

# **WEL Primary Care Guidelines on the Pharmacological Management of Pain in Adults (non-palliative)**

**Tower Hamlets Version**

**June 2018**

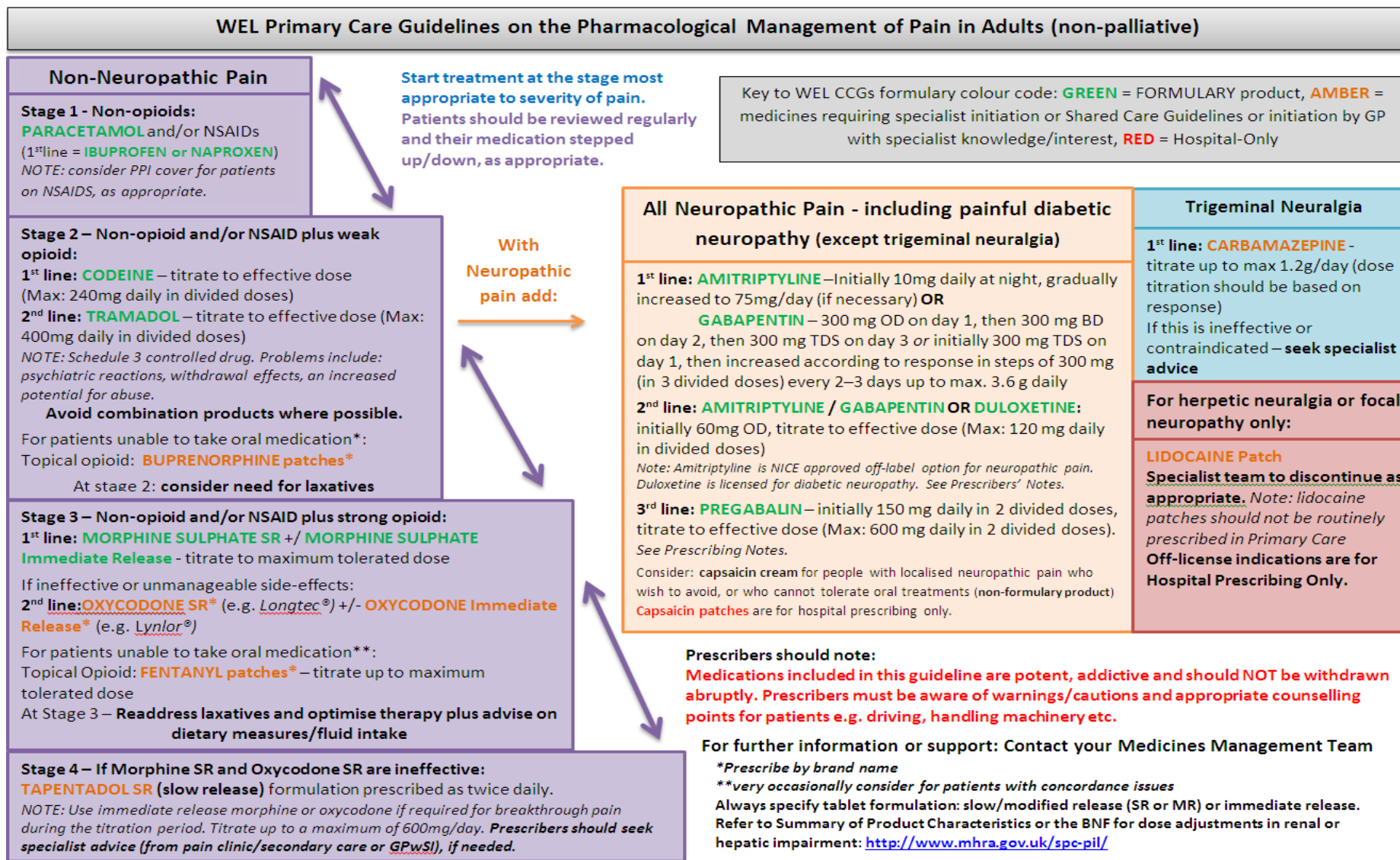
**Waltham Forest and East London Medicines Optimisation and Commissioning Committee (WEL MOCC)**

NHS Newham CCG  
NHS Tower Hamlets CCG  
NHS Waltham Forest CCG

**MAKING THE MOST OF MEDICINES**

**Primary Care Adult Pain Guidelines (non-palliative)  
Version 2**

**Date approved: June 2018  
Review date: May 2020**



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## WEL Primary Care Guidelines on the Pharmacological Management of Pain in Adults (non-palliative)

### Prescribing Notes:

#### Process of care:

1. **Assessment:** history, causes, previous treatment including non-pharmacological, psychological/physical/social and lifestyle/disability issues.
2. **Therapeutic intervention:** to address the above, where possible. This document summarises the pharmacological aspect of patient management
3. **Regular review:** of patients and their medicine for pain management is needed. A more comprehensive review of the patient's condition and therapies as needed, and at least annually – specialist input around underlying conditions and pain management may be needed.

Medication specific advice: For further guidance, please access the eBNF/TH formulary via the following link: <http://psfathbnf01.ad.thpct.nhs.uk:8080/bnf/index>

Prescribers should consider side-effects, tolerance, dependency and withdrawal.

- Carbamazepine: dose range: 200mg-1.2g/day titrated to response.
- Pregabalin: dose range 150mg-600mg/day. Dose should be titrated based on response. Prescribers should be aware that twice daily dosing is more cost-effective than TDS dosing. **Prescribers be aware – pregabalin has 'street-use' and potential for iatrogenic dependency.**
- Gabapentin: dose range of 300mg – 3600mg/day. The manufacturers' information advises gradual discontinuation over one week
- Amitriptylline and Duloxetine for diabetic neuropathy: There is no evidence to suggest that one is clinically superior to the other, for this indication. Treat and titrate according to patients' response.
- Combination products: the WEL CCGs do not advocate the use of combination analgesia e.g. co-codamol. Medication should be prescribed separately. People should be reminded to take the prescribed dose, at the specified frequency and be aware of the maximum daily amount.

#### Resources:

NICE guidelines (CG173) – Neuropathic pain: <https://www.nice.org.uk/guidance/cg173>

NICE CKS on the management of constipation: <http://cks.nice.org.uk/constipation>

CEG NSAID Guidance: <http://www.blizard.qmul.ac.uk/ceg-resource-library/clinical-guidance/clinical-guidelines/581-nsaids-guidelines-2015/file.html>

MHRA Summary of Product Characteristics (SPC) for manufacturer information on dosing, interactions, side-effects, cautions, pharmacodynamics and pharmacokinetic properties: Search by product: <http://www.mhra.gov.uk/spc-pil/>

Hepatic and renal advice: information can be found in the SPC, eBNF or prescribers should contact the Medicines Management Team for further information and support.

NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

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