

I have one additional thought and that is in keeping with the pain management literature with "add on" treatments. In particular, I have had some anecdotal success with topamax as an add on to Neurontin. I enclose a paradigm that I created summarizing a recent audiotape on pain management:

#### Treatment of Neuropathic Pain

" Peripheral desensitization, affecting Sodium Channel:

- o Topamax
- o Lamictal
- o Trileptal
- o TCA
- o Dilantin
- o Tegretol
- o Mexitil

" Central desensitization, affecting Calcium Channel

- o NMP type
- " Neurontin
- " Tegretol
- " Lamictal
- " Kepra
- o Inhibit MDA receptor
- " Ketamine
- " Dextromethorphan
- " Methadone

" Enhance Descending Inhibitory Pathways

- o Inhibit reuptake biogenic amines
- " TCA (norepi)
- " Tertiary amines
- o Amitriptyline
- o ?clomipramine
- " secondary amines
- o nortriptyline
- o desipramine
- " SSRIs (serotonin)
- " Effexor (norepi/serotonin/dopamine)
- o Opioid receptors
- " Ultram

" Nonspecific effects on pain

- o Capsaicin (affecting substance p)
- o NSAIDS/Cox II inhibitors
- o Levodopa

Samuel Shor, MD, FACP  
Associate Clinical Professor  
George Washington University  
Health Care Sciences

<A HREF="<mailto:SShor@Intmednova.com>">SShor@Intmednova.com</A>