

NHS Waltham Forest CCG

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

Version 2

NHS Waltham Forest CCG Primary Care Guidelines on the Pharmacological Management of Pain in Adults

Non-Neuropathic Pain

Stage 1 - Non-opioids:

PARACETAMOL and/or NSAIDs

(1st line = **IBUPROFEN** or **NAPROXEN**)

NOTE: consider PPI cover for patients on NSAIDs, as appropriate.

Stage 2 – Non-opioid and/or NSAID plus weak opioid:

1st line: **CODEINE** – titrate to effective dose (Max: 240mg daily in divided doses)

2nd line: **TRAMADOL** – titrate to effective dose (Max: 400mg daily in divided doses)

NOTE: Schedule 3 controlled drug. Problems include: psychiatric reactions, withdrawal effects, an increased potential for abuse.

Avoid combination products where possible.

For patients unable to take oral medication*:

Topical opioid: **BUPRENORPHINE patches***

At stage 2: consider need for laxatives

Stage 3 – Non-opioid and/or NSAID plus strong opioid:

1st line: **MORPHINE SULPHATE SR** +/ **MORPHINE SULPHATE Immediate Release** - titrate to maximum tolerated dose

If ineffective or unmanageable side-effects:

2nd line **OXYCODONE SR*** (e.g. Longtec®) +/- **OXYCODONE Immediate Release*** (e.g. Lynlor®)

For patients unable to take oral medication**:

Topical Opioid: **FENTANYL patches*** – titrate up to maximum tolerated dose

At Stage 3 – Readdress laxatives and optimise therapy plus advise on dietary measures/fluid intake

Stage 4 – If Morphine SR and Oxycodone SR are ineffective:

TAPENTADOL SR (slow release) formulation prescribed as twice daily.

NOTE: Use immediate release morphine or oxycodone if required for breakthrough pain during the titration period. Titrate up to a maximum of 600mg/day. Prescribers should seek specialist advice (from pain clinic/secondary care or GPwSI), if needed.

Patients should be reviewed regularly and their medication stepped up/down, as appropriate.

With Neuropathic pain add:

Key to WEL CCGs formulary colour code:

GREEN = FORMULARY product

AMBER = Medicines requiring specialist initiation either from hospital or by GP with specialist knowledge/interest

Neuropathic Pain - including painful diabetic neuropathy (except trigeminal neuralgia)

1st line: **AMITRIPTYLINE** – Initially 10mg daily at night, gradually increased to 75mg/day (if necessary) **OR** **GABAPENTIN** – 300 mg OD on day 1, then 300 mg BD on day 2, then 300 mg TDS on day 3 or initially 300 mg TDS on day 1, then increased according to response in steps of 300 mg (in 3 divided doses) every 2–3 days up to max. 3.6 g daily

2nd line: **AMITRIPTYLINE** / **GABAPENTIN** **OR** **DULOXETINE**: initially 60mg OD, titrate to effective dose (Max: 120 mg daily in divided doses)

Note: Amitriptyline is NICE approved off-label option for neuropathic pain. Duloxetine is licensed for diabetic neuropathy. See Prescribers' Notes.

3rd line: **PREGABALIN** – initially 150 mg daily in 2 divided doses, titrate to effective dose (Max: 600 mg daily in 2 divided doses)
Note: Lyrica® is licensed for neuropathic pain. See Prescribers' Notes.

For patients unable to take oral medication or have contraindications to above products:**

Topical **CAPSAICIN 0.075% cream** for localised pain

Trigeminal Neuralgia

1st line: **CARBAMAZEPINE** - titrate up to max 1.2g/day (dose titration should be based on response) If this is ineffective or contraindicated – seek specialist advice

For herpetic neuralgia or focal neuropathy only:

LIDOCAINE Patch⁽¹⁾

Licensed. Discontinue if no response after 4 weeks - If ineffective:

CAPSAICIN Patch^(2,3)

Licensed only for peripheral neuropathic pain. NICE states: should not be used in non-specialist setting, unless advised by specialist. Discontinue if no response after 4 weeks.

For further information or support: Contact the Medicines Optimisation Team

Prescribers should note:

Medications included in this guideline are toxic, addictive and should NOT be withdrawn abruptly. Prescribers must be aware of warnings/cautions and appropriate counselling points for patients e.g. driving, handling machinery etc.

*Prescribe by brand name

**very occasionally consider for patients with concordance issues

Always specify tablet formulation: slow/modified release (SR or MR) or immediate release. Refer to Summary of Product Characteristics or the BNF for dose adjustments in renal or hepatic impairment: <http://www.mhra.gov.uk/spc-pil/>

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Prescribing Notes to be used in conjunction with PrescQIPP Bulletin 149 Management of Non-neuropathic pain (January 2017 v2.1):

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. ***Lyrica® is licensed for neuropathic pain. 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
- Amitriptyline 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.

WEL guidelines 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 advice.

Waltham Forest CCG Update Reference:

1. Summary of Product Characteristics Versatis (Lidocaine) 5% Medicated Plaster. Last updated on eMC 27 April 2015. <http://www.medicines.org.uk/emc/medicine/19291>. Accessed on 30/01/2017
2. Summary of Product Characteristics Qutenza (Capsaicin) 179mg cutaneous patch. Last updated on eMC 23 September 2015. <http://www.medicines.org.uk/emc/medicine/23156>. Accessed on 30/01/2017
3. NICE guidelines (CG173) – Neuropathic pain: <https://www.nice.org.uk/guidance/cg173>. Accessed on 31/01/2017

Adapted from the WEL Primary care Guidelines on pharmacological Management of pain in adults August 2016 which was developed in collaboration with: NHS Newham CCG, NHS Tower Hamlets CCG, NHS Waltham Forest CCG