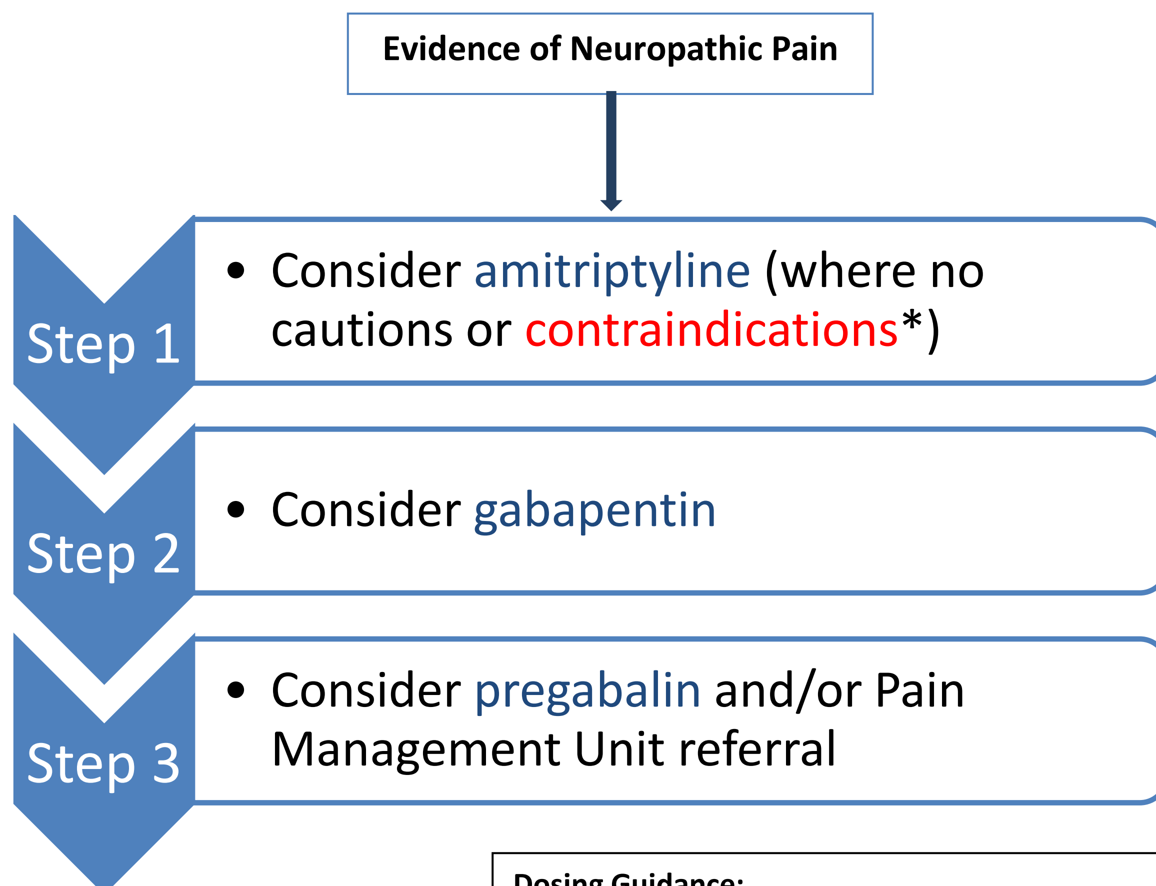
Doncaster and Bassetlaw Primary Care
Neuropathic Pain Management Guidance



Dosing Guidance:

Amitriptyline: start at 10mg ON. Doses can be doubled initially where well tolerated (consider using 25mg ON). Usually increase at weekly intervals. Doses greater than 75mg ON rarely needed.

Gabapentin: start at 300mg BD (first dose at night). Increase to 300mg TDS after one week, and in 300mg/day increments, thereafter each week. Where tolerated, titrate up to 600mg TDS.

Pregabalin: start at 75mg BD. Where tolerated, double dose at weekly intervals, titrating up to a maximum dose of 300mg BD.

Lower starting doses of gabapentin (e.g. 100mg BD) and pregabalin (e.g. 25mg BD) may be required when used in elderly patients.

***Amitriptyline:** Contraindications

- Recent MI
- Cardiac Arrhythmias
- Severe Liver Disease

Cautions: elderly (adverse effects more common), heart disease, patients with seizure history, low plasma sodium, history of glaucoma or urinary retention

Lee Wilson, Consultant Pharmacist, DBHFT (following extensive PMU consultation)
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Diagnosis:

- Neuropathic pain is often difficult to describe by the patient. Descriptors used include shooting, stabbing, like an electric shock, burning, tingling, tight, numb, prickling, itching and a sensation of pins and needles. Allodynia (pain caused by a stimulus that does not normally provoke pain, eg. Clothing, bed sheets) can also be present, and this should trigger urgent PMU referral.
- The LANSS Pain Assessment tool can be found via the following link: http://medicinesmanagement.doncasterpct.nhs.uk/documents/LANNS%20(NP%20Assessment%20Tool%20only).pdf (see also Abuse and Addiction below)

Initiation, Titration and Review:

- Continue simple analgesia where there is evidence of pain relief.
- Consider on initiation and regularly review for evidence of pain relief; impact on lifestyle, daily activities (including sleep disturbance) and participation; physical and psychological wellbeing; adverse effects; and continued need for treatment.
- Give a suggested initiation dosage schedule, although patients should be informed that the dose may be 'stepped back' should they suffer from transient side effects.
- Review neuropathic treatments no less frequently than monthly initially. Review after 8 weeks, or once the dose is titrated to an adequate dose (if longer). Discontinue treatments that are ineffective (withdrawal from treatment should be gradual). Prescribe on acute prescriptions (not repeat) until treatment is stabilised.

Abuse and Addiction:

- Local prisons and substance misuse teams have advised caution in prescribing gabapentin or pregabalin as these drugs are highly sought for their abuse potential.

- Patients requesting gabapentin, pregabalin or specific opioids by name should ring alarm bells. Consider potential for abuse before initiating.

Other Notes:

- Opioids should not be used for neuropathic pain in non-specialist settings, except in the following situations:
    - Consider tramadol only if acute rescue therapy is needed.
    - If stronger opioids are prescribed (prior to referral), doses should always be limited to morphine MR (ie. Zomorph) 30mg BD and PRN dosing should not be prescribed.
- Amitriptyline is not licenced for use as an analgesic. Ensure that the patient understands the unlicensed status of the medicine, has been given patient information and gives informed consent.
- Amitriptyline can be combined with gabapentin or pregabalin, although evidence is sparse for combinations of neuropathic pain adjuvants. Monitor carefully for side effects. Do not co-prescribe gabapentin and pregabalin.
- Amitriptyline can be used without dose adjustment in renal impairment.
- Carbamazepine should be used first-line for trigeminal neuralgia.
- Duloxetine may be a useful second-line in diabetic neuropathy, although if this is required, simultaneous referral should be made to a diabetic specialist.
- Given the potential for rapid dosage titration schedule of pregabalin, this drug may be more suitable for palliative patients with limited prognosis.
- Doses of duloxetine, gabapentin and pregabalin may need adjusting in renal impairment – see individual product SPCs for further details.
- Lidocaine patch and capsaicin cream may be useful in focal neuropathies or where an alternative to oral formulation are required.
- See also http://guidance.nice.org.uk/CG173

Contact the Pain Management Unit (PMU) on 01709 649050 for patient-specific advice.