



Your Questions Answered

METHADONE FOR NEUROPATHY

Q I am taking methadone for my idiopathic neuropathy and am confused about accounts saying it gives people a “buzz,” which I’ve never experienced. Is there a misconception here?



DR. J. ROBINSON SINGLETON ADVISES:

A It’s relatively uncommon but certainly appropriate for people with neuropathy to take methadone as a supplement to other medicines if their neuropathic pain is uncontrolled. The mainstays of therapy are either tricyclic or antiepileptic drugs, which specifically target neuropathic pain, but sometimes people with neuropathic pain need an additional agent on top of those medicines. That’s when their doctor might choose methadone, which falls under a class of drugs known as opiates. The medicines in this class reduce pain perception by the brain but can also cause euphoria.

Generally, long-acting opiates like methadone have a less euphoric effect than short-acting opiates like morphine. For that reason, methadone is used for both long-term pain control and for helping people withdraw from heroin and other forms of opiate abuse. Since methadone has less of the euphoric effect while maintaining the pain-control effect, you might not experience a “buzz.” Also, to some degree, people may become tolerant to the euphoric effects of opiates just as they become tolerant to pain-reducing effects. So if you’ve been taking the drug for a while you may no longer experience a euphoric effect.

If you do experience a euphoric effect and find it disconcerting, it might make sense to gradually switch to a lower dose, which might be just as effective at controlling pain.

J. Robinson Singleton, M.D., is associate professor of Neurology at the University of Utah.

MULTIPLE SCLEROSIS PROGRESSION

Q How do physicians determine whether my MS will progress or not?



DR. AARON MILLER ADVISES:

A Multiple sclerosis is an extremely variable disease. No expert, especially early on in the disease, can reliably predict whether it will progress, and if so, at what rate and manner. We know that in the short term we can reduce flare-ups and progression of the disease in people who start treatment early. We don’t really have hard long-term data to back that up, but most experts, based on their experience, strongly believe that to be the case.

If a person has been doing well over the past five to 10 years, it’s highly likely he or she will continue to do well. Conversely, if a person has been progressing and continues to progress, it’s likely that this pattern will continue. Of course, there are always exceptions.

On the positive side, we believe that with current drugs—and almost certainly with better treatments coming down the road over the next few years—the number of people with MS who are going to end up with significant gait impairment is going to be substantially reduced.

Aaron Miller, M.D., is a professor of neurology at the Mount Sinai School of Medicine in New York City where he is also medical director of the Corinne Goldsmith Dickinson Center for Multiple Sclerosis.

MIGRAINE AND DEPRESSION

Q I've read that migraine and depression are sometimes linked. What's the best therapy for dealing with both conditions?



**DR. FRED
D. SHEFTELL
ADVISES:**

A Migraine is linked to both depression and anxiety disorders. In some studies, depressive disorders were four times as common in people with migraine compared to those without migraine. People with chronic daily headache are more than 50 percent likely to have diagnosable depression or an anxiety disorder.

First, it's important for a doctor to diagnose both your migraine and depression. Some drugs target both conditions, but you have to take high doses for an antidepressant effect. For example, you need at least 100 mg for the drug amitriptyline to work as an effective antidepressant, and some people have difficulty with the side effects at this dose. Other medications with fewer side effects may be effective for depression but less so for headache.

A better option might be treating the conditions separately. Either way, you can and have to treat both. In fact, the outcomes for headache are going to be much more robust if you identify and treat the accompanying depression.

Also, I think it's important to not rely only on drugs. Cognitive behavioral therapy, for example, can also target both depression and migraine. This form of therapy is based on the premise that one's thoughts and behaviors have a major influence on one's feelings. So saying "I'm never going to get better" or "I'm always going to be like this" will negatively impact your health, while positive thoughts will contribute to your improvement. Exercise is also a very good nonpharmacological therapy for both headache and chronic depression. It's important for you to play an active role in your illness; if you leave it up to your doctor to do something to make you feel better, the outcome won't be as good.

Fred D. Sheftell, M.D., is director and founder of the New England Center for Headache in Stamford, Conn.

EXERCISE FOR CARPAL TUNNEL

Q Will exercise help my carpal tunnel syndrome?



**DR. GARY
GRONSETH
ADVISES:**

A Some exercises help and some will probably hurt. Carpal tunnel syndrome occurs when the median nerve, which runs from the forearm into the hand, becomes pressed or squeezed at the wrist. Often it is caused by repetitive motion injuries that involve frequent bending or pounding of the wrist, so exercises that involve those movements could make the carpal tunnel syndrome worse. Hand grip exercises can also exacerbate the problem because they involve squeezing the hand, and this actually increases the pressure in the carpal tunnel.

Interestingly, there have been several studies that show that two kinds of exercises are beneficial. One type is the median nerve glide, which involves gentle bending and straightening of the fingers without bending or straightening of the wrist. This may help because it moves the median nerve and tendons that go through the carpal tunnel. This helps to relieve swelling and some of the pressure on the nerves because it pumps out fluid from the carpal tunnel.

The only other exercise that has shown to be effective is yoga. One randomized controlled trial showed that yoga (not a specific yoga exercise, just yoga in general) improved some carpal tunnel symptoms, including loss of function.



Gary Gronseth, M.D., is vice-chairman and associate professor of neurology at the University of Kansas Medical Center, and a member of the Neurology Now editorial board.

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