Walsall Clinical Commissioning Group NHS

Walsall Healthcare NHS Trust

Guide to Prescribing Analgesics for Non-Malignant Chronic Pain

Regular **Paracetamol** 1g QDS (or appropriate lower doses)
+/ - **NSAID Ibuprofen** 400 mg TDS or **Naproxen** 500 mg BD unless contraindicated (Consider PPI if clinically indicated)

Read Clinic Guidance Notes alongside this pathway

Comprehensive assessment: Somatic, visceral or neuropathic

NOCICEPTIVE

If no improvement consider adding Codeine phosphate 30- 60mg qds as a preferred first option or Tramadol 50-l00mg qds (Tramadol - Caution in elderly, epileptics, and those on antidepressants. Drowsiness may affect performance of skilled task)

Stop and review diagnosis before switching to strong opioid
Are there symptoms of Neuropathic Pain?
Burning pain, stabbing pain, shooting pain, pins and needles and numbness?

If YES treat for Neuropathic pain before considering opioids

See Clinic Guidance Notes appendix-1

Proceed to low dose opioids if no evidence of neuropathic pain and **referral to pain clinic or the MSK service (via letter).**

Within the Referral period advice via fax is available

Morphine Sulfate M/R (preferred Brand - Zomorph®) 10mg BD as starting dose

Swallowing difficulties: remember Zomorph® capsules can be opened.

Where compliance is an issue consider Buprenorphine patch (preferred Brand - Butec®) Starting from 5 mcg/hr patch every 7 days, titrating up after 2 weeks if need be.

TAPENTADOL: Hospital Only Initiation
Blueteq form must be completed for monitoring/ compliance

NEUROPATHIC

Neuropathic pain
Burning pain, stabbing pain, shooting pain, pins and needles, numbness, allodynia and hyperesthesia

Diabetic Neuropathy

Amitriptyline - Start at 25mg ON and titrate up to max. 50mg ON (caution in the elderly>75yrs start at 10mg and titrate slowly to 50mg/day)

*Continue for 8 weeks before assessing efficacy or discontinuing

Neuropathic pain
Amitriptyline (dose above) **+/-** Gabapentin

Gabapentin: Titrate up to an effective dose (i.e. 1800 mg/ day) over 2 weeks by 300mg increments every 2-3 days.
- Dose info - see appendix 2
- To be taken for minimum 8 weeks before assessing efficacy or discontinuing
- If not tolerated then wean down gradually over a min. of 1 week

Wean Gabapentin

Amitriptyline (dose above) +/- Pregabalin

Pregabalin: Starting with 75 mg BD for 2 weeks and titrate up to 150mg BD while assessing response. Max 300 mg BD
- Dose info - see appendix 3
- To be taken for minimum 8 weeks before assessing efficacy or discontinuing
- If not tolerated then wean down gradually over a min. of 1 week

Stop Amitriptyline

Diabetic Neuropathy
Duloxetine **+/-** Gabapentin (Dose info - see appendix 2)

Duloxetine: Start with low dose of 30 mg/day. Gradually titrate up to an effective dose (max. 90mg/ day).
- Continue for 8 weeks before assessing efficacy or discontinuing
- Reassess at least every 3months

Wean Gabapentin

Duloxetine (dose above) **+/-** Pregabalin
(Restricted for patients who are intolerant of gabapentin or where gabapentin is ineffective)

Pregabalin: Starting with 75 mg BD for 2 weeks and titrate up to 150mg BD while assessing response. Max 300mg BD
- To be taken for minimum 8 weeks before assessing efficacy or discontinuing
- If not tolerated then wean down gradually over a min. of 1 week

Refer to the pain service if ongoing pain OR if underling biopsychosocial issues

KEY

Primary care prescribing	Specialist initiation: Medicines suitable for primary care prescribing following Specialist Initiation/ recommendation	Hospital Only Initiation

Implementation Date: Aug 2017
Reviewed and Version 3: Date Aug 2018
Review Date: Aug 2020

Appendix-1

PAIN CLINIC GUIDELINE NOTES

1. Pain Clinic Referral in back pain patients
   Consider referral to pain clinic in mechanical back and cervico thoracic spine pain patients who are known to have disc degeneration and facet degeneration where physiotherapy and analgesics are not effective. These patients should be directly referred to the Chronic Pain service (NICE back pain guidelines 2016 NG59)

2. Where an MRI scan has not been performed and the patient mechanical back pain patient is not responding to analgesics, physiotherapy and lifestyle advice and changes, consider referral to pain clinic after ruling out alternative diagnosis (NICE back pain guidelines 2016 NG59)

3. For newly diagnosed back and spine patients, optimise analgesics and consider referral to the MSK service using the form, which is embed into the GP clinical system (EMIS WEB).

4. Where patients have previously been seen and discharged from the MSK service and continue to experience back, neck and spine pain, refer to the pain service

5. Complex Regional Pain Syndrome (CRPS) patients should be referred urgently to pain clinic after commencing treatment for neuropathic pain

6. If serious underlying pathology is suspected, refer to the relevant specialty

7. Where there is significant anxiety or depression, review antidepressant regime and consider referral or patient self-referral to the Talking therapies service

8. Consider referring the patient to the Pain service and/or a condition specific service at any stage including at initial presentation and at regular clinical reviews if the patient has

   a. Severe pain
   b. Their pain significantly limits their lifestyle, daily activities (including sleep disturbance) and participation or
   c. Their underlying health has deteriorated (NICE guidelines CG173)

9. Neuropathic pain medication should be titrated to the optimal effective dose i.e. Amitriptylline 50mg nocte or Gabapentin 600mg TDS and continued for a minimum of 6-8 weeks before assessing efficacy or discontinuing except where untolerated. See neuropathic pain dose titrations protocol on appendix -2

10. Life style advice and education can be supported by using the pain tool kit app downloadable from the app store (see appendix-3)
    - Other patient information resources
      - https://www.paintoolkit.org/
      - http://www.nhs.uk/livewell/pain/Pages/Painhome.aspx
      - https://www.britishpainsociety.org/british-pain-society-publications/patient-publications/
      - www.oneyouwalsall.com- Available link to smoking, weight loss, drinking alcohol and eat better

11. It is recommended that Pregabalin preparations should be prescribed as twice daily single strength as all strengths of Pregabalin cost the same. Using multiple strengths or higher frequency to achieve the required daily dose would increase the overall drug cost

12. Care should be taken when prescribing opioids for chronic non-malignant pain patients as the concurrent prescription of mixed opioids could lead to tolerance and tachyphylaxis

13. Care should be taken with escalating doses of opioids in chronic non-malignant pain patients, as escalating doses of opioids could lead to opioid induced hyperalgesia and withdrawal symptoms

14. For further advice regarding these guidelines contact **via FAX** the Pain Management Team on 01922 656864

Neuropathic Pain - Gabapentin Dose titrations Protocol

Gabapentin:

Titration guidelines

Days	*Total Dose [Qty to supply]*	*Dosage Instructions*	*Dosing Intervals*
1 – 3	*300mg*	*One at night*	*24 hourly*
4 – 6	*600mg [300mg x 2]*	*One in the morning and One at night*	*12 hourly*
7 – 9	*900mg [300mg x3]*	*One in the morning, One at midday and One at night*	*8 hourly*
10 – 12	*1200mg [300mg x 4]*	*One in the morning, One at midday and Two at night*	*8 hourly*
13 – 15	*1500mg [300mg x5]*	*One in the morning, Two at midday and Two at night*	*8 hourly*
16 – 18	*1800mg [300mg x6]*	*Two in the morning, Two at midday and Two at night*	*8 hourly*
Maximum dose = 1800mg in divided doses *Assess tolerability and step titration down if required 3 to 5 days later if required. Consider retrying up-titration in a step-wise approach*			

Start with 300 mg once a day for 3 days, then increase by 300mg daily every 3 days until they reach 600mg TDS (Max total daily dose 1800mg).

Slow titration **(suitable if the person is elderly, frail, or has experienced adverse effects with higher doses)**

Start with 100 mg at night, increasing by 100 mg a day until pain is significantly reduced, intolerable adverse effects occur, or a maximum daily dosage of 1800mg (600mg three times a day) is reached

If the person experiences adverse effects during daily titration, a slower titration (for example increasing the dose every 3–7 days) may help.

Renal Impairment dosage adjustments

Table 1 . Recommended dosage adjustment for gabapentin in people with renal impairment.

Renal function (based on eGFR)	Starting daily dose (to be administered as three divided doses)	Maximum daily dosage (to be administered as three divided doses)
eGFR 50–80 mL/minute/1.73 m^2	600 mg	1800 mg a day
eGFR 30–49 mL/minute/1.73 m^2	300 mg	900 mg a day
eGFR 15–29 mL/minute/1.73 m^2 (stage 4, severe)	300 mg on alternate days	600 mg a day
eGFR less than 15 mL/minute/1.73 $m^{2\dagger}$ (stage 5, very severe or endstage)	300 mg on alternate days	300 mg a day
eGFR = estimated glomerular filtration rate.		
Data from: [BNF 66, 2013]		

Appendix-3

Neuropathic Pain - Pregabalin Dose titrations Protocol

Pregabalin:

Titration guidelines

Days	*Total Dose [Qty to supply]*	*Dosage Instructions*	*Dosing Intervals*
Week 1 – 2	*150mg [75mg x2]*	*One in the morning and One at night*	*12 hourly*
Week 3 – 8	*300mg [150mg x2]*	*One in the morning and One at night*	*12 hourly*
Week 9	*600mg [300mg x2]*	*One in the morning and One at night*	*12 hourly*
Maximum dose = 600mg in two divided doses ***Assess tolerability and step titration down if required 3 to 5 days later if required. Consider retrying up-titration in a step-wise approach***			

Start pregabalin treatment at 150mg a day (given in two divided doses)
If necessary, increase the dose after 2 weeks to 300mg a day (given in two divided doses).
If necessary, further increase the dose after 6 weeks to a maximum of 600mg a day (given in two divided doses).

Renal Impairment dosage adjustments

Table 1. Recommended dosage adjustment for pregabalin in people with renal impairment.

Renal function (based on eGFR)	Starting daily dose	Maximum daily dose
Stage 3 — moderate eGFR 30–60 mL/minute/1.73 m^2	75 mg a day (divided in two or three doses)	300 mg a day (divided in two or three doses)
Stage 4 — severe eGFR 15–30 mL/minute/1.73 m^2	25–50 mg a day (as one daily dose or divided in two doses)	150 mg a day (as one daily dose or divided in two doses)
Stage 5 — very severe or endstage eGFR less than 15 mL/minute/1.73 m^2	25 mg once a day	75 mg once a day
eGFR = estimated glomerular filtration rate. **Data from:** [BNF 66, 2013]		

Appendix-4

Pain Toolkit

Chronic Pain Management
01922 656864

NHS

Pain Tool kit

Good resource for both patients and professionals...

Download on the App Store painsense makes sense Get it on Google play

With the Pain Toolkit App you'll learn more about accepting pain so you can begin to move on, understanding the pain cycle and much more…

You are able download the app on your mobile phone

You can view the whole document online at:
http://www.nhs.uk/Livewell/Pain/Documents/The%20pain%20toolkit%20-%20Oct%2010%20-%20READ.pdf

For more information on the Pain tool kit:
http://www.paintoolkit.org/