Answers That Matter.

Understanding Diabetic Nerve Pain
FACT SHEET

OVERVIEW: Diabetic nerve pain (DNP) is caused by nerve damage from diabetes and can only be diagnosed after careful clinical examination.[1] DNP is usually seen in the feet and legs and, less often, in the hands and arms. It can affect people with type I or type 2 diabetes, but no one knows yet what specifically causes the nerve damage.[1]

INCIDENCE: Diabetic nerve pain is a common disorder.[1] It is estimated that 20% to 24% of people with diabetes are affected by DNP.[2] It is also estimated that 10% to 20% of patients with DNP have pain severe enough to require treatment.[3]

DIAGNOSIS: The diagnosis of DNP can only be made by a healthcare provider.[1] Your healthcare provider may complete a history and physical examination along with questions about your symptoms. He or she may include some other assessments of nerve function such as: pain sensation, temperature and vibration perception, pressure sensation, and ankle reflexes.[1]

BURDEN OF ILLNESS: People with diabetes can develop nerve problems at any time, but risk appears to increase with age and longer duration of the condition.[4] Having high blood sugar (glucose) levels over time is likely to be involved.[4] People who have had problems controlling their blood sugar levels, have high blood pressure, are overweight, or have had diabetes for many years may also have a greater risk of developing diabetes-related nerve damage[4,5]

SYMPTOMS: Diabetic nerve pain has been described by some patients as constant or that it comes and goes. Everyday things that come into contact with the painful area may cause pain, such as bedsheets or socks that touch their feet. DNP has been described as aching, burning pain, shooting pain, stabbing pain, throbbing pain and nonpainful symptoms can include numbness, tingling, and muscle weakness.[3] Patients may find it difficult to describe the symptoms because they can be different from other types of pain the patients have previously experienced. [6]

TREATMENT: There are effective medication options to help manage the pain of DNP or non-medicinal treatments, such as acupuncture.[4] Some research has shown that additional nerve damage may be prevented through improved control of blood sugar.[4] Your healthcare provider may suggest other measures to improve overall health such as maintaining a healthy diet, exercising, lowering blood pressure, lowering cholesterol, avoiding smoking, and reducing alcohol consumption.[4]

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[1] Boulton AJ, et al. Diabetic Neuropathies . *Diabetes Care*: 2005;28:956-952.
[2] Schmader, Kenneth E., "Epidemiology and Impact on Quality of Life of Postherpetic Neuralgia and Painful Diabetic Neuropathy." The Clinical Journal of Pain, Vol. 18, No. 6. 2002.
[3] Boulton AJ et al. Diabetic Somatic Neuropathies. *Diabetes Care*: 2004; 27: 1458-1486.
[4] Mayo Clinic. "Diabetic Neuropathy." Available at http://www.mayoclinic.com/health/diabetic-neuropathy/DS01045. Accessed on June 23, 2009.
[5] National Diabetes Information Clearinghouse (NDIC), "Diabetic Neuropathies: The Nerve Damage of Diabetes." Available at: http://diabetes.niddk.nih.gov/dm/pubs/neuropathies. Accessed on May 13, 2009.
[6] Boulton, Andrew J.M., et. al. "Management of Diabetic Peripheral Neuropathy." Clinical Diabetes, Vol. 23, Num. 1. Nov. 1, 2005.

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