

Managing Neuropathy Pain

Chemotherapy-induced peripheral neuropathy—pain, tingling, burning or numbness in the feet and hands—is common among cancer patients, but it can be managed.

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Pain is a common symptom of cancer and a frequent treatment side effect. In many cases, pain is acute, or temporary, but some people experience chronic pain that can continue even after treatment is completed. Pain can negatively affect quality of life, so pain management is an important part of any cancer treatment plan. (See “[Mind-Body Paths to Managing Cancer Pain](#).”)

Pain may be caused by cancer itself, or it may stem from surgery, radiation or medications. Some chemotherapy drugs can cause peripheral neuropathy, or damage to nerves that communicate with the brain and spinal cord. These include taxanes (such as paclitaxel), vinca alkaloids (such as vincristine) and platinum-based drugs (such as cisplatin). It can take months or years for neuropathy pain to improve after stopping treatment, and in some cases, nerve damage may be permanent.

Chemotherapy-induced peripheral neuropathy (CIPN) can lead to symptoms such as pain, burning, tingling (“pins and needles”), weakness or numbness in the hands or feet. Some people experience impaired strength, coordination and balance. People with sensory neuropathy may have reduced sensitivity to hot and cold temperatures. In some cases, pain can interfere with walking, holding objects and other activities of daily living. Unrelenting pain may also affect mood, leading to depression, anxiety or anger.

With few proven prevention strategies and limited treatment options, CIPN can be difficult to manage. In some cases, chemotherapy doses can be reduced or spaced further apart, or a drug may be stopped altogether to prevent further nerve damage, but this could compromise treatment effectiveness.

For some people, over-the-counter pain relievers may be sufficient, while others need stronger medications prescribed by a doctor. Certain antidepressants and antiseizure medications (such as gabapentin and pregabalin) may help improve neuropathy pain. The antidepressant duloxetine (Cymbalta) is the only drug with adequate supportive evidence, according to the American Society of Clinical Oncology. Topical treatments such as lidocaine or capsaicin, derived from chili peppers, may also be an option. Opioids are generally not recommended for neuropathy pain, but they may be used in severe cases.

Other approaches include application of heat or cold, electrical stimulation, acupuncture, acupressure, reflexology and massage. Medical cannabis may also relieve neuropathy pain.

Physical or occupational therapy and appropriate exercise can help improve strength and balance. Practical measures—such as wearing supportive shoes, installing handrails, removing loose rugs and using a cane—can prevent falls and injuries. Psychological counseling, meditation and relaxation techniques can help people cope with pain. It often takes time and trial and error to get pain under control.

Before starting cancer treatment, ask your care team what kinds of adverse effects you can expect. But remember, drugs affect people differently, and not everyone experiences the same side effects. It may be helpful to keep a pain diary, noting what the pain feels like (for example, burning or throbbing), how severe it is, when it occurs, how long it lasts and what brings relief. Tell your doctor or nurse as soon as you start to experience neuropathy pain—adjusting your treatment promptly may prevent permanent nerve damage.