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Pain control in sciatica. NSAIDs, corticosteroids, and antidepressants of small benefit

Medication is one of a range of conservative treatments for radicular leg pain (sciatica)¹ but the evidence is not consistent and often of low quality.

The natural history of radicular leg pain is that the majority gets better in time but there are a proportion of people for whom it persists.

For those who prefer medication, comorbidities, safety profiles, and side effects of pain medications warrant consideration.

If offering a NSAID as first line, note adverse events (e.g, being older, having kidney disease). NSAIDs do not reduce pain but improve global functioning. Paracetamol is a simple and cheap alternative first-line analgesic, but its efficacy for treating radicular pain is unknown. Benzodiazepines and anticonvulsants are not helpful.

Where NSAIDs are not an option and disc herniation is confirmed on imaging, systemic corticosteroids can be offered for patients with acute symptoms. The results of corticosteroid trials are mixed. Other options are tricyclics or duloxetine. After 6-8 weeks referral is recommended.

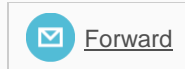
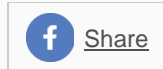
Reference:

1. Which pain medications are effective for sciatica (radicular leg pain)? BMJ 2017. [Click here](#)
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