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**A Retrospective Analysis to Determine the Ideal Ziconotide Patient**

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**Introduction:** Prialt is the first in a new class of non-opioid analgesics known as N-type calcium channel blockers, administered intrathecally for the treatment of severe chronic pain. As a non-opioid analgesic for patients with severe chronic pain such as neuropathic pain or pain secondary to cancer, Prialt addresses a significant unmet medical need.

**Material and Method:** Thirty seven patients with intrathecal pumps underwent retrospective analysis of their pump management with supplemental pharmacological treatment that includes Prialt as an adjunctive intrathecal medication for the treatment of chronic pain. Patient selection criteria included lack of adequate pain control, excessive dosage per the poly analgesia consensus, and suboptimal therapeutic results due to side effect limitation.

**Results:** Pain score reduction: 31 patients (83.78 %) reported decrease pain score from 10% to 50%; General activity level change: 9 patients (24.32%) reported increase general activity level; Intrathecal medication reduction: 4 patients (10.81%) had decreased intrathecal opioids, 5 patients (13.51%) had decreased adjunctive intrathecal therapy (bupivacaine and clonidine); Oral medication reduction: 6 patients (16.21%) reported decrease oral opioid therapy.

**Conclusion:** Ziconotide (PRIALT) selectively blocks N-type voltage-sensitive calcium channels and is effective for intrathecal treatment of patients with chronic pain who are refractory to opioid therapy or have developed intolerable adverse reactions. Spinally administered Ziconotide produces analgesia by blocking neurotransmitter release from primary nociceptive afferents and prevents the propagation of pain signals to the brain. Measurement of success was determined by general pain score reduction, general activity level changed, intrathecal medication reduction and oral medication reduction. In our selective group of patients, over 80% reported significant efficacy with PRIALT adjunctive intrathecal therapy. This new medication represents a great opportunity as an intrathecal adjunctive agent for the treatment of pain.

**References:** Richard L. Rauck MD, Mark S. Wallace MD, Michael S. Leong MD, etc. A Randomized, Double-Blind Placebo-Controlled Study of Intrathecal Ziconotide in Adults with Severe Chronic Pain. *Journal of Pain and Symptom Management*, 2006, 31,5, 393-406

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