Guidelines for the Treatment of Neuropathic Pain in Adults

NHS Rotherham

Consider referring the person to a specialist pain service at any stage, including at initial presentation and at the regular clinical reviews if their pain is severe, significantly limits their daily activity, or their underlying health condition has deteriorated.

Painful Diabetic Neuropathy

1st Line

3 month trial of
AMITRIPTYLINE
10mg/day increasing to 75mg/day

2nd Line

2 month trial of
DULOXETINE
60mg/day increasing to 120mg/day.
Use with caution in pts with hypertension and/or other cardiac disease (see notes)

3rd Line

3 month trial of
GABAPENTIN CAPSULES 300mg/day increase to 1800mg/day
OR
PREGABALIN 150mg/day divided into 2 doses increasing to 600mg/day divided into 2 doses
AND/OR
Refer the patient to a specialist pain service and/or a condition-specific service

People with other neuropathic pain

3 month trial of
AMITRIPTYLINE
10mg/day increasing to 75mg/day

(or imipramine or nortriptyline as an alternative if amitriptyline is effective but the person cannot tolerate the adverse effects).

Switch to or combine with
PREGABALIN
150mg/day divided into 2 doses increasing to 600mg/day divided into 2 doses

OR

3 month trial of
GABAPENTIN CAPSULES
300mg/day increase to 1800mg/day
(not mentioned in NICE CG 96 – see notes)

Refer the patient to a specialist pain service and/or a condition-specific service.

After starting or changing a treatment, perform an early clinical review of dosage titration, tolerability and adverse effects to assess suitability of chosen treatment.

Notes

Treatment and care should take into account patients' needs and preferences. People with neuropathic pain should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. Good communication between healthcare professionals and patients is essential.

Choice of Therapy.

Amitriptyline

Patients receiving TCAs were significantly more likely to report at least 30% pain reduction and global improvement compared with patients receiving placebo. Although amitriptyline is not licensed for neuropathic pain, the evidence base for treatment efficacy was deemed sufficient to make this positive recommendation [1].

Nortriptyline and Imipramine

Although these drugs are not licensed for use in neuropathic pain, they should be used as alternatives to amitriptyline in patients who have achieved satisfactory pain reduction with amitriptyline but not able to tolerate the side effects. Both are relatively low-cost drugs, and there is evidence on efficacy in relation to global improvement for these drugs [1].

Duloxetine

Duloxetine has been associated with an increase in blood pressure, and clinically significant hypertension in some patients. Cases of hypertensive crisis have been reported with duloxetine, especially in patients with pre-existing hypertension. Therefore, in patients with known hypertension and/or other cardiac disease, blood pressure monitoring is recommended, especially during the first month of treatment. Duloxetine should be used with caution in patients whose conditions could be compromised by an increased heart rate or by an increase in blood pressure [2].
Patients receiving SNRIs were significantly more likely to report at least 30% pain reduction. Response to treatment should be evaluated after 2 months. In patients with inadequate initial response, additional response after this time is unlikely.

Gabapentin

Although not mentioned in NICE CG 96, there is a large body of high quality evidence that gabapentin is effective in neuropathic pain. Patients receiving gabapentin were significantly more likely to report at least 50% pain reduction and global improvement compared with patients receiving placebo[3].

Pregabalin

Patients receiving pregabalin were significantly more likely to report at least 30% pain reduction, at least 50% pain reduction and global improvement compared with patients receiving placebo [1].

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Ref:

1) NICE clinical guideline 96 - Neuropathic pain The pharmacological management of neuropathic pain in adults in non-specialist settings: Mar 2010 (http://guidance.nice.org.uk/CG96/Guidance)
2) SPC Cymbalta 30mg hard gastro-resistant capsules, Cymbalta 60mg hard gastro-resistant capsules (http://www.medicines.org.uk/EMC/medicine/15694/SPC/Cymbalta+30mg+hard+gastro-resistant+capsules%2c+Cymbalta+60mg+hard+gastro-resistant+capsules/)
3) Wiffen PJ,McQuayHJ, Rees J,Moore RA.Gabapentin for acute and chronic pain. Cochrane Databaseof Systematic Reviews 2005, Issue 3. Art. No.: CD005452. DOI: 10.1002/14651858.CD005452.