

DIABETIC NEUROPATHY	
Overview	Diagnosis classically made by positive symmetrical distal extremity paresthesia, numbness, pain, and history of diabetes with decreased sensation and/or foot ulcer on exam. Other diabetic neuropathic patterns include radicular or other large dysfunction/pain
Lifestyle/Conservative	Weight bearing activity may help patient increase distance able to walk
	Tight glycemic control can mitigate progression of diabetic neuropathy
	Remain vigilant for foot ulcers through annual foot exams; avoid concentrated weight bearing (e.g., encourage patient to wear cushion heels if supine in bed).
Psychological	CBT may help decrease pain severity
Pharmacologic	Treat associated pain: First-line treatments include pregabalin, gabapentin, duloxetine, amitriptyline, venlafaxine
	Treat associated pain: Second-line treatments include sodium valproate, tramadol. Opioids (tapentadol) third-line// Caution when considering opioids for potentially open-ended course of therapy: opioid side effects such as constipation may exacerbate underlying diabetic symptoms, e.g., gastropathy
	Consider topical therapy at any time, including lidocaine or topical capsaicin
Physical Measures	Peripheral nerve stimulation, i.e. transcutaneous or percutaneous, may have short-term benefit for pain (Mod strength, Mod evidence for TENS and PENS)
KEY	Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk
	Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy
	Benefits do not outweigh the harms, evidence suggests poorer outcomes

Information was gathered from Dynamed accessed via Tufts