

Peripheral Neuropathy

What is peripheral neuropathy?

Peripheral neuropathy is the term used to describe damage to the nerves that make up the peripheral nervous system. In myeloma the nerves that are most commonly affected are those of the hands and feet.

The peripheral nervous system

Your nervous system is made up of two parts:

- The central nervous system (CNS) which consists of the brain and the spinal cord.
- The peripheral nervous system (PNS) which consists of all the nerves outside the brain and spinal cord. The peripheral nervous system includes nerves in your face, arms, legs, chest, and some nerves in your skull.

The nerves act as communicators within the body and are made up of lots of specialised cells called neurons. These neurons pass on information about sensations and movement via electrical impulses.

There are several types of neurons:

- Motor neurons - transmit impulses from the brain to the muscles throughout the body. In response to these impulses muscles contract to cause movement.
- Sensory neurons - found within the peripheral nervous system, these transmit impulses to the brain from all around the body. Sensory neurons enable you to feel sensations such as pain and touch, as well as sensing where your body is in relation to your surroundings.

When the nerves within the peripheral nervous system become damaged the messages that they carry, between the brain and the rest of the body, can become distorted or interrupted. This is what occurs in peripheral neuropathy causing varying symptoms such as altered sensation, tingling, numbness or pain (referred to as neuropathic pain).

What causes peripheral neuropathy in myeloma?

The causes of peripheral neuropathy in myeloma are varied. They can include:

- Treatments such as thalidomide, VELCADE® (bortezomib) and vincristine (part of the VAD chemotherapy regime), which can all damage the nerve cells, particularly when given in high doses. If you have previously received one of these treatments then you may be at greater risk of neuropathy occurring with another treatment.

- The paraprotein produced by the myeloma cells, which can be deposited on nerve tissue and damage the nerve cells. High levels of paraprotein can also lead to thickening of the blood, called hyperviscosity. This may reduce the circulation of the blood and can also lead to the symptoms of peripheral neuropathy.
- Shingles (a common viral infection), which can cause neuropathic pain and changes in the sensation of the affected area(s).
- Kidney failure, AL amyloidosis or a previous diagnosis of MGUS.
- Diabetes, vitamin deficiency and a history of high alcohol consumption may also contribute to the symptoms of peripheral neuropathy.

What are the symptoms of peripheral neuropathy?

The symptoms of peripheral neuropathy can vary from person to person and will depend on which nerves are affected. In myeloma, the hands and feet are the most commonly affected areas.

Common symptoms include:

- **Pain** – this can vary in intensity and is often described as 'sharp', 'burning', or 'jabbing'.
- **'Pins and needles'** – you may notice a tingling sensation which can start in your toes or the balls of your feet and travel up your legs. This sensation may also start in your fingers and work its way up your hands and arms.
- **Unusual sensations or an increased sensitivity to touch** – often even the slightest touch can cause extreme discomfort. This is frequently worse at night time.
- **Altered sensation** – such as a feeling of pain or heat when touching something cold.
- **Numbness** – in the hands and / or feet.
- **Muscle cramps, weakness and tremor** – which can interfere with your ability to perform everyday tasks.
- **Lack of co-ordination and / or sense of position** – it may sometimes seem that your body is not doing what you want it to do. You may also find your sense of where things are in your surroundings can become distorted.
- **Loss of dexterity** – performing simple tasks that require intricate movements of the fingers and hands, such as doing up buttons, may become more difficult.

Symptoms of peripheral neuropathy often start off gradually but can become more troublesome over time. Therefore, it is extremely important that you inform your doctor or nurse as soon as you start to experience any of the above symptoms. Peripheral neuropathy is often more manageable if diagnosed early.

What are the treatments for peripheral neuropathy?

At present, research has not yet identified a way of treating or reducing peripheral neuropathy. The key to its management lies in eliminating or reducing the cause, whilst treating the symptoms that occur. If the cause of the peripheral neuropathy is related to the myeloma itself, then improvement may occur with treatment for myeloma.

If peripheral neuropathy is caused by treatment, lowering the dose of the drug thought to be responsible, or discontinuing it for a period of time, may alleviate symptoms. This does not always lead to an immediate reduction in symptoms. Sometimes it will be necessary to stop the treatment permanently in order to prevent long-term damage.

Stopping treatment can be very difficult to accept, especially if the treatment it is working well against your myeloma. It is therefore essential to discuss fully, with your doctor or nurse, what other treatment options are available to you.

As there is no standard treatment for peripheral neuropathy, an individual approach is necessary to try to control the symptoms.

This can include:

Pain relieving medications

Neuropathic pain caused by peripheral neuropathy may respond best to:

- Anti-depressant drugs (such as amitriptyline)
- Anti-epileptic drugs (such as gabapentin or carbamazepine)

Other treatments

A range of other treatments may help relieve your symptoms including:

- Opioid drugs (such as codeine or morphine)
- Quinine tablets or drinking tonic water (which contains quinine) to help with cramps
- Local anaesthetic injections or patches (such as lignocaine) can be effective in blocking the pain from the damaged nerves
- Transcutaneous electrical nerve stimulation (TENS) machine can sometimes help reduce your level of pain by delivering tiny electrical impulses to specific nerve pathways through small electrodes placed on your skin

Complementary therapies

Acupuncture, reflexology and gentle massage may all help to relieve some of your symptoms.

Vitamin supplements

Supplements such as vitamin B complex, folic acid, magnesium and alpha-lipoic acid are sometimes considered helpful in managing the symptoms of neuropathy.

As there is no firm research to support the use of these therapies and supplements, it is essential to consult a qualified practitioner. You should also talk to your doctor to ensure that the treatments are safe to use and that they do not interact with any of your other treatments.

Relaxation techniques

Techniques such as meditation, visualization, relaxation or a combination of these can be helpful in reducing muscle tension, which may be contributing to your pain.

Some tips for self-management

There are many things that you can do to make living with peripheral neuropathy a bit easier.

These include:

- **Taking care of your hands and feet** – wear well fitting protective shoes; keep hands and feet warm
- **Using caution when getting into baths or showers** – check the temperature of the water first
- **Taking regular gentle exercise** – this will help to keep your muscles toned and will improve circulation

- **Stopping smoking** – ask your GP or practice nurse for advice and / or local support
- **Eating a well balanced diet** – try to eat a diet that includes all the essential vitamins and minerals
- **Avoiding falls** – try to reduce the risks in your own home by making sure hallways and stairs are well lit and free from clutter
- **Using aids to help with everyday tasks** – ask your doctor or nurse about getting aids and adaptations, such as hand rails, fitted in your home
- **Adopting good posture** – avoid sitting with legs crossed for long periods of time as this can put extra pressure on your nerves

The future

Doctors are currently looking at the best ways of using available treatments to try and reduce the risk of peripheral neuropathy where possible. Research is also taking place into new treatments for myeloma with fewer side-effects, such as the development of REVLIMID® (lenalidomide), a derivative of thalidomide.

As more is learnt about how to prevent, treat and manage peripheral neuropathy, it is hoped this side-effect will become less common and more manageable.

About this Infosheet

The information in this Infosheet is not meant to replace the advice of your medical team. They are the people to ask if you have questions about your individual situation. All Myeloma UK's publications are extensively reviewed by patients and healthcare professionals prior to publication.

Other information available from Myeloma UK

Myeloma UK has a range of Essential Guides, Infoguides and Infosheets available covering many areas of myeloma, its treatment and management. To order your free copies, contact the **Myeloma Infoline** on **0800 980 3332**. This information is also available 24/7 on our website at www.myeloma.org.uk

If you would like to talk to someone about any aspect of myeloma, its treatment and management, call the **Myeloma Infoline** on **0800 980 3332**. Your call will be answered by Myeloma Nurse Specialists who are supported by medical and scientific advisors. The Myeloma Infoline is open from Monday to Friday, 9am to 5pm, and is free to phone from anywhere in the UK. From outside the UK, call +44 131 557 3332 (charged at normal rate).

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