

Primary Care Management of Neuropathic Pain

Version 3.0 – September 2024

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.
3.0	September 2024	Update following specialist consultation

Contents

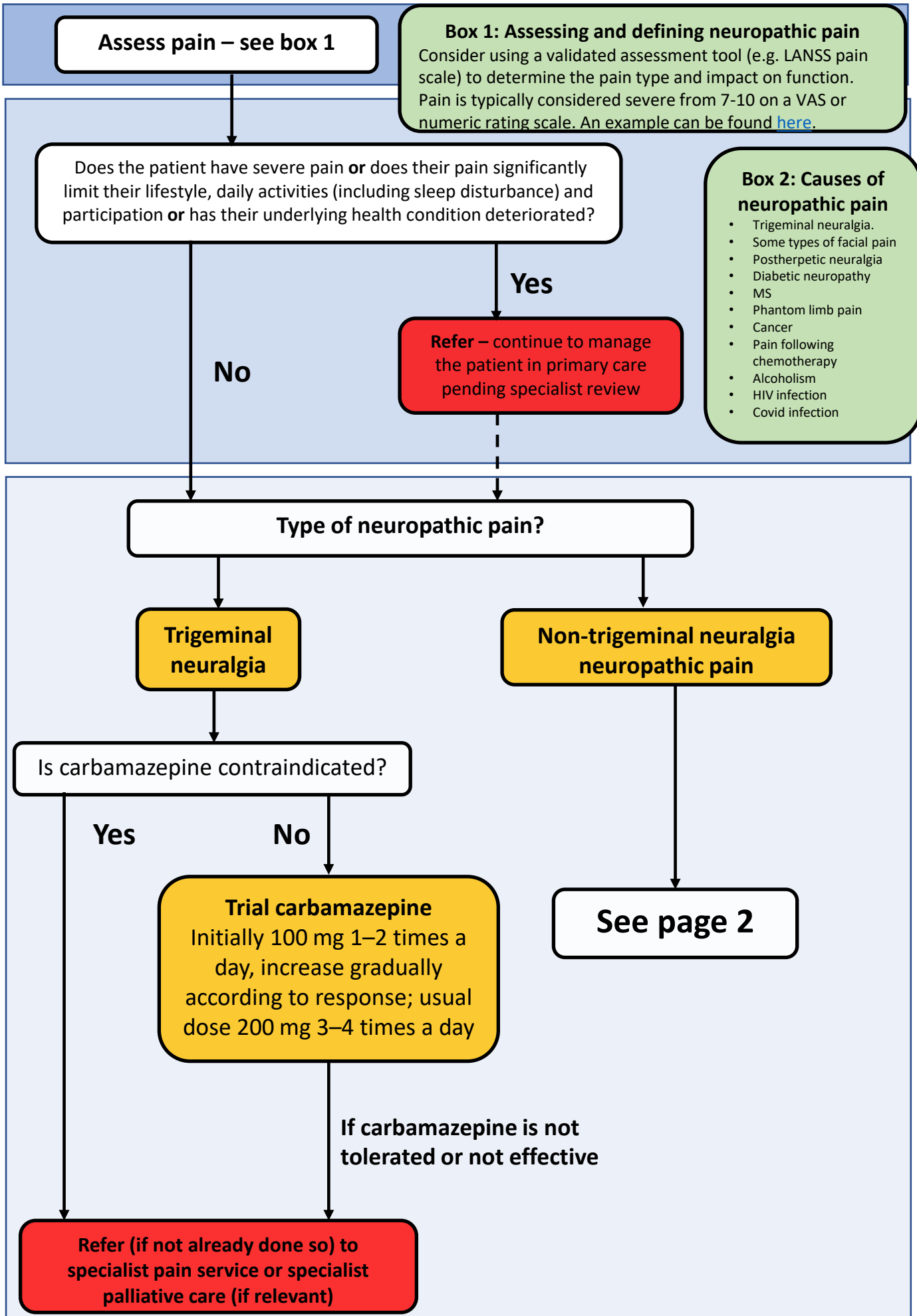
1. Algorithm 1 – Primary care management of neuropathic pain (pages 3 and 4)

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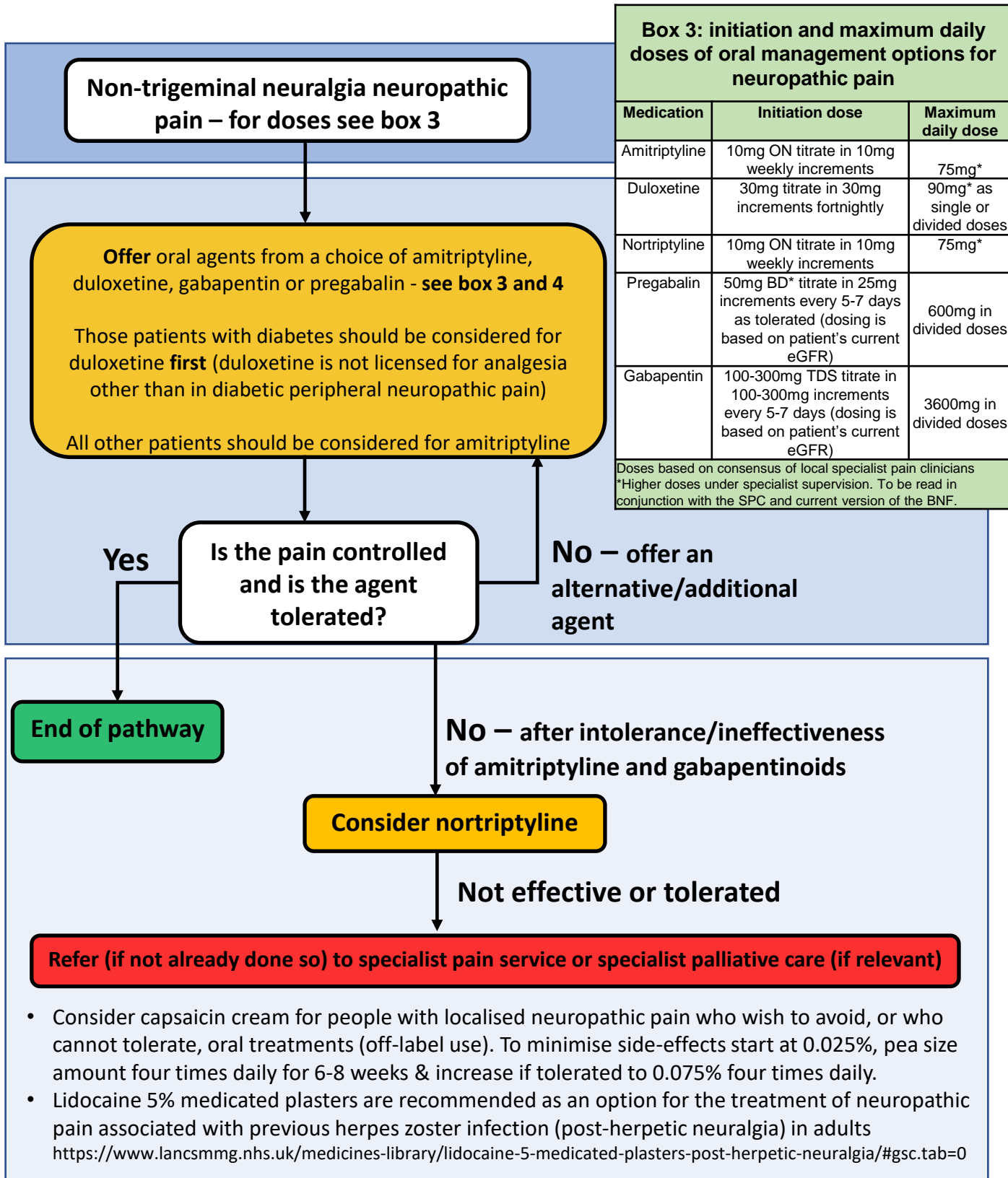
Midlands and Lancashire Commissioning Support Unit,
Leyland House, Lancashire Business Park, Leyland, PR26 6TY
Tel: 01772 644 400 | www.midlandsandlancashirecsu.nhs.uk

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Adapted from NICE CG 173 and associated NICE pathways

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Box 4: 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 (Consider only if acute rescue therapy is needed), venlafaxine, sodium valproate.

Box 5: Gabapentin, pregabalin and antidepressants

Gabapentin and pregabalin: Gabapentinoids are schedule 3 controlled drugs. 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. Concurrent use of opioids and gabapentinoids carries a higher risk of opioid induced adverse events including OIVI (opioid induced ventilatory impairment).

Antidepressants: For patients using antidepressants,

- **serotonin syndrome** is a dangerous side effect unless treated quickly. Risks include mixing SSRIs, SNRIs, tricyclic antidepressants, MAOIs, lithium, opioids (including tramadol) and anti-migraine medications (including carbamazepine). [handyfactsheetserotoninsyndromeuk.pdf \(choiceandmedication.org\)](https://www.choiceandmedication.org/handyfactsheetserotoninsyndromeuk.pdf)
- Concurrent use of duloxetine and amitriptyline can cause hyponatraemia
- Patient should be made aware that mixing antidepressants with opioids causes sedation and may impair driving..