

## Discontinuation Criterion of Pharmacological Therapy in Neuropathic Pain and/or Fibromyalgia

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### OPINION PIECE

Pharmacological treatment for neuropathic pain is completely different from that for nociceptive pain. Effective medicine and significance of pharmacological treatment are different between the two pains.

Pain itself is an invasion such as infection. Based on the theory of central sensitization [1], all kinds of long-term pain cause central sensitization that is responsible for new pain. Therefore, pharmacological treatment of pain is beneficial even if it sometimes causes adverse effects. However, in the case of nociceptive pain, pharmacological treatment often alleviates pain, resulting in reduce motivation of weight reduction or rest [2]. Ultimately, it causes destruction of the living body, resulting in artificial joint replacement, stress fracture, etc [2]. I am afraid that pharmacological treatment for nociceptive pain is sometimes harmful. In the case of neuropathic pain, the situation does not occur.

In the case of nociceptive pain, the medication is discontinued usually immediately after the pain is alleviated. In the case of neuropathic pain, the proper timing of the discontinuation of the medication is unclear. There is a guideline of pharmacological therapy for neuropathic pain and/or fibromyalgia [3]. The guideline is an initiation guideline of the pharmacological therapy. In clinical practice, both the initiation criterion of the pharmacological therapy and the discontinuation criterion of the pharmacological therapy are necessary. In the case of neuropathic pain and/or fibromyalgia, pharmacological therapy is usually necessary for life. The discontinuation criterion of the pharmacological therapy has not been clearly defined. Each physician personally decides the discontinuation criterion. The situation causes a disadvantage to patients.

The discontinuation criterion includes two factors. One is a criterion of who can stop pharmacological therapy. The other one is the duration of the pharmacological therapy. I personally devised the following discontinuation criterion in neuropathic pain and/or fibromyalgia based on my experience: Pain is less than 30% of that on the first visit for more than 12 months and there is little fluctuation of pain due to changes in the weather conditions and menstrual cycle. Pain is estimated with the following interview: "If pain at the first visit is 100, what percentage is the current pain?" The criterion is based on my experience. Naturally, the medicine is decreased gradually. At this time, the medication is discontinued when pain-free condition or mild pain condition persists for more than 12 months. The duration has been extended or

shortened based on my experience. Some patients who stopped going to the hospital for several months because of improvement of pain may have no recurrence of pain. Conversely, some patients who met my discontinuation criterion had recurrence of pain. Even if the discontinuation criterion is based on personal experience, the criterion is essential in clinical practice, for example, for explanation to patients [4]. I hope that scientific organizations will publish the discontinuation criterion in neuropathic pain and/or fibromyalgia. If artificial intelligence analyses big data, the discontinuation criterion may be established. Before scientific organizations publish the discontinuation criterion, a tentative discontinuation criterion is necessary. I hope that physicians who have the personal discontinuation criterion of pharmacological therapy in neuropathic pain and/or fibromyalgia inform me of it. I would like to report the tentative discontinuation criterion based on those in the future.

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