

Pain: Current Pharmacologic Treatments

First-line treatments

- Ongoing central neuropathic pain
 - **Gabapentin** and **pregabalin**
 - Antidepressants: **SNRIs** and **TCAs**
- Trigeminal neuralgia and other paroxysmal pain
 - Sodium channel blockers **carbamazepine** and **oxcarbazepine**
 - Poor tolerance due to side effects
- Based on research in general population and limited number of studies in MS population

Nabiximols and MS-Related Pain

- Mixed results in studies of spasticity-related pain, central neuropathic pain, or overall pain experience, in patients with MS¹
- American Academy of Neurology (AAN) summarized evidence as suggesting that nabiximols is “probably effective for treating MS-related pain or painful spasms”
 - AAN does not recommend the use of any cannabis products for neurologic conditions, except for FDA-approved cannabidiol for limited use in certain rare diseases³

Pain: Nonpharmacolog Treatment Options

A recent meta-analysis of controlled trials identified multiple nonpharmacologic treatments significantly associated with reduced pain in MS population

Mind-Body Therapies

Cognitive behavioral therapy

Hypnosis

Mindfulness-based interventions

Localized Therapies

Transcranial direct current stimulation

Transcranial random noise stimulation

Reflexology

Massage