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### Mononeuritis Multiplex: Follow-up

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**Contributor Information and Disclosures**

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#### Follow-up

##### Further Inpatient Care

- Inpatient care for patients with mononeuritis multiplex should be directed as appropriate toward the treatment of the primary disease.

##### Further Outpatient Care

- The patient should follow up with the primary physician for underlying disorders (eg, diabetes).
- The patient should follow up with the primary physician or with the rehabilitation physician for pain medications and/or monitoring of laboratory tests.

##### Inpatient & Outpatient Medications

- Over-the-counter analgesics are used for pain control in patients with mononeuritis multiplex.
- Prescription pain medications—The author of this article searched the literature for treatment of neuropathic pain; the search returned 925 possible references, none of which advocated the use of opioid medication for neuropathic pain, either short-term or long-term.
- Various other medications may be used to reduce dysesthetic pain, which typically is a stabbing burning pain.
  - Traditional medical models for treating chronic and neuropathic pain are based on the use of tricyclic antidepressants (eg, amitriptyline, nortriptyline, desipramine). When appropriate, anticonvulsant drugs have been used to treat lancinating pain. Gabapentin, phenytoin, and carbamazepine most often are used as the drugs of choice. Valproate is used occasionally.
  - Advances in understanding of the pathophysiology of acute and chronic pain states may lead to newer, more effective pharmacologic approaches to treatment. The clinician must integrate symptoms, signs, and clinical evaluation when considering the treatment of neuropathic pain.
  - More effective and safer antiepileptic drugs have continued to benefit patients with conditions of chronic pain. Neurotransmitters such as serotonin, glutamate, substance P, CGRP, and GABA are the targets of research and development of pharmacologic therapies for acute and chronic pain. In addition, sodium activity and calcium activity play important roles in the pathology and treatment of these chronic medical problems.
  - Medications that increase gastric motility (eg, Reglan) may be administered. Gastric motility also may be increased by eating small frequent meals and by sleeping with the head elevated.
- Medications for bladder dysfunction — include bethanechol and oxybutynin.

##### Complications

- Recurrent or unnoticed injury to any part of the body
- Deformity
- Atrophy

#### Overview

##### Differential Diagnoses & Workup

##### Treatment & Medication

##### Follow-up

##### References

##### Keywords

##### Further Reading

#### INFORMATION FROM INDUSTRY

Time to pain improvement in DPNP  
[View clinical study data](#)

#### RELATED EMEDICINE ARTICLES

- Churg-Strauss Syndrome (Rheumatology)
- Early Symptomatic HIV Infection (Infectious Diseases)
- Diabetic Neuropathy (Neurology)

#### RELATED MEDSCAPE ARTICLES

##### Articles

- Vasculitis in Rheumatoid Arthritis
- Relationship Between Cryoglobulinemia-associated Nephritis and HCV Infection
- Multiple Cranial Neuropathies

- Disturbances of organ functions that are autonomically controlled (eg, cardiac, gastric, bladder)
- Decreased self-esteem and decreased social interaction due to an inability to participate in activities because of pain or incoordination
- Relationship problems associated with impotence

**Prognosis**

- Recovery typically is the course, and it may take months to years. The same syndrome has a tendency to recur after an interval of months or years.

**Patient Education**

- If the causative factor for a patient's mononeuritis multiplex is discovered, education is directed toward avoidance of the initiating cause or pathogen. Additionally, recognition of early symptomology should be encouraged so that early treatment can be sought.
- Persons with 1 occurrence of mononeuritis multiplex are more prone to a recurrence.
- Persons with decreased sensation should be instructed to frequently check their feet or other affected areas for bruises, cuts, wounds, or other injuries. Also, patients who are insensate or incapacitated should be instructed to avoid prolonged pressure on various points on the body (eg, knees, elbows, sacrum) so as to avoid the development of pressure sores or ulcers.
- Safety awareness instruction is important to these patients because of their impaired sensation and decreased ability to compensate for limitations. The patient should be instructed to assure there is always adequate lighting, to test the water temperature before bathing or immersing body parts, and to wear protective shoes (no open toes or high heels).

**Miscellaneous**

**Medicolegal Pitfalls**

- The main potential medicolegal pitfall associated with treating patients with mononeuritis multiplex stems from not obtaining a complete history and physical examination, thus allowing the main underlying disease process to go undetected/undiagnosed. As mentioned previously, not initiating early treatment for vasculitis could result in death. Legal consequences could arise should one not recognize an early viral infection or the symptomology of HIV, thus leading to delayed treatment.
- Additional medicolegal liability may arise from not fully informing patients of potential adverse side effects of medications.
- The physician and the patient should have the understanding that the nerve pain may be persistent for an extended period and may require ongoing treatment, with possible referral to a comprehensive pain treatment center. Both must have realistic expectations.

**More on Mononeuritis Multiplex**

- Overview: Mononeuritis Multiplex
- Differential Diagnoses & Workup: Mononeuritis Multiplex
- Treatment & Medication: Mononeuritis Multiplex
- ▶ Follow-up: Mononeuritis Multiplex

**References**

**Further Reading**

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**Cymbalta**  
duloxetine HCl  
CAPSULES  
Cymbalta is indicated in adults for the management of diabetic peripheral neuropathic pain (DPNP).

Prescribing Information | Medication Guide

**Pain improvement as early as week 1 in some patients with DPNP**

Review the data



The risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric

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