**Background**

- Pain is a common symptom leading to disability in multiple sclerosis (MS) patients.
- The most common type of MS-related pain is central neuropathic pain, defined as pain in a neurologic distribution with altered sensation and no evidence of peripheral neuropathy.
- Over 10% of patients report central neuropathic pain at MS onset, with 25%–30% reporting it sometime during the course of MS.
- Pain is often described as bilateral, continuous "burning, pricking, stabbing, and numbing" pain, affecting legs and feet that worsens at night and can be exacerbated by physical activity.

**Methods**

**Eligibility**
- Adult patients diagnosed with chronic (>3 months) central neuropathic pain as a result of MS (relying on remitting or secondary-progressive MS affecting the extremities ("dysaesthetic extremity pain").
- Baseline mean 11-point pain rating scale (PRRS) score is ≤4 (anchors: 0 as "no pain", 10 as "worst possible pain").
- Patients with a recent MS relapse (within 30 days prior to screening), current symptoms of depression (Beck Depression Inventory [2nd edition]; score >19) or history of complete heart block or QT prolongation are excluded.
- Additional inclusion and exclusion criteria are provided in Tables 1 and 2.

**Objective**

- The Pain Research in Multiple Sclerosis (PRIME) trial will evaluate the safety, tolerability, and efficacy of DQ at 3 dosages in the treatment of central neuropathic pain in patients with MS.

**Conclusions**

- Based on a scientifically established rationale and using a well-controlled and comprehensive design, the PRIME study will establish a safe and effective DQMQ dosage for further testing as treatment of MS-related central neuropathic pain.

**References**

- **Disclosures**

- Dr. Hepner was formerly an employee and stockholder of Avanir Pharmaceuticals, Inc. Mr. Shin and Dr. Offit are employees and stockholders of Avanir Pharmaceuticals, Inc.