



## Support Group Leader Training – Section 2-Lesson 4

### Subject: Medication – Other

#### Trigeminal Neuralgia Treatments and Medications

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Anyone who has lived through a root canal knows there are few experiences more excruciating than facial pain. People with trigeminal neuralgia—damage to the nerve that communicates facial sensations to the brain—live with the constant threat of brief, stabbing facial pain that can strike anytime. Fortunately, healthcare professionals have an arsenal of medications and surgical techniques that can reduce or eliminate pain for many patients, making a normal life possible.

#### Trigeminal neuralgia medications

There are only three “proven” drugs used to treat trigeminal neuralgia: [carbamazepine](#), [oxcarbazepine](#), and [baclofen](#). They do not work for everyone, and many patients may not be able to endure the side effects. If that happens, a neurologist may prescribe other drugs that have worked in some patients. Except for carbamazepine, all are prescribed off-label, and doses can vary greatly from patient to patient.

### Anticonvulsants

The only drug solidly proven to provide pain relief for trigeminal neuralgia is carbamazepine, an anti-epileptic drug (AED) normally prescribed to patients who have seizures. Also called anticonvulsants, drugs like carbamazepine prevent seizures by blocking repetitive excitatory electrical signals that travel down the length of nerves. Carbamazepine, however, can produce serious side effects and may gradually lose effectiveness over time. A neurologist may then prescribe a similar anticonvulsant called oxcarbazepine. Other anticonvulsants, such as [lamotrigine](#), [topiramate](#), or [valproic acid](#), may also be tried if first-line therapy doesn't work.

For trigeminal neuralgia, [gabapentin](#), and [pregabalin](#), drugs commonly prescribed for nerve pain, are often the second-line therapy of choice. They can provide effective pain relief with fewer side effects than other anticonvulsants. As a last resort, a neurologist may prescribe [clonazepam](#), an anticonvulsant that works much the same way as gabapentin. It can control trigeminal nerve pain in some patients but has serious side effects including sedation and dependence.

The problem with anticonvulsants is that they have to be swallowed, but some patients may be in too much pain to swallow a pill. In those cases, a neurologist or emergency room physician may use intravenous anticonvulsants such as [phenytoin](#), fosphenytoin, or [levetiracetam](#) to provide immediate pain relief.

### Baclofen

Baclofen is a skeletal muscle relaxant that is primarily used to treat moderate to severe back pain. However, it doesn't relieve trigeminal neuralgia as a muscle relaxant. Instead, baclofen reduces a chemical, called Substance P, in the central nervous system that's essential to transmitting pain signals. Baclofen is a proven therapy for trigeminal neuralgia, but other muscle relaxants are not. It is often prescribed to enhance the effects of carbamazepine to allow for lower doses and fewer side effects.

### Botulinum toxin injection

Botulinum toxin A, better known as Botox, paralyzes nerves. A small amount is injected near the roots of the upper jaw and lower jaw branches of the trigeminal nerve. The goal is to neutralize the pain fibers while preserving the other nerve fibers. Studies have shown that most people with trigeminal neuralgia experience significant pain relief for weeks or months after a botulinum toxin injection, so some neurologists will use it as an alternative to surgery.

### Other medications

Aside from carbamazepine, oxcarbazepine, and baclofen, the American Academy of Neurology (AAN) considers all other trigeminal treatments as “unproven.” To avoid surgery, neurologists may try additional classes of drugs including antidepressants ([sumatriptan](#) or [amitriptyline](#)) and anaesthetics ([capsaicin](#)).

### What is the best medication for trigeminal neuralgia?

While only a few drugs are proven effective for trigeminal neuralgia, neurologists rely on a number of drugs because not all medications work for everyone. Patients may need to try several different medications, so there is no “best” medication for trigeminal neuralgia.

#### Best medications for trigeminal neuralgia

Drug Name	Drug Class	Administration Route	Standard Dosage	Common Side Effects
<a href="#">Tegretol</a> ( <a href="#">carbamazepine</a> )	Anticonvulsant	Oral	100mg to 200mg twice daily and titrated to effect with a maximum total dose of 1200mg per day in divided doses	Sedation, dizziness, nausea
<a href="#">Trileptal</a> ( <a href="#">oxcarbazepine</a> )	Anticonvulsant	Oral	150mg twice daily titrated to effect with a maximum total dose of 1800mg per day in divided doses	Dizziness, sleepiness, fatigue
<a href="#">Lioresal</a> ( <a href="#">baclofen</a> )	Muscle relaxant	Oral	10mg once daily titrated to effect with a maximum total dose of 80mg per day in three to four divided dose	Drowsiness, dizziness, weakness
<a href="#">Lamictal</a> ( <a href="#">lamotrigine</a> )	Anticonvulsant	Oral	25mg twice daily titrated to effect with a maximum total dose of 400mg per day in 2 divided doses	Dizziness, headache, double vision

<a href="#">Dilantin (phenytoin)</a>	Anticonvulsant	Intravenous infusion	Dosing dependent upon weight	Injection site reactions, dizziness, drowsiness
<a href="#">Neurontin (gabapentin)</a>	Anticonvulsant	Oral	300mg once daily titrated to effect with a maximum daily dose of 1800mg per day	Headache, eye problems, coordination problems
<a href="#">Botox</a> (botulinum toxin A)	Neurotoxin	Injection	25 to 75 units (varies)	Pain, temporary facial imbalance, temporary swelling
<i>Please complete the Knowledge Test – Medication – Other Quiz 4 - before moving to the next training file</i>				