Surrey and North West Sussex Area Prescribing Committee

Guidelines for Managing Neuropathic Pain in Primary Care

- For treatment of trigeminal neuralgia please see https://cks.nice.org.uk/topics/trigeminal-neuralgia/
- For treatment of sciatic pain please see https://cks.nice.org.uk/topics/sciatica-lumbar-radiculopathy/

When agreeing a treatment plan with a person, take into account their concerns and expectations. Discussion points are included as key principles of care in NICE CG173 https://www.nice.org.uk/guidance/cg173/chapter/1-Recommendations

Step 1: Choose one and consider switching within step 1 if initial treatment is not effective or not tolerated

Consider **capsaicin 0.075% cream (Axsain®)** for people with localized neuropathic pain who wish to avoid, or cannot tolerate, oral treatments.

Amitriptyline- titrate slowly to reduce side effects.

Week 1	Week 2	Week 3	Week 4	Week 5
10mg	20mg	30mg	40mg	50mg

- Take at night to reduce 'hangover effect' and promote sleep.
- Usual maximum dose is 50mg daily but 75mg may be used if patient deriving benefit with limited side effects.
- Titrate down slowly if stopping therapy.
- Patients should be encouraged to persist with treatment as some tolerance to side-effects seems to develop.
- Use with caution if patient is already on an opioid. https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/12/letter-regarding-regulation-28-eoe-cdao20191212.pdf

OR

Duloxetine 60mg once daily (especially if showing signs of depression). In trials a total daily dose of 120mg (60mg twice daily) was not found to be superior to 60mg per day.

Step 2: If Step 1 is tolerated and further pain relief is required, consider combination with an **anticonvulsant** (**gabapentinoids).**
N.B. combination is not recommended by NICE but has been agreed locally to keep dose of step 2 drug to lowest effective dose

Anticonvulsants (gabapentinoids)- these are CDs and max quantity to be prescribed is 30 days. In the case of gabapentin, initial quantity when titrating will be higher than when it is repeated

G**abapentin –** Preferred choice due to lower potential for misuse. Median effective dose of 600mg TDS

Pregabalin- may be used if gabapentin is effective but not well tolerated or if it is ineffective. Median effective dose of 150mg BD
Dose must be reduced in impaired renal function.
NOTE: TDS dose is not necessary for treatment of NeP

Step 3: Lidocaine 5% plaster – for post-herpetic neuralgia (PHN) with localised allodynia ONLY

- No more than 3 plasters should be used at any one time.
- Issue first prescription as acute, review effectiveness of patch after 2-4 weeks. **If no benefit then discontinue**
- Review every 3 months-very few patients should need treatment beyond a year
- Review other medication for treatment of PHN and reduce slowly to stop.
- 10% of patients get a skin reaction with the plasters
- Concordance may be a problem with patients due to adhesive issues with the plaster.
- Patches can be cut and stored for use the following days
- Patches should be worn for 12 hours and then removed for 12 hours

Consider using first line where

- *The painful area is less than about 5cm²*
- *Patient is unable to take oral medication.*
- *Risk of drug-drug interaction with treatment in steps 2 and 3*
- *Increased risk of falls*

Refer to secondary care pain clinic if:

- Patient's symptoms are unresponsive to treatment and an acceptable reduction in pain is not achieved.
- The patient is responding but suffering unacceptable side-effects and all options above have been considered
- The patient does not want drug therapy.
- Need further advice or diagnosis on the particular clinical symptom set.
- Biopsychosocial needs and difficulty in managing/coping('Yellow Flags')

For people awaiting referral after initial treatments have failed, consider prescribing a short course of tramadol for pain relief. Bearing in mind the potential for misuse, prescribe cautiously, for 2-4 weeks on acute prescription only and review patients at least every 3 months. See SPC for cautions and contra-indications.

Additional information

- Further information can be found on https://cks.nice.org.uk/neuropathic-pain-drug-treatment#!scenario

- In patients with diabetes poor glycaemic control is a key risk factor for peripheral diabetic neuropathy. Encourage patients to improve glycaemic control.

Duloxetine

- Response is seen within one week and is unlikely if not seen by eight weeks. Once response is seen, patient should be reviewed every 3 months.
- Caution should be exercised when duloxetine is combined with oral anticoagulants or antiplatelet agents due to a potential increased risk of bleeding
  Contraindicated in (for full details see SPC); Liver disease resulting in hepatic impairment; severe renal impairment (creatinine clearance <30 ml/min)
  Abrupt discontinuation of duloxetine should be avoided. When stopping treatment with duloxetine the dose should be gradually reduced over a period of at least one to two weeks in order to reduce the risk of withdrawal reactions.

Anticonvulsants (gabapentinoids)

- There should be a trail on median effective dose for 8 weeks and then a review. Further reviews should occur every 6 months.
- Anticonvulsants should be weaned down but not stopped suddenly (or inadvertently run out of). Advice should be given to patient and carer(s) of possible drowsiness and effect on driving
- Doses above median effective dose should be given careful consideration due to the dependency and abuse potential of these drugs

Dose titration for gabapentin.

	Day 1	Day 2	Day 3	Day 4	Day 5
AM		300mg	300mg	300mg	300mg
Midday			300mg	300mg	300mg
PM	300mg	300mg	300mg	300mg	600mg

Dose titration for pregabalin.

	Step 1	Step 2	Step 3
AM	75mg	150mg	300mg
PM	75mg	150mg	300mg

Based on individual patient response and tolerability, the dose may be increased to 300 mg per day after an interval of 3 to 7 days.

References:

NICE (2020). Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173) https://www.nice.org.uk/guidance/cg173

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