

Patient Information Leaflet

Anti-neuropathic medicines

Produced By: Pain Clinic

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Chronic pain has several contributing factors, among them nerve related pain and central sensitisation. The latter two tend to respond poorly to standard pain killers and much better to so called *anti-neuropathics* or *adjuvants*.

Some of these drugs are used outside their product license. Their prescription for pain relief is an individual decision of your Pain Specialist/GP, and is usually based on accepted national and international practice.

While also used to treat other conditions (depression or epilepsy) the medicine is in your case prescribed for pain relief.

Regular intake

Pain relief from these drugs often takes a while to be felt; It is very important to take them *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 reduce to avoid rebound problems.**

Trial period

We recommend a trial period of 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.

How to continue after the trial

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 and not addictive.

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

These drugs 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 dose that works well for you. Please see the advice for individual drugs below.

We suggest that you 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

In many cases the drugs 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 to get useful longer term pain relief.

If you take Tramadol or more than one anti-neuropathic drug the side effects can be stronger. You should take low to medium doses only of these drugs in this case.

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 advice from your doctor or A&E before continuing with your medicines.

Prescriptions - how to get your medicine

In only exceptional cases will pain killers be prescribed directly in clinic by a pain specialist. The agreed shared care arrangement is that your GP prescribes drugs taking into account specialist recommendations.

To get your prescription you need to make an appointment with your GP ca 1-3 weeks after your pain clinic consultation or 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 clinic review (this will often be several months later). The pain 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 take

Amitriptyline/Nortriptyline:

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®).

Gabapentin

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

The dose can be increased even 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 is not addictive and the doctor has prescribed them for pain relief and not epilepsy.
- See your GP for tablets of suitable strength after changing the dose (e.g. 300mg/600mg/900mg tablets).

Pregabalin (Lyrica)

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

- You should not take Pregabalin if you are pregnant or breastfeeding.
- You should have a lower dose (less than 300mg per day) if you suffer from renal impairment (kidney disease).
- Pregabalin is not addictive and the doctor has prescribed them for pain relief and not epilepsy.
- 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.

Duloxetine (Cymbalta)

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

<u>Slow wean off</u>	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)

<u>Rapid wean off</u>	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)

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

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We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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