

Primary Care Management of Neuropathic Pain

Version 2.0 – March 2021

VERSION CONTROL		
Version	Date	Amendments made
2.0	March 2021	Complete revision of the LSCMMG guideline: 'The Pharmacological Management of Neuropathic Pain in Adults'. AG.

Contents

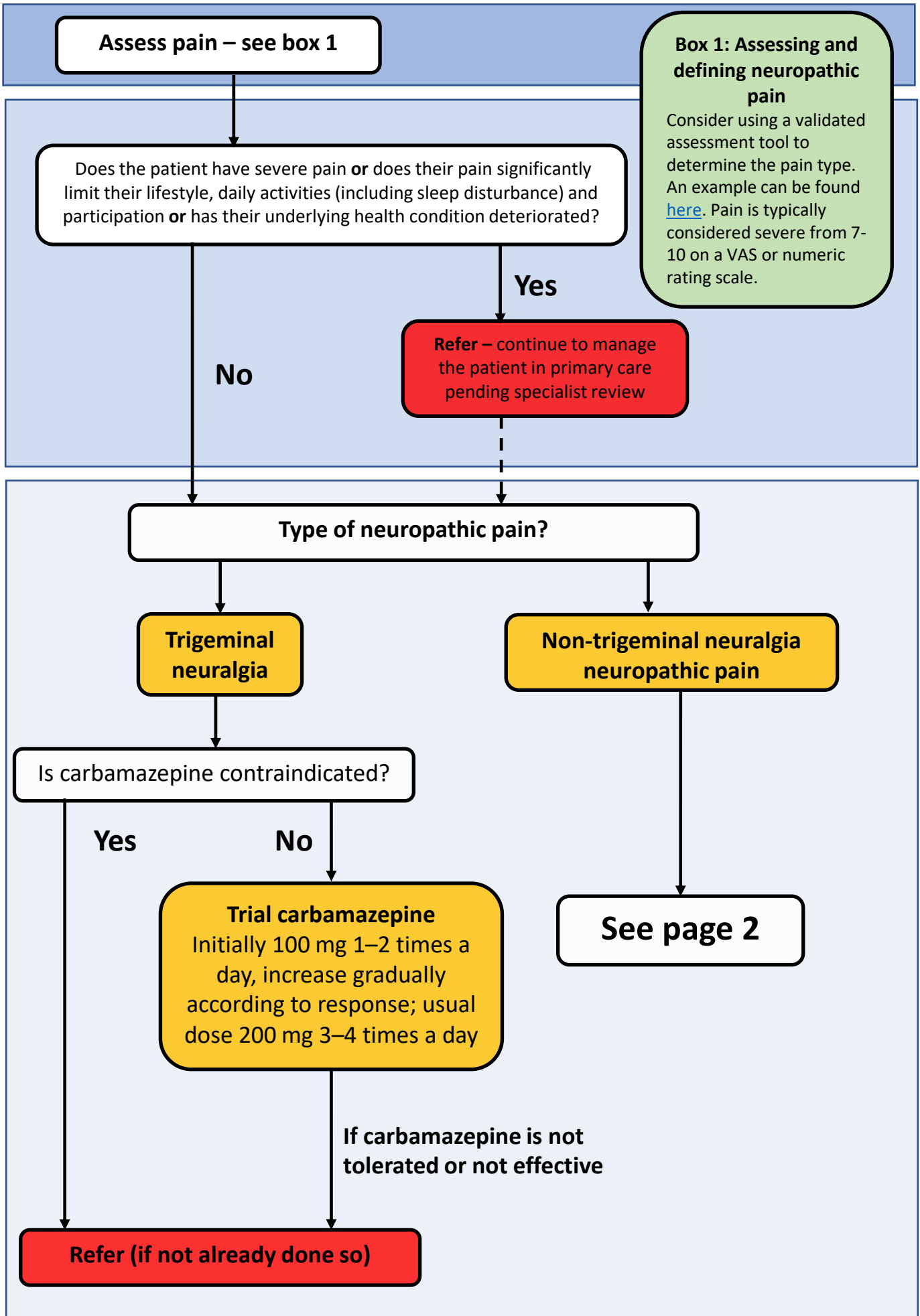
1. Algorithm 1 – Primary care management of neuropathic pain (pages 3 and 4)

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Primary Care Management of Neuropathic Pain



Adapted from NICE CG 173 and associated NICE pathways

Primary Care Management of Neuropathic Pain



Non-trigeminal neuralgia neuropathic pain – for doses see box 2

Box 2: initiation and maximum daily doses of oral management options for neuropathic pain

Medication	Initiation dose	Maximum daily dose
Amitriptyline	10 - 25mg	25 - 75mg*
Duloxetine	60mg	120mg in divided doses
Nortriptyline	10mg	75mg*
Pregabalin	150mg	600mg in divided doses
Gabapentin	300mg	3600mg in divided doses

*Higher doses under specialist supervision. To be read in conjunction with the SPC and current version of the BNF.

Offer one oral* agent from a choice of amitriptyline or duloxetine - see box 3

Those patients with diabetes should be considered for duloxetine first
All other patients should be considered for amitriptyline

Is the pain controlled and is the agent tolerated?

Yes

No – offer the alternative agent (amitriptyline or duloxetine)

End of pathway

No - after both agents have been trialled

Consider nortriptyline

Yes

Did the patient trial amitriptyline, pain was controlled but amitriptyline was not tolerated?

Not effective or tolerated

No

Consider gabapentin or pregabalin – see box 4

Not effective or tolerated

Refer (if not already done so)

* Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments (off-label use). To minimise side-effects start at 0.025% pea size amount four times daily for 6-8 weeks & increase if tolerated to 0.075% four times daily.

Box 3: Treatments that should not be started in non-specialist settings

Do not start the following to treat neuropathic pain in non-specialist settings, unless advised by a specialist to do so AND has been approved locally: Capsaicin patch, lacosamide, lamotrigine, levetiracetam, morphine, oxcarbazepine, topiramate tramadol (chronic use), venlafaxine, sodium valproate.

Box 4: gabapentin and pregabalin

Gabapentin and pregabalin: Evaluate patients carefully for a history of drug abuse before prescribing and observe patients for development of signs of abuse and dependence. Prior approval for use should be obtained where this exists.