Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Brief guidelines for the pharmacological management of chronic neuropathic pain

Is this chronic neuropathic pain?

Has pain persisted longer than 3 months?

Use the Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) in person
S-LANSS is a version that can be self-administered by some patients

A score ≥12 suggests neuropathic mechanisms are contributing to the pain

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

Discuss non-pharmacological strategies, benefits and risks of drug therapy including potential driving impairment (patient leaflet), and provide signposting information.

Superficial pain

Post-herpetic neuralgia

Lidocaine 5% plaster

Apply to unbroken skin in affected area once blisters have healed: 12 hours on, 12 hours off

Can be trimmed

Ideally use one patch, and never more than 3 patches at a time

Post-herpetic neuralgia, painful diabetic peripheral neuropathy

Capsaicin 0.075% cream

Apply 3 times a day to unbroken skin in affected area once blisters have healed

Application frequency can often be reduced to once daily after 6 weeks

Consider 0.025% cream if it is too hot

Systemic treatments

Amitriptyline

Start at 10 mg at night

Increase if needed by 10 mg a fortnight

25 mg tablets also available

Aim for lowest effective dose, but dose ≥75 mg rarely needed

Pros: once a day administration

Cons (*not exhaustive*): sedation, dry mouth, palpitations, blurred vision, urinary retention, long term concerns about elevated dementia risk

Beware drug interactions with SSRIs

Same dose of **nortriptyline** can be effective if amitriptyline too sedating (leaflet)

Duloxetine

Start at 20 mg in the morning

Increase if needed by 20 mg a fortnight

Maximum dose 120 mg in 24 hours: dose may be divided if needed

Pros: often once a day administration, less sedating than a tricyclic

Cons (*not exhaustive*): dry mouth, nausea, constipation, fatigue, blurred vision, urinary retention, concerns about elevated self harm and suicide risk on initiation

Beware drug interactions with SSRIs

Gabapentin	***Pregabalin***
Start at 100 mg at night	Start at 25 mg at night
Increase if needed by 100 mg a week in up to three divided doses	Increase if needed by 25 mg a week in up to two divided doses
Aim for lowest effective dose	Aim for lowest effective dose
Initial target 300 mg three times a day, if no response by 600 mg three times a day then discontinue, reversing above process	Initial target 75 mg twice times a day, if no response by 150 mg twice a day then discontinue, reversing above process
Pros: no interactions with SSRIs	Pros: no interactions with SSRIs
Cons (*not exhaustive*): controlled drug, dependence, diversion, sedation, dizziness, nausea, vomiting, weight gain, appetite stimulation	Cons (*not exhaustive*): controlled drug, dependence, diversion, sedation, dizziness, nausea, vomiting, weight gain, appetite stimulation
No longer recommended for chronic sciatica, chronic primary pain	No longer recommended for chronic sciatica, chronic primary pain

Gabapentin (Neurontin): risk of severe respiratory depression MHRA October 2017
Pregabalin (Lyrica): reports of severe respiratory depression MHRA February 2021
Control of pregabalin and gabapentin under the Misuse of Drugs Act 1971 MHRA March 2019
Pregabalin and risks in pregnancy MHRA April 2022

Drug titration strategy
Slow titration upwards reduces risk of side effects and adverse events, but it might take time for a therapeutic benefit to be seen, so patience is needed
If a drug is well tolerated, speed of titration and/or dose escalation can be increased
Regularly assess benefits and side effects
To discontinue, reverse the above titration protocol. Slow titration downwards reduces risk of withdrawal symptoms or pain rebound
For patients successfully established on an antineuropathic drug, regularly assess continuing benefit every 1–2 years by titrating slowly downwards

Please see NICE CG173 for full neuropathic pain guidelines, and NICE NG59 for full sciatica guidelines

Version	2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: • Rebadging with HWE ICB and removal of WECCG header • Review date removed and replaced with standard statement.
Developed by	West Essex Community Pain Service
Approved by	WEMOPB
Date approved/updated	May 2022
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	1.0 Removal of adjuncts box and replaced with MHRA Drug Safety Updates, replace broken CCG website links to HWE ICB Prescribing, Policies and Pathways website