



Chemotherapy Induced Painful Peripheral Neuropathy: A Treatment Option

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PROBLEM

Inadequate Treatment of Chemotherapy Induced Painful Peripheral Neuropathy (CIPPN)

Abnormal Sensory Function	Pain	Loss of Motor Function
<ul style="list-style-type: none"> Numbness Tingling Altered Touch Sensation Paresthesia 	<ul style="list-style-type: none"> Stabbing Shooting Burning Electric Shock Allodynia Hyperalgesia 	<ul style="list-style-type: none"> Lack of Coordination Muscle Weakness Falls

CIPPN & Cancer Survivors



PLAN

10 Day Reflective Practice Log

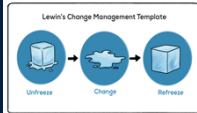
- Oncology patients, ages 21-80, with CIPPN
- Duloxetine 30-60mg Daily
- Tramadol and Physical Therapy
- Decreased CIPPN
- 7 Weeks

Review of Literature

- American Society of Clinical Oncology (ASCO) 2020 Guidelines
 - Duloxetine is **Only** Recommended Treatment for CIPPN
- Meta-analysis showed CIPPN Improvement with Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)

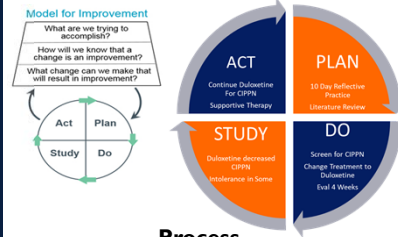
IMPLEMENTATION

Nursing Theory



- Unfreeze Use of Tramadol / Gabapentin / Physical Therapy
- Change Treatment to Duloxetine
- Refreeze Use of Duloxetine in Practice

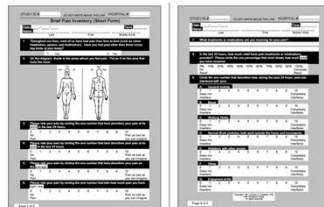
Change Model



Process



Pain Form - BPI-SF

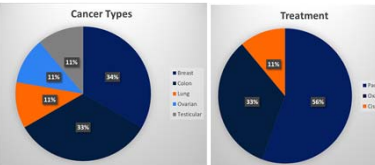
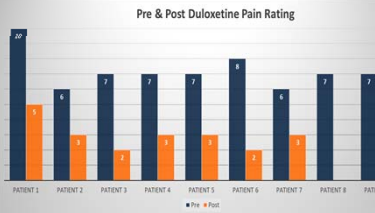


RESULTS

9 Patients
2 male 7 female
52.2 years
Hispanic

Tramadol / Gabapentin / Physical Therapy
No Previous Neuropathy

- 100% Reported Decrease in Pain
- Initial Mean Pain Rating 7.25/10 on BPI-SF
- Highest Pain Rating 10/10
- Lowest Pain Rating 3/10
- Post Duloxetine Mean Pain Rating 3.125
- 4.124 Point Mean Pain Reduction



DISCUSSION

- Initiate Treatment Early
- Evaluate at 5 weeks
- Oxaliplatin & Paclitaxel
- Medication Acquisition & Adherence
- Supportive Therapy
- BPI-SF

Limitations

- COVID-19
- Project Time Frame
- Variances in Follow up

CONCLUSION

- Continued Use of Duloxetine for CIPPN
- Improve Physical Activity and Health
- Improve Mental Health
- Improve Overall Wellbeing

References

