

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

Tower Hamlets Version

June 2018

Date approved: June 2018

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



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in divided doses)

Non-Neuropathic Pain

Stage 1 - Non-opioids:

PARACETAMOL and/or NSAIDs (1stline = IBUPROFEN or NAPROXEN) NOTE: consider PPI cover for patients on NSAIDS, as appropriate.

Start treatment at the stage most appropriate to severity of pain.

With

Neuropathic

pain add:

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

Key to WEL CCGs formulary colour code: GREEN = FORMULARY product, AMBER = medicines requiring specialist initiation or Shared Care Guidelines or initiation by GP with specialist knowledge/interest, RED = Hospital-Only

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.

For patients unable to take oral medication*: Topical opioid: BUPRENORPHINE patches*

At stage 2: consider need for laxatives

Avoid combination products where possible.

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.

All 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

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). See Prescribing Notes.

Consider: capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate oral treatments (non-formulary product) Capsaicin patches are for hospital prescribing only.

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

For herpetic neuralgia or focal neuropathy only:

LIDOCAINE Patch

Specialist team to discontinue as appropriate. Note: lidocaine patches should not be routinely prescribed in Primary Care Off-license indications are for Hospital Prescribing Only.

Prescribers should note:

Medications included in this guideline are potent, 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.

For further information or support: Contact your Medicines Management Team

- *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:

Process of care:

- 1. Assessment: history, causes, previous treatment including non-pharmacological, psychological/physical/social and lifestyle/disability issues.
- 2. <u>Therapeutic intervention</u>: 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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MAKING THE MOST OF MEDICINES