



About anti-neuropathic pain relief medicines

Introduction

Nerve pain and central sensitisation are important and common factors of chronic pain. They often respond poorly to standard pain killers and are better treated with so called *anti-neuropathics* or *adjuvants*.

Some of these drugs are used outside their product license. Using them for pain relief is an individual decision between you and your Pain Specialist or GP. This is in many cases accepted national and international practice.

Please note that - while also used to treat other conditions such as depression or epilepsy - these medicines are in your case prescribed for pain relief.

Starting anti-neuropathics

Pain relief from anti-neuropathics often takes some time to be felt. We recommend an initial trial for at least four weeks to judge the effect.

If good, you should continue to take the medicine regularly.

If there is no useful effect or ongoing side effects it should be discontinued; often, an alternative is available to replace it.

Long term use

After a successful initial trial you should continue to take the drug regularly as agreed with your doctor, for a minimum of 3-6 months and likely longer, principally as long as there is a useful effect. These medicines are intended for longer term use.

It is very important to take anti-neuropathics *regularly*, not as needed. Some of these drugs are taken once, others twice or thrice daily. Please see details below. Once taken for a while these medicines should not be stopped abruptly but need to be reduced slowly to avoid rebound problems.

It should be checked in regular intervals that the medicine is still useful and needed. We recommend to halve the dose for 3-4 days once or twice a year during periods when your pain is a little better.

See whether your pain worsens as a result of reducing the dose. If so, please return to the previous dose. If not, then continue to slowly wean off as the medicine is either not needed or not effective any more. Let your GP or Pain Specialist know about this.

Side effects

Anti-neuropathics affect the central nervous system; common side effects are drowsiness, dizziness, forgetfulness and sometimes feeling mentally changed for a while. There can be other substance-specific side effects, such as dry mouth (Amitriptyline/Nortriptyline), or weight gain/water retention/oedema (Gabapentin/Pregabalin). Please also look at the advice leaflets in the box for detailed information. Side effects can be avoided or minimised by starting with a low dose and gradually increasing to a dose that works well for you. Please see the advice for individual drugs below.

Driving and working

Sometimes anti-neuropathics can cause noticeable drowsiness or slow your responses. Please always carefully judge your ability to drive while on these medicines. If you feel that you cannot drive safely then do not drive as you would put yourself and others at risk. If this turns out to be a problem for you please discuss with your GP or pain clinic doctor.

We recommend to avoid driving for at least 2 days after starting or changing the dose of any of these medicines.

If you work or otherwise need to be focused during the week, it might be a good idea to start the first dose on a Friday night.

Interactions

Anti-neuropathics can and should be combined with standard pain killers (which can be taken as needed); it is not unusual to take 2-3 or even more different drugs for periods of time to get useful longer term pain relief.

If you take **Tramadol** or more than one anti-neuropathic drug the side effects can be stronger. In these situations you should take low to medium doses only of anti-neuropathics.

Very rarely, combinations of the above drugs can cause a **Serotonin-Syndrome**. Early signs would be muscle jerks, newly started shakes or muscle rigidity which can lead on to fever, confusion, agitation. In this case, you need to seek urgent advice from your doctor or A&E before continuing with your medicines.

Prescriptions - how to get your medicine

Your pain medicines will in most case be prescribed by your GP, on recommendation of a pain specialist.

To get your prescription you need to make an appointment with your GP after your pain clinic consultation when you receive a copy of the clinic letter.

Also remember to see your GP in time for repeat prescriptions to avoid running out of drugs.

If the drug doesn't help or you struggle with side effects please **do not wait for your next pain specialist appointment** (this will often be several months later). The clinic letter usually lists several alternatives; to avoid delays you need to make a further appointment with your GP to discuss lack of effect or side effect and get a prescription for replacement drug or advice.

Take a proactive approach and request reviews - don't wait until appointments are made for you.

How to track pain and medicine effects

When starting new medicines (or changing doses) it is a good idea to keep a pain diary for a while. This can help you and your doctor to better rate the usefulness of pain medicines.

It is best to keep a diary for at least a week or so before starting or changing pain medicines so you have a baseline before start of new treatment to compare.

While a pen and paper diary is an option, there are a number of Pain Diary Apps available that you can use with a laptop, tablets or mobile phones.



If you have an iPhone or iPad take a look at the **Alogea** App in the Apple App store. This has been developed by AppToolFactory and Dr Michael Luckmann to help you track and better manage pain medicines. It's free to download and use for one medicine and symptom.

Amitriptyline/Nortriptyline:

Time from start	Dose	Timing
First week	10mg	Every night
Second week	20mg	Every night
Third week	30mg	Every night
Fourth week	40mg	Every night
Fifth week	50mg	Every night

- ◆ Remember to stop increasing the dose when your symptoms improve or if side effects become strong (in that case reduce the current daily dose by 10mg).
- ◆ There are 25mg and 50mg tablets available; once you have found "your" dose, see your GP to replace your 10mg tablets with some of the stronger ones so you don't have to swallow as many tablets.
- ◆ Amitriptyline is not addictive and the doctor has prescribed them for pain and not depression
- ◆ Amitriptyline is also dispensed under different brand names (Elavil®, Triptafen® and Triptafen-M®).

Mirtazapine:

Time from start	Dose	Timing
First week	15mg	Every night
Second week	30mg	Every night

- ◆ Remember to stop increasing the dose when your symptoms improve or if side effects become strong
- ◆ There are 15mg and 30mg tablets available.
- ◆ Mirtazapine is not addictive and the doctor has prescribed them for pain and not depression

Gabapentin

	Morning dose	Lunchtime dose	Evening dose
First week	-	-	300mg
Second week	300mg	-	300mg
Third week	300mg	300mg	300mg
If well tolerated and better: continue with this dose. If your pain is still bad, increase further:			
Fourth week	300mg	300mg	600mg
Fifth week	600mg	300mg	600mg
Sixth week	600mg	600mg	600mg

Gabapentin continued:

The dose can be increased further, but most people feel some benefit at the doses shown here. If a higher dose is required, your doctor will discuss this with you.

- ◆ Remember to stop increasing the dose when your symptoms improve or if side effects become strong.
- ◆ If you have side effects when you increase a dose stay on the lower dose for a further week before trying again
- ◆ Gabapentin has been prescribed for pain relief, not epilepsy.
- ◆ See your GP for tablets of suitable strength after changing the dose (e.g. 300mg/600mg/900mg tablets).
- ◆ **If have severe lung disease (COPD, Asthma)** you may respond more sensitively to Gabapentin and this can affect your breathing, particularly if you also take **morphine-like** pain killers. In this case, the dose of gabapentin should be kept low (100-300mg three times daily)

Pregabalin (*Lyrica*)

	Morning dose	Evening dose
First week	75mg	75mg
Second week	150mg	150mg
If well tolerated and better: continue with this dose. If your pain is still bad, increase further:		
Third week	225mg	225mg
Fourth week	300mg	300mg

- You should not take Pregabalin if you are pregnant or breastfeeding.
- Pregabalin has been prescribed for pain relief, not epilepsy.
- You can get used to Pregabalin over time, which means the helpful effect may gradually become less. Be aware that Pregabalin has an addictive potential.
- See your GP for tablets of suitable strength after changing the dose (e.g. 75mg/150mg/300mg tablets). Pregabalin is also available in liquid form for patients with swallowing difficulties.
- **If you have kidney disease**, your dose should be lower than usual; you should not increase your dose beyond 150mg twice per day without discussing with your prescribing doctor.

Duloxetine (*Cymbalta*)

	Evening dose
First week	30mg
Second week	60mg
If well tolerated and better: continue with this dose. If your pain is still bad, increase further:	
Third week	90mg

- ◆ If you suffer with **seizures/epilepsy, glaucoma** and poorly controlled **high blood pressure**, Duloxetine should be used with caution only and at a lower dose.
- ◆ Duloxetine is not addictive; it has been prescribed it for pain relief and not depression.
- ◆ See your GP for tablets of suitable strength after changing the dose (e.g. 30mg/60mg/90mg tablets).

How to wean off (examples)

If your GP or Pain Specialist recommends to discontinue treatment, the medicines should be reduced slowly, not stopped abruptly.

If there is no urgency and if you have been on a high dose for a long time, follow the *Slow wean off* route. If more urgent (e.g. side effects) you may follow the *Rapid wean off* recommendations.

You will need tablets of different strength/dose, so have these prescribed before starting to reduce the dose.

Slow wean off	Ami-/Nortriptyline	Gabapentin	Pregabalin	Duloxetine
Starting dose	50mg once daily	300-300-300mg	150-150mg	90mg once daily
Day 1-5	40mg once daily	300-0-300mg	100-100mg	60mg once daily
Day 6-10	30mg once daily	0-0-300mg	75-75mg	60mg once daily
Day 11-15	20mg once daily	0-0-300mg	50-50mg	30mg once daily
Day 15-20	10mg once daily	0-0-100mg	0-50mg	30mg once daily
After day 20	Stop	Stop	Stop	Stop
Tablets strengths and numbers needed:	10mg tablets (50)	300 mg (20) 100mg (5)	100mg (10) 75mg (10) 50mg (10)	60mg (10) 30mg (10)

Rapid wean off	Ami-/Nortriptyline	Gabapentin	Pregabalin	Duloxetine
Starting dose	50mg once daily	300-300-300mg	150-150mg	90mg once daily
Day 1-2	30mg once daily	300-0-300mg	75-75mg	60mg once daily
Day 3-4	20mg once daily	0-0-300mg	50-50mg	30mg once daily
Day 5-6	10mg once daily	0-0-300mg	0-50mg	30mg once daily
After day six	Stop	Stop	Stop	Stop
Tablets strengths and numbers needed:	10mg tablets (12)	300mg (8) and 100mg tablets	100mg (10) 75mg (10) 50mg (10)	60mg (10) 30mg (10)