

Summary of trigeminal neuralgia and side effects of drugs used in its treatment review of literature

Maria Harriet Stack*

Medical Doctor, The Garden Penthouse, 10C The Ash Avenue, Killarney, Co Kerry, V93 Y223, Ireland

Review of current literature into trigeminal neuralgia type 2 also known as the suicide disease or symptomatic trigeminal neuralgia and problems with medical treatment. Trigeminal neuralgia is among the most painful and disabling of all medical conditions. The trigeminal nerve is the fifth cranial nerve and is the largest of the cranial nerves. The intensity of the pain in Trigeminal Neuralgia especially in Type 2 when the pain is constant is the worst known to man.

The correct treatment protocol must be applied in a given patient. It occurs in women slightly more than men, why this is not understood oestrogen could have a role, it occurs more frequently in patients over 50 and it has also been observed that the pain only occurs on one side of the face, more often the right rather than the left and again why the right side of the face is more often affected is not understood.

Trigeminal neuralgia occurs exclusively usually within one of the three trigeminal nerves three divisions, on one side of the face. Patient initially does not understand the pain pathway and may think it is a dental or sinus pain this can occur for many months and after between shuttled between a numbers of health care professionals the pain is determined to be neurological. Pain is sharp intense and stabbing constant and because of this the symptoms are extremely disabling. The diagnosis of TN is clinical is based solely on the patents medical history and symptoms.

It is now understood that normal pain management including opioids and benzodiazepines and some AEDs e.g. Topamax are not only ineffective against this disease but are harmful hence surgical treatment is now the preferred option. Many patients find that they become refractory to their medication over time. Requiring initially increasing doses eventually, the side effects of the medication become intolerable and they may have to stop and seek surgical options and there are now so many options, which were not readily available over a decade ago.

Trigeminal Neuralgia can occur after a nerve injury as in the case the unintentional damage by dentistry. Indeed it has been found that where patients report a higher than usual levels of pain after early phase trauma following dental or orofacial surgery they are at greater risk of developing TN especially of the type 2 variety.

The intensity of the pain can be physically and mentally incapacitating, as the pain can become constant the pain worsens as there are fewer and shorter pain free intervals. The pain free intervals finally disappear and the medication to control the pain becomes less effective. Due to the intensity of the pain the patient avoids daily and social activity require more and more rest and becomes reclusive. Because of the intensity of the pain and its prolonged duration over time the pain itself can cause profound psychological effects such as depression and anxiety [1-3].

Why are standard drug treatments for trigeminal neuralgia deemed to be harmful?

Research into patients with trigeminal neuralgia reveals that patients with this condition are prone to mood swings because of the severe burden of pain especially with symptoms of prolonged duration. Research has also revealed that opioids and in particular benzodiazepines can, in some patients after long term use, cause significant impaired cognitive abilities, memory problems and mood swings. When this becomes superimposed on the already compromised patient, the risk, benefit ratio of medical management eventually becomes unfavorable. It takes least 6 months after cessation of these drugs for behavioral patterns to return to normal.

This drug can cause perceptual disturbances and depersonalization in some patients. Disinhibition and amnesia are well-documented side effects of benzodiazepines. Standard pain medication and in particular the benzodiazepines can lead the patient to be confrontational and impulsive and therefore damage the professional reputation of the patient in a social or work setting, if their condition is not clearly understood. This on top of the severe pain that the patient is coping with makes things terribly difficult for the patient on all fronts [4-6].

Dr. Scott Strassels [7] from the American College of Pharmacy has recently written that chronic pain itself causes harmful side effects and can affect concentration mental clarity, temperament and behavior just as profoundly as any drug.

Non invasive surgical and surgical options must be pursued. Micro vascular decompression is a surgical procedure showing good results, percutaneous procedure e.g. percutaneous retrogasserian glycerol rhizotomy is another option and of course radiation therapy gamma knife surgery also shows good results. Ninety percent of patients are pain free immediately or soon after any if these procedures.

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Correspondence to: Maria Harriet Stack, Medical Doctor, The Garden Penthouse, 10C The Ash Avenue, Killarney, Co Kerry, V93 Y223, Ireland, Tel: 00353-87-9728088; E-mail: dr.maria.harriet.stack@gmail.com

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