# 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 medicines 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 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 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 or withdrawal.

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).
Gabapentin and Pregabalin can have addictive potential if taken long-term. If you had problems with stepping off other drugs in the past, it may be better to avoid these.

Serious side effects are not expected but cannot be ruled out. We cannot list them all here, so please carefully read the advice leaflet in the medicine 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 medicines (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 usually 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 consultation. after you received 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 if 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 ideal 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 to.

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 ***Alogea*** in the Apple App store. This has been developed by Dr Michael Luckmann to help you track and better manage pain medicines.
It's free to download and use for one medicine and symptom. See more at www.apptoolfactory.co.uk/Alogea

## Amitriptyline or 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.
- Rare side effect include arrhythmic heart beat and heart attacks. It is advisable to have your pulse taken or ECG done 1-2 per year to check.
- If you suffer with heart disease please discuss this with your GP or Pain Specialist before starting to take these medicines. If you had a heart attack in the past, Amitriptyline and Nortriptyline are not suitable for you.
- Both are 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.<br>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.<br>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.
- Pregabalin can be addictive, which means the helpful effect may gradually become less and you may find it difficult to eventually stop this drug. You must not stop taking Pregabalin abruptly after taking it for a while. Always wean off slowly.
- 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.<br>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)<br>100mg (5) | 100mg (10)<br>75mg (10)<br>50mg (10) | 60mg (10)<br>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)<br>75mg (10)<br>50mg (10) | 60mg (10)<br>30mg (10) |