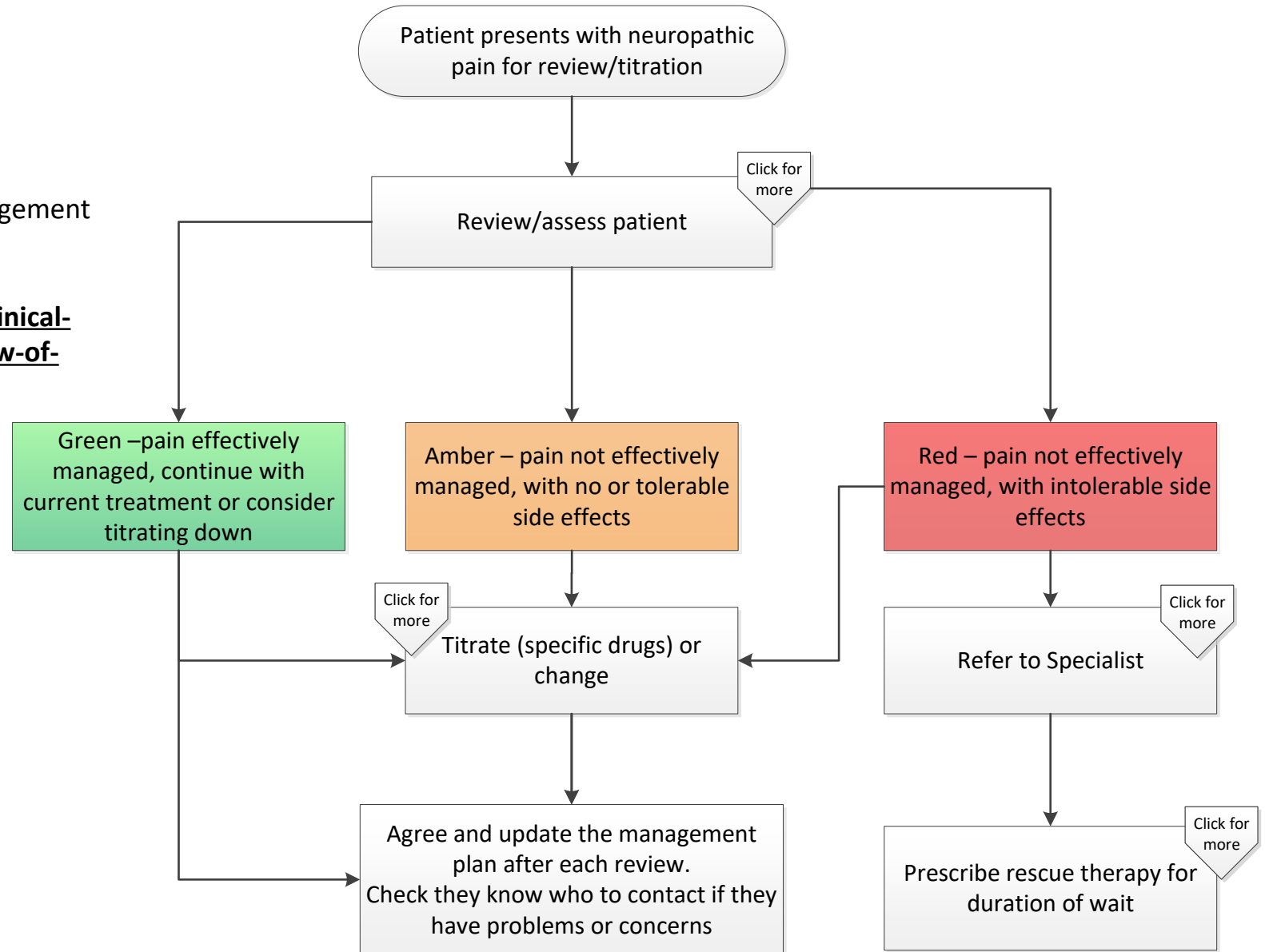


Drug Titration and Review for Neuropathic Pain

This pathway relates to Initial Management of Neuropathic Pain Pathway

<https://clinical-pathways.org.uk/clinical-pathways/drug-titration-and-review-of-neuropathic-pain>



Review/Assessment of Patient

Assess the progress made with dose titration and the tolerability and effectiveness of the current treatment, including:

- Pain control.
 - Please click on and update - ***British Society Pain Scale***
- Impact on lifestyle, daily activities (including sleep disturbance), and participation.
- Physical and psychological well-being.
- Adverse effects.
- Continued need for treatment.
- The benefits and risks of continuing the current dose, adjusting the dose or stopping the medicine. Base decisions on this discussion, taking into account, for example:
 - The benefits or harms the person is experiencing from continuing the medicine.
 - For people taking gabapentin or pregabalin any signs that the person is developing problems associated with dependence (such as running out of a medicine early, making frequent requests for dose increases or reporting loss of efficacy of a medicine that was previously working well)
 - The person's preferences.

Please see Professional Guidance for NICE Guidance information.

Please see local treatment guidelines for further information

Professional Guidance

NICE Guidance: pharmacological management in non-specialist settings (CG173)

<https://www.nice.org.uk/guidance/cg173/chapter/Recommendations>

NICE CKS: Neuropathic pain - drug treatment

<https://cks.nice.org.uk/topics/neuropathic-pain-drug-treatment/management/neuropathic-pain-drug-treatment/>

BNF Treatment Summary:

<https://bnf.nice.org.uk/treatment-summaries/neuropathic-pain/>

Local Treatment guidelines:

Please see local treatment guidelines for further information

Titrate or change medications (amber)

- Please refer to NICE guidance Neuropathic Pain
<https://www.nice.org.uk/guidance/cg173/chapter/Recommendations>
- Please refer to BNF for neuropathic pain treatment:
<https://bnf.nice.org.uk/treatment-summaries/neuropathic-pain/>

Titrate drug if not already at target dose (See BNF links):

- 1) Amitriptyline: <https://bnf.nice.org.uk/drugs/amitriptyline-hydrochloride/>
- 2) Gabapentin* : <https://bnf.nice.org.uk/drugs/gabapentin/>
- Pregabalin*: <https://bnf.nice.org.uk/drugs/pregabalin/>
- 3) Duloxetine: <https://bnf.nice.org.uk/drugs/duloxetine/>
In diabetic peripheral neuropathy consider duloxetine as second line.

If titrated to target dose, change medications:

- If on amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia) and is not effective or is not tolerated:
- Offer one of the other three remaining drug options (for example if on amitriptyline, switch to duloxetine, gabapentin, or pregabalin). If the treatment is still not effective or is not tolerated, consider switching again until a suitable treatment is found, or all four drugs have been tried.
- Use clinical judgement to decide whether to titrate the dose more slowly upwards instead of switching (especially if adverse effects improve with time following each dose increase).
- When withdrawing or switching treatment, taper the withdrawal regimen to take account of dosage and any discontinuation symptoms. See Prescribing information for more information on starting and withdrawing drug treatments.
- Consider tramadol only if acute rescue therapy is needed
- Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments. See additional information for more on capsaicin cream.

Trigeminal neuralgia

- If initial treatment with carbamazepine is not effective, is not tolerated or is contraindicated, consider seeking expert advice from a specialist and consider early referral to a specialist pain service or a condition-specific service.

**If patient is unable to reach maximum effective dose of Gabapentin despite titration consider pregabalin. Pregabalin works on the same pathway as gabapentin. Evaluate people carefully for a history of drug abuse before prescribing gabapentin or pregabalin and observe them for development of signs of abuse and dependence*

Anticholinergic burden should be considered where relevant when any new medicine is initiated – For information, please click [here](#)

Prescribe rescue therapy for duration of wait:

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 relevant regulations

Refer to Specialist:

Consider referring the person to a specialist pain service and/or a relevant clinical specialty (for example neurology, diabetology, or oncology) if:

- They have severe pain.
- Their pain significantly limits their participation in daily activities (including self-care, general tasks and demands, interpersonal interactions and relationships, mobility, and sleeping).
- The underlying health condition that is causing neuropathic pain has deteriorated.

Most secondary care neuropathic pain is managed under the Pain Specialist Management Team unless the following criteria are met where referral to neurology maybe appropriate:

- Known underlying neurological condition
- Or diagnosis of trigeminal neuralgia

If referral to Neurology is considered, please use A&G service if appropriate.

Please consider referrals to CBT/Mental Health Services or MSK/Physio if considered appropriate.

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Pathway

Patient Guidance

- Post Herpetic Neuralgia – ***Postherpetic Neuralgia | Symptoms and Treatment | Patient***
- Trigeminal Neuralgia – ***Trigeminal Neuralgia: Causes, Symptoms and Treatment | Patient***
- Peripheral Neuropathy – ***peripheral Neuropathy. Neuropathy treatment and symptoms | Patient***