**Condition Specific Advice on Use of Adjuvants**

This advice applies to the use of adjuvants (amitriptyline, duloxetine, gabapentin etc.) for the treatment of chronic pain

*Refer to the Neuropathic Pain Ladder for doses and titration details*

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### Fibromyalgia

**Severe Pain**

- Duloxetine
- Pregabalin (on advice from West Suffolk Pain Services)
- Tramadol (with or without paracetamol)
- Do not proceed to trialling stronger opioids for fibromyalgia without advice from the West Suffolk Pain Services

**Severe sleep disturbance**

- Amitriptyline (low dose)
- Pregabalin at night (on advice from West Suffolk Pain Services)

### Chronic Back Pain

- For recommendations on managing sciatica see [Neuropathic Pain Ladder](#)
- Do not offer selective reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors or tricyclic antidepressants for low back pain
- Do not offer anticonvulsants for low back pain
- Do not proceed to trialling opioids for chronic back pain without advice from the West Suffolk Pain Services

### Osteoarthritis

- Duloxetine (reduces pain and disability)

### Chronic headaches

- Tricyclic antidepressants
- Do not proceed to trialling opioids for chronic headaches

### Complex Regional Pain Syndrome

- Refer urgently to WSFT physiotherapy department and discuss with West Suffolk Pain Services
- Phone 01284 712528 (clinical answer phone).
- If simple medications do not reduce pain in 3-4 weeks refer to the [Neuropathic Pain Ladder](#)
- Earlier use may be appropriate
- Do not proceed to trialling stronger opioids without advice from the West Suffolk Pain Services

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**West Suffolk Pain Services may recommend pharmacological management outside the above guidance**

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**Key messages**

- [Further prescribing information](#)

**Slow titration:** elderly/frail or adverse effects with higher doses

Seek advice on dose adjustment before prescribing to patients with renal or hepatic impairment

Discuss benefits and risks of drug therapy, titration regimen and impairment to driving: [Patient medication leaflet](#)

Agree realistic goals: 30-50% pain reduction and specific functional improvement/improvement in sleep

Review efficacy. **If ineffective stop.** See [Neuropathic Pain Ladder](#) for discontinuation information

Once dose and symptoms are stable, and no additional clinical concerns, review 3-6 monthly.

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*This guidance recommends certain drugs for indications for which there is no UK marketing authorisation. The prescriber should follow relevant professional guidance, provide patient information and take full responsibility for the decision. Informed consent should be documented.*

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**References**

1. EULAR. Recommendations for fibromyalgia 2016
2. NICE. NG 59. Low back pain and sciatica in over 16s Nov 2016
3. ANZCA. Acute pain management scientific evidence 4th edition. 2015
5. Netherlands updated guidelines for CRPS Type 1. 2015

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