60 mg of duloxetine once or twice daily helps patients with diabetic peripheral neuropathy appear to reduce the severity of pain, the authors wrote.

The researchers pooled data from three double-blind, placebo-controlled trials of duloxetine in patients with diabetic peripheral neuropathic pain (DPNP). In the three studies, patients were randomized to receive 20 mg of duloxetine once daily, 60 mg of duloxetine once or twice daily, or placebo. In studies two and three, 334 patients were randomized to receive duloxetine or placebo.

Although cautions cannot be demonstrated in contrast to results with other antidepressants, the results suggest that improvements in pain will be associated with less interference in sleep, the authors wrote.

Patients were included in the trials if they were older than 18, had a history of bilateral peripheral neuropathy caused by type 1 or type 2 diabetes mellitus. Pain had to have been in the feet with

Duloxetine May Improve Patients’ Sleep Quality

BY KERRI WACKER
Senior Writer

WASHINGTON — Only does duloxetine reduce the severity of sleep pain, specifically during the night, but it may also help patients with diabetic peripheral neuropathy get a better night’s sleep, according to a poster presentation at the annual meeting of the American Pain Society.

After 12 weeks of treatment, patients on 60 mg of duloxetine once or twice daily had improvements in average daily pain severity, night pain severity, and pain-related sleep interference, wrote Dr. David A. Fishman, professor of psychiatry and behavioral sciences at the University of Miami, and his colleagues at Eli Lilly, makers of duloxetine (Cymbalta).

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relative somnolence. Diagnosis was confirmed by a score of at least three on the Michigan Neuropsychiatric Screening Instrument. Daily pain had to be present for at least one year. Painful patients also had to have at least a 4 on the average pain severity (11-point Likert) scale and stable glycemic control. Notably, patients with diabetes and patients with cancer were excluded from the study. Diagnosis was made by a major depressive disorder defined as the DSM-IV were excluded from the study. The researchers identified a subset of nonsomnolent patients by those who reported treatment-emergent sedation/somnolence who were on concomitantly relative somnolence. Treatment-emergent somnolence included reports of daytime sleepiness, drowsiness, being drowsy upon awakening, excessive daytime somnolence, sleepiness, grogginess, and sluggishness, being awake, less alert on rising, sleepiness, sleep, and somnolence. In all three studies, 339 patients received placebo. Of these, 307 met the criteria for the nonsomnolent subset. Patients in the nonsomnolent subset. Patients in the nonsomnolent subset. Patients in the nonsomnolent subset. Patients in the nonsomnolent subset.