City Hospitals Sunderland NHS
NHS Foundation Trust

Quick reference guide: Management of nociceptive and neuropathic pain for adult patients in primary care

NHS Sunderland Clinical Commissioning Group

Nociceptive pain treatment pathway:

Step	Drug	Dose (oral)	Comments
1	Paracetamol	1g QDS prn	
2	Paracetamol	1g QDS reg	
3	Add ibuprofen (NSAID)	200mg-400mg TDS	• Use the lowest possible NSAID dose for the shortest period necessary to control symptoms. • Consider risk of prescribing in high risk patients • Check for contraindications
4	Add codeine (weak opioid)	15mg to 60mg QDS	• Review past treatment • Consider potential for medication diversion (sharing,swapping/selling meds) • Use lowest effective dose • Do not use if contraindicated • Consider laxatives • Consider stopping NSAID if appropriate
5	Morphine (strong opioid)		• Stop codeine • Initiation of strong opioids should only be considered when all other options have proven ineffective. • If strong opioid use is anything other than short term patients should have specialist review, unless there are good reasons not to • Use Zomorph capsules • Do not prescribe more than 120mg morphine or equivalent per 24 hours (as per BPS guidelines). Refer to specialist.

Neuropathic pain* (excluding trigeminal neuralgia):

**Do not prescribe more than one neuropathic pain drug at the same time. For example, do not prescribe amitriptyline concurrently with duloxetine, gabapentin, or pregabalin*

	Drug	Dose (oral)		Comments	Tapering
1	Amitriptyline	10 to 25mg ON		Titrate over 3 to 6 weeks to a maximum of 75mg ON	Gradually reduce dose and withdraw over 2 to 4 weeks
2	Switch to Gabapentin	Week 1	300mg ON	Where necessary, and if tolerated by patients, clinicians can prescribe a more rapid titration. See BNF for details.	Ideally reduce by 300mg every four days . However, it is possible to taper off faster, over at least one week. May need to taper over longer period if clinically indicated.
		Week 3	300mg OM, 300mg ON		
		Week 5	300mg OM, 300mg noon, 300mg ON		
		Week 7	300mg OM, 300mg noon, 600mg ON		
		Week 9	300mg OM, 600mg noon, 600mg ON		
		Week 11	600mg OM, 600mg noon, 600mg ON		
		Week 13 onwards	Increase according to up to max. 3.6g daily		
3	Switch to duloxetine	30mg OD. Can be increased to 60mg OD			Available strengths make tapering difficult. Reduce 60mg to 30mg for one week then stop. Stop if 30mg.
	OR				
	Switch to pregabalin	150mg daily in 2-3 divided doses, increased if necessary after 3-7 days to 300mg daily in 2-3 divided doses, increased further if necessary after 7 days to max 600mg daily in 2-3 divided doses		From 1st August 2017, pregabalin should be prescribed generically ie NOT as Lyrica or as any other branded generic.	Reduce by 50-100mg per week. However, it is possible to taper off faster, over at least one week. May need to taper over longer period if clinically indicated.
4	Refer to specialist. For people awaiting referral after initial treatments have failed, consider prescribing a short course of tramadol for pain relief. Prescribe tramadol cautiously, bearing in mind the potential for misuse. Tramadol is a Schedule 3 controlled drug and as such is subject to the legal hand writing requirements associated with controlled drugs				

Tapering: The advice regarding tapering should be treated as a guide only. Individuals may require a longer tapering period, or may tolerate a faster withdrawal. This will be dependent on multiple factors such as the individual, the length of treatment and the dose achieved.

Nefopam: Nefopam is a non formulary drug. Most of the studies assessing the efficacy of nefopam are either single dose or short term based; the majority of these involve parenteral administration which is not supported by the UK marketing authorisation. The evidence base for the efficacy of nefopam is weak, conflicting or absent in reducing pain in patients with RA or postoperative period. Further to this, the price has nefopam has recently increased by 456% (£10.59/90 tablets in Jan 16 to £58.88/90 tablets in July 16).

References : North of Tyne. Feb 2015.'Primary management of drug prescribing in non-malignant pain', Sectioned copied with thanks./County Durham and Darlington area prescribing committee, May 2015 updated July 2015 'Initial prescribing protocol: oral analgesia in adults with non-cancer pain' /NICE guideline CG173. December 2014. 'Neuropathic pain in adults: pharmacological management in non-specialist settings' /NICE CKS. September 2015. 'Analgesia mild to moderate pain'/North Tyneside CCG. July 2016. 'NTCCG position statement on nefopam' /Worcestershire county area prescribing committee January 2011 'Guidelines for the management of neuropathic pain' /Finnerup et al. December 2007.'Clinical use of pregabalin in the management of central neuropathic pain'. Neuropsychiatric disease and treatment. 3(6): 885–891. Available online: www.ncbi.nlm.nih.gov/pmc/articles/PMC2656330/ /Baron et al. September 2010.'The efficacy and safety of pregabalin in the treatment of neuropathic pain associated with chronic lumbosacral radiculopathy'. Elsevier. 150 (3): 420-427. Available online at:http://www.sciencedirect.com/science/article/pii/S0304395910002198/South East London Pharmacological Management of neuropathic pain in adults, November 2015/Public health England. 2014. Advice for prescribers on the risk of the misuse of pregabalin and gabapentin