**Assessment and non pharmacological strategies**

- Exclude red flags. Assess pain and impact: DN4 & BPS pain scales
- Discuss benefits and risks of drug therapy, titration regimen and impairment to driving: Patient medication leaflet
- Agree realistic goals for treatment: 30-50% pain reduction and specific functional improvement/improvement in sleep
- Discuss non pharmacological strategies and provide signposting information

Refer at any stage including initial presentation if pain severe, pain significantly limits daily activities/sleep, underlying health condition deteriorates or significant distress - refer to West Suffolk Pain Services Single Point of Access and/or condition specific service

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<table>
<thead>
<tr>
<th><strong>STEP 1</strong></th>
<th>Prescribe</th>
<th>Starting dose</th>
<th>Increment</th>
<th>Trial</th>
<th>Discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline</td>
<td>10 mg oral nocte</td>
<td>Titrato weekly to an effective dose or max tolerated dose of ≤ 75 mg oral nocte</td>
<td>6-8 weeks with at least 2 weeks at max tolerated dose</td>
<td>&lt; 8 weeks treatment withdrawal effects unlikely &gt; 8 weeks wean off over at least 4 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Contra-indicated, ineffective or not tolerated

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<table>
<thead>
<tr>
<th><strong>STEP 2</strong></th>
<th>Prescribe</th>
<th>Slow titration**</th>
<th>Fast titration</th>
<th>Trial</th>
<th>Discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabapentin: Potential for dependence, abuse and diversion STOP: Amitriptyline</td>
<td>Initiate: 100 mg oral nocte Increase: by 100 mg every 1-7 days to max dose 600 mg tds</td>
<td>Initiate: 300 mg oral nocte Increase: by 300 mg daily/every 2-3 days to max dose 600 mg tds</td>
<td>3-8 weeks with at least 2 weeks at max tolerated dose</td>
<td>Reduce dose by maximum rate of 300 mg every 4 days</td>
<td></td>
</tr>
</tbody>
</table>

Contra-indicated, ineffective or not tolerated

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<table>
<thead>
<tr>
<th><strong>STEP 3</strong></th>
<th>Prescribe</th>
<th>Starting dose</th>
<th>Increment</th>
<th>Trial</th>
<th>Discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duloxetine STOP: Gabapentin, and withdraw SSRI or TCA if taking</td>
<td>20-30 mg oral daily</td>
<td>- Increase to 60 mg daily when gabapentin dose is at least halved - If partial repose titrate up to a max of 60 mg bd - After 8 weeks review efficacy. If ineffective STOP</td>
<td>8 weeks</td>
<td>Over at least 1-2 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Contra-indicated, ineffective or not tolerated

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**KEY MESSAGES**

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

Further prescribing information

- Seek advice on dose adjustment before prescribing to patients with renal or hepatic impairment
- Tramadol: oral, 50-100 mg 4-hourly, max dose in 24 hrs is 400 mg. Only use if acute rescue therapy required and not on other opioid. Long-term use only on advice of West Suffolk Pain Services
- Pregabalin: on advice from West Suffolk Pain Services
- Capsaicin 0.075% cream: use sparingly up to 3-4 times daily, not more often than every 4 hours for localised pain if oral treatments unsuitable

Lidocaine 5% medicated plasters: only for patients with Post Herpetic Neuralgia (PHN) in whom alternative therapies have been ineffective or contra-indicated, or those who have had plasters initiated by the West Suffolk Pain Services for highly localised pain with a significant neuropathic component or palliative care. In PHN review efficacy after 2-4 weeks or review as per guidance from West Suffolk Pain Services.

Carbamazepine: only for trigeminal neuralgia. Further information NICE CKS or SPC

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

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.