

Pregabalin in Postherpetic Neuralgia A Viewpoint by Rainer Sabatowski

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The incidence of postherpetic neuralgia (PHN), one of the most feared complications of herpes zoster, is forecast to rise as the population ages. Traditional treatments include tricyclic antidepressants, anticonvulsants, opioids and topical agents, such as capsaicin and local anaesthetics. However, use of these agents is often limited by systemic adverse events, and only a subset of patients have pain treatable with topical agents. Among the difficulties inherent to treating the neuropathic pain of PHN is maintaining the balance between clinical efficacy, tolerability and ease of use. Pregabalin appears to represent a compound that may better achieve this balance compared with existing agents.

At dosages of 150–600 mg/day, pregabalin demonstrated significant efficacy for improving pain, pain-related sleep interference and other patient-reported outcomes. It has been well tolerated in clinical trials, with relatively few discontinuations at-

tributable to adverse events. With a patient database of >10 000 individuals across multiple therapeutic areas, pregabalin has been shown to be safe, with transient adverse events typically mild-to-moderate in severity.

The pharmacological profile of pregabalin suggests it should be easier to use in clinical practice than many available therapies. It has a rapid onset of analgesic effect, which is particularly important to patients suffering from severe chronic pain. With its linear pharmacokinetics, pregabalin, unlike gabapentin, should not require potentially lengthy or complicated titration; moreover, clinicians should reasonably expect to observe enhanced efficacy with increasing dosage. Such a profile should contribute to the drug's ease of use for both patients and clinicians and to high degrees of patient compliance with therapy.

Available efficacy and tolerability data suggest that pregabalin is an important addition to commonly used PHN treatment regimens. Monotherapy might be used as a first-line treatment, or the drug might be used in combination with other agents. ▲