Postherpetic Neuralgia (PHN) is a painful condition that can affect the elderly. Commonly recommended first-line medications include tricyclic antidepressants, anticonvulsants, and opioids, but other CNS depressants, including opiates, are commonly prescribed. To investigate PHN treatment, we conducted a retrospective analysis using a large, de-identified US electronic health record database (Cerner Corporate, Kansas City, MO, USA).

**Methods**

Between January 2010 and March 2015, we identified a cohort of patients with ICD-9 coding and diagnosis for herpes zoster in the same year. A matched 1:1 on their propensity score and the success of matching was assessed. A univariate analysis of the outcomes was used to investigate the prescribed PHN treatments. Propensity scores were constructed using patient demographic data, comorbidities, and other outcomes.

**Results**

Opioids were the most frequent analgesic class prescribed (56% of all patients) and were also frequently used as a first-line medication. In contrast, agents with less systemic adverse effects, such as pregabalin, were commonly used as second-line therapies and in older and more severely ill patients. Analgesia polypharmacy was prevalent and accounted for 30% or more of patients receiving more than five analgesic within a 90-day window.

**Conclusion**

Despite published evidence that first-line treatments should include topical lidocaine, antidepressants, and opioids, our analysis revealed that opioid management is associated with considerable use of opioid and non-steroidal anti-inflammatory drugs across health systems. The resulting polypharmacy environment is associated with adverse events, such as constipation, sedation, and nausea, among other adverse effects.

**Methods**

The treatment of postherpetic neuralgia reveals widespread use of opioids, CNS depressants, and polypharmacy. Jeffrey Gudin, MD, Victor S. Khangulov, PhD, Jeffrey R. Skaar, PhD, Fred W. Peyerl, PhD, and Kalpana Patel, PharmD

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