



Stroke · Botox · Headache · Epilepsy · Neuropathy
Spine/Back Disorders · Alzheimer's/Parkinson's Disease

What is Peripheral Neuropathy?

Peripheral Neuropathy is a common neurological disorder resulting from damage/degeneration of the peripheral nerves (i.e. the nerves that leave the spinal cord and brain and travel to the limbs, trunk, and organs). Neuropathy can affect one (mononeuropathy) or multiple (polyneuropathy) nerves. It may be caused by diseases of the nerves or as the result of systemic illnesses. Many neuropathies have well-defined causes such as diabetes, uremia/kidney disease, AIDS, thyroid disease, or nutritional deficiencies. In fact, diabetes is one of the most common causes of peripheral neuropathy. Some neuropathies are hereditary while others can result from exposure to toxins such as heavy metals, drugs, or alcohol. Other forms of neuropathy can result from direct pressure on nerves due to entrapment, trauma, penetrating injuries, contusions, fracture, or dislocated bones. Pressure involving the superficial nerves can result from prolonged use of crutches or staying in one position for too long. Pressure from a tumor can occasionally cause loss of function in a nerve. One common example of entrapment neuropathy is carpal tunnel syndrome. Although the causes of peripheral neuropathy are diverse, they produce common symptoms including weakness, numbness, paresthesias (abnormal sensations such as burning, pins/needles sensations, or tingling) and pain in the arms, hands, legs and/or feet. The most common form of neuropathy tends to involve the toes, feet, and/or lower legs and usually is symmetrical. About 85% of “garden-variety” neuropathies have no specific identifiable (i.e. reversible) cause. However, 15% of cases have an identifiable cause. It is these cases which can be treated, halted, or reversed. Fortunately, most forms of generalized neuropathy do not lead to severe disability, but they do produce significant quality of life issues.

Is there any treatment?

Therapy for peripheral neuropathy differs depending on the cause. For example, therapy for peripheral neuropathy caused by diabetes involves control of the diabetes. Compressive neuropathy may require surgical decompression. Replacement of vitamins or thyroid hormone may be indicated. Carpal tunnel can be treated with splints, medications, carpal tunnel injections, and surgery. Some mononeuropathies require avoidance of direct pressure. Some acute neuropathies have specific treatments to speed recovery and improve prognosis. In forms of generalized neuropathy with no cause, there are medications to treat painful or uncomfortable **symptoms**.

What is the prognosis?

Most forms of neuropathy don't lead to severe disability. However, some forms can lead to muscle wasting and weakness. Pain and lack of sensation can be significant treatment issues. The ultimate prognosis depends upon the type of neuropathy. An accurate diagnosis is critical.

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