



TRIGEMINAL NEURALGIA

This fact sheet may help you understand which treatments are most effective for trigeminal neuralgia.

Neurologists from the American Academy of Neurology are doctors who identify and treat diseases of the brain and nervous system. The following evidence-based information* is provided by experts who carefully reviewed all available scientific studies on diagnosis and treatment of trigeminal neuralgia.

What is trigeminal neuralgia?

Trigeminal neuralgia is a painful condition. It affects one of the nerves in the head. The pain can happen suddenly. It causes shock-like, burning, extreme pain. The pain can last a few seconds or as long as two minutes on one side of the face. The pain can come at any time, happen again, and then disappear. It is common for the pain to return.

There are two types of trigeminal neuralgia. They are symptomatic and classic. Symptomatic trigeminal neuralgia is less common. It is diagnosed when there is a problem affecting the trigeminal nerve. This could be a tumor or a plaque from multiple sclerosis. More common is classic trigeminal neuralgia. This is when the cause of the pain is unknown and there are no other neurologic problems.

What triggers the pain?

The pain can be set off by vibration or contact with the cheek. It often occurs when brushing teeth, applying makeup, exposure to the wind, or eating. Some people feel a constant and aching pain a few days before an attack.

How can my neurologist tell if my pain is from trigeminal neuralgia? What if it is a toothache?

The pain of trigeminal neuralgia is unique. It is usually quite different from a toothache. You can carefully describe the location of the pain, how long it lasts, and how sharp the pain is. This will help your neurologist to make the diagnosis.

Once the diagnosis is made, it might be recommended that you have an MRI scan of your head. This will see if you have symptomatic trigeminal neuralgia.

Good evidence shows that doctors who work in an electrophysiological laboratory can see whether you suffer from symptomatic or classic trigeminal neuralgia.

Can I take medication to treat my pain?

Strong evidence supports that carbamazepine can treat your pain. If you are prescribed this drug, talk to your doctor if you have any side effects. These include allergic reaction, chest pain, tingling in your hands or feet, shortness of breath, blurred vision, or severe nausea or vomiting.

There is good evidence that oxcarbazepine also can effectively treat your pain. It might have fewer side effects than carbamazepine. You also can consider baclofen and lamotrigine to treat the pain, although the evidence of the effectiveness of these medications is weak. Good evidence suggests that topical ophthalmic anesthesia should not be used to treat pain.

Most of the studies for treating trigeminal neuralgia have involved people with classic trigeminal neuralgia. There is a lack of evidence on treating symptomatic trigeminal neuralgia. There is also little evidence on treatment with intravenous medications.

Is surgery right for me?

If you continue to have severe pain despite trying one or two drugs, surgery is a reasonable alternative. However, the evidence supporting the effectiveness of surgery is weak. If the best drugs (carbamazepine, oxcarbazepine) do not work, the decision to try other drugs or to have surgery is a personal choice you should discuss with your physician.

*After the experts review all of the published research studies, they describe the strength of the evidence supporting each recommendation:

Strong evidence = more than one high-quality scientific study

Good evidence = at least one high-quality scientific study or two or more studies of a lesser quality

Weak evidence = the studies, while supportive, are weak in design or strength of the findings

Not enough evidence = either different studies have come to conflicting results or there are no studies of reasonable quality

This is an educational service of the American Academy of Neurology (AAN). It is designed to provide members with evidence-based guideline recommendations to assist with decision-making in patient care. It is based on an assessment of current scientific and clinical information and is not intended to exclude any reasonable alternative methodologies. The AAN recognizes that specific patient care decisions are the prerogative of the patient and the physicians caring for the patient, based on the circumstances involved. Physicians are encouraged to carefully review the full AAN guidelines so they understand all recommendations associated with care of their patients.

©2008 American Academy of Neurology

Copies of this summary and additional companion tools are available at www.aan.com or through AAN Member Services at (800) 879-1960.



1080 Montreal Avenue • St. Paul, MN 55116
www.aan.com • www.thebrainmatters.org
(651) 695-1940