## Medications

6. Drug-induced neuropathy is found in approximately 4% of patients presenting to neurology clinics.[12,13] Diagnosis is one of exclusion based on patient history.[12] Table 2 lists medications that are associated with an increased risk for peripheral neuropathy.
   - **Note on statins**: Although cross-sectional studies and case reports have linked statins to peripheral neuropathy, confounding factors make the association questionable. The statin groups included patients with metabolic or vascular risk factors while healthy individuals served as controls.[12] Two meta-analyses in 2017 did not show an association between statin use and increased risk for peripheral neuropathy.[14] Patients with diabetes (2 studies; n=200,765) were included in one meta-analysis and those without diabetes were included in the other (6 studies; n= 116,852). A more recent meta-analysis in 2021 (n=150,556) also found no significant association between statins and peripheral neuropathy.[15]

**Table 2. Medications Associated with Peripheral Neuropathy[12,16-19]**

| Type | Medication | Estimates of Incidence | Clinical Notes |
|---|---|---|---|
| Cardiovascular | Amiodarone | 2.38 per 1,000 person-years | • Typically begins weeks to months after treatment starts |
| Chemotherapy | Vinca alkaloid (e.g., vincristine) | Up to 96% | • Typically begins weeks to months after treatment starts<br>• Stabilizes or improves when treatment ends but often persists<br>• Platinum: may continue to worsen for 2–3 months after treatment ends<br>• Epothilones: reversible |
| | Bortezomib | 64% | |
| | Paclitaxel | 30% (70% when combined with platinum) | |
| | Platinum (e.g., cisplatin, oxaliplatin) | 30–40% | |
| | Thalidomide | 23–70% | |
| | Epothilones (e.g., ixabepilone) | 15–64% | |
| Antimicrobial/ antiviral | Metronidazole | 10–85% | • Higher risk with chronic treatment and higher doses<br>• Reversible |
| | Isoniazid | 2–44% | • Can be prevented or reversed (within weeks to months) by pyridoxine supplementation |
| | Ethambutol | < 1–18% | • Mostly reversible |
| | Fluconazole | Rare (case reports) | |
| | Nitrofurantoin | Rare | • Not dose related, can occur with short courses |
| | Fluoroquinolones | Rare | |
| Miscellaneous | Levodopa | 20–55% | |
| | Tumour necrosis factor alpha inhibitors—e.g., infliximab (Remicade), adalimumab (Humira) | Rare (case reports) | • May improve once stopped |
| | Colchicine | | |
| | Phenytoin | | • May improve once stopped |
| Self-medication/ OTC | OTC Fluconazole | Rare | |
| | Excess of vitamin B6 | | • Improves or stabilizes once stopped |
| | Heavy metal poisoning (contaminant in some herbal remedies, especially Ayurvedic preparations) | | |
| | Nitrous oxide (recreationally used): inactivates vitamin B12 which can induce myeloneuropathy | | |
| | Glue sniffing | | |