Madison Neurology LLC: Compiled for Educational Purposes. Not for Clinical Use.

MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Small Fiber Neuropathy

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Small fiber neuropathy damages the smallest nerve fibers — those carrying pain, temperature, and autonomic functions (heart rate, sweating, gut, blood pressure). It causes burning, stabbing pain, tingling, and hypersensitivity, usually starting in the feet, often with normal routine nerve conduction tests — which is why it is frequently missed. Autonomic symptoms (dizziness on standing, gut issues, sweating abnormalities) may accompany it.

How does it happen?

Diabetes and prediabetes are the leading causes; others include autoimmune diseases (Sjögren's, lupus, sarcoidosis), vitamin B12 deficiency, thyroid disease, alcohol, certain infections, and inherited channel disorders (including sodium channel mutations). A substantial share remains idiopathic.

Common symptoms

- Burning, stabbing, or electric pain, usually feet first
- Tingling, pins-and-needles, and heightened sensitivity to touch and sheets
- Reduced ability to feel heat/cold or pinprick in a stocking pattern
- Autonomic symptoms in some: dizziness on standing, heart racing, sweating abnormalities, gut motility problems
- Normal strength, reflexes, and routine nerve conduction studies (because large fibers are spared)

How is it diagnosed?

Because routine nerve conduction tests are normal (they test large fibers), diagnosis relies on skin biopsy measuring nerve fiber density, and/or autonomic testing. Blood tests search for treatable causes — glucose metabolism, B12, thyroid, autoimmune markers.

How is it treated?

Treating the cause can halt or improve the neuropathy: optimizing glucose (even prediabetes matters), replacing B12, treating autoimmune disease. Neuropathic pain is managed with gabapentinoids, SNRIs (duloxetine), tricyclics, or topical agents; autonomic symptoms get targeted treatment (fluids, salt, compression for blood pressure drops). Titration is slow and combination therapy common.

What does the future hold?

Small fiber neuropathy is often slowly progressive but usually remains a pain/sensory condition rather than causing major weakness or disability. Treatable causes improve with treatment. Pain control is achievable for most with the right combination; autonomic features are manageable.

Questions patients commonly ask

Q: All my tests were normal — how can I have neuropathy?

A: Routine nerve conduction studies only test large fibers; small fiber neuropathy requires skin biopsy or autonomic testing to detect.

Q: Will it become severe large-fiber neuropathy?

A: Most small fiber neuropathies stay confined to small fibers, especially when the cause is treated.

Q: Why am I dizzy when I stand?

A: Small fibers also control blood vessel tone; autonomic involvement drops blood pressure on standing — treatable with fluids, salt, compression, and medication when needed.

National support groups & resources

- **Foundation for Peripheral Neuropathy** — foundationforpn.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

Disclaimer — please read

This material is provided by Madison Neurology LLC for general educational purposes only. It is not medical advice, is not a substitute for the independent judgment of a qualified healthcare professional, and does not create a physician-patient relationship. Do not disregard, avoid, or delay seeking professional medical advice, diagnosis, or treatment because of anything in this material. Individual conditions, treatments, and outcomes vary; only your own healthcare team can evaluate your specific situation. If you think you may be experiencing a medical emergency, call 911 or go to the nearest emergency department immediately. To the fullest extent permitted by law, Madison Neurology LLC, its providers, and staff disclaim all liability for any loss, injury, or damage arising from the use of, reliance on, or inability to use this information. Organization contact details are provided as a courtesy, were current at the time of compilation, and may change; Madison Neurology LLC is not responsible for the content of external organizations.