxetine): This drug has been approved for both pain and for depression. "I use it instead of TCAs when the patient has drug coverage. I find it especially useful when mood disorder is also present. Start with 30 mg per day and then, several days later, increase to 60 mg," counsels Natelson.

## Stage 2 Antiepileptics

- Neurontin: "Start low and go slow" with 100 mg at bedtime for four to five days, increasing to 100 mg four times per day and working to 300 mg four times per day. A dose of 1,200 mg per day is the first threshold where pain relief may be noticed. The dose can ultimately be increased to anywhere from 2,400 mg to three grams daily if needed.
- If this is not effective, Neurontin can be combined with Lamotrigine starting at 25 mg per day at bedtime, then increasing to 25 mg three times per day, and then increasing again to 100 mg three times per day.
- Trileptal: Start with 150 mg twice daily, and increase to 600 mg twice daily.
- Topamax: This can be useful in patients with weight problems.

Natelson explains that he usually tries at least two of the above antiseizure medications before moving to the next stage.

## Stage 3 Other Measures

- Plaquenil: Used as an antimalarial agent during World War II, this drug can raise pain thresholds. But it carries a number of difficult side effects, and it can take as long as six months to determine its effectiveness.
- Tizanidine: Start with 2 mg per day, and progress to 2 mg twice per day, then 4 mg twice per day.
- Tramadol: Use up to 50 mg four times daily.
- Lidocaine: Patches may help localized pain.

## Stage 4 Opiates

Natelson advises staying away from short-acting opiates other than Tramadol. He also will use Methadone, which is inexpensive, and MS Contin (not OxyContin, which has "street concerns" due to illegal use).

In Natelson's view, doctors should be careful with opiates, but should not avoid prescribing them to patients with persistent, extreme pain. "You can't be frightened," he says. "You will definitely improve that person's quality of life."

***Above all, Dr. Natelson stresses that more research into pain relief is needed for patients with CFS. Toward that end, Natelson and his colleagues are embarking on an NIH-funded trial of vagus nerve stimulation for treatment-resistant, widespread, nonmalignant pain.***