



# Getting Help for Peripheral Neuropathy

Some chemotherapy drugs can cause peripheral neuropathy (also called PN, neuropathy, or chemo-induced peripheral neuropathy or CIPN). This happens when there is damage to nerves that control sensations and movements of our arms, legs, hands, and feet.

It may not be possible to prevent CIPN, but it's important to talk to your health care team as soon as you notice any of these sensations in your hands or feet:

- Tingling (or a “pins and needles” feeling)
- Burning or warm feeling
- Numbness
- Weakness
- Discomfort or pain
- Decrease in ability to feel hot and cold
- Cramps (in your feet)

## What causes neuropathy in people with cancer?

Certain types of chemotherapy drugs can cause CIPN. When symptoms of CIPN happen and how severe they get depends on the dose of chemo and how often chemo is given.

It can also be caused or made worse by:

- Medical conditions (such as diabetes or vitamin deficiencies)
- Some types of radiation therapy
- Other drugs

## How bad can CIPN get?

It can happen any time after treatment starts. It often gets worse as treatments go on or if doses are increased.

## Tips to manage CIPN

So far, there's no sure way to prevent CIPN. It is a common problem for some people that may last for weeks, months, or even years after treatment is done. Here are some important things to know when you are living with CIPN:

- Clinical trials can help researchers find out more about what helps. Talk with your cancer care team if you are interested in finding a clinical trial.
- Your doctor may temporarily stop chemotherapy or adjust your chemotherapy dose if CIPN becomes too bothersome or serious.
- If you are taking pain medicines for CIPN, use them as your doctor prescribes them. Most pain medicines work best if they are taken before the pain gets bad.
- Prevent injuries and avoid things that seem to make your symptoms worse, such as touching hot or cold items with your bare hands and feet, or wearing clothes or shoes that are too snug.
- Don't drink alcohol. It can make CIPN worse.
- If you have diabetes, control your blood sugar to help prevent more damage to nerves.
- If you have CIPN in your hands, be very careful when using knives, scissors, box cutters, and other sharp objects. Use them only when you can give your full attention to your task.

- Protect your hands by wearing gloves when you clean, work outdoors, or do repairs.
- Talk to your doctor or nurse about the problems CIPN may be causing in daily life. They might be able to suggest ways to make you feel better or function better.

## Treatment

Treatment is mostly given to relieve the pain that can come with CIPN. Researchers are looking at which drugs work best to relieve this kind of pain. It may take more than one try or one type of treatment to find out what works best for you.

Some of the drugs and other treatments that may be ordered include:

- Physical therapy (PT) or occupational therapy (OT), if your CIPN is very bothersome or long-lasting. PT and OT therapists are experts in helping people lead more normal lives despite physical limits.
- Steroids, but only for a short time until a long-term treatment plan is in place
- Patches or creams of numbing medicine that can be put directly on the painful area (for example, lidocaine patches or capsaicin cream)
- Antidepressant medicines, often in smaller doses than are used to treat depression
- Anti-seizure medicines, which are used to help other types of nerve pain
- Opioids or narcotics, for when pain is severe

