

Analgesic Therapy Flow Chart for Neuropathic Pain recommended by York Pain Management clinic (not including trigeminal neuralgia)

This guideline should be used in conjunction with the NICE guidelines linked below

Step 1

Consider asking patient to fill out a painDETECT questionnaire (pDq) before commencing any of the following treatment:

Offer a choice of:

- Amitriptyline :max 75mg (or 20 mg if on concurrent serotonin releasing medication) to be taken 12 hrs before desired waking.
- Gabapentin: max 1200mg tds
- Duloxetine: max 60mg bd
- Pregabalin :max 300mg bd

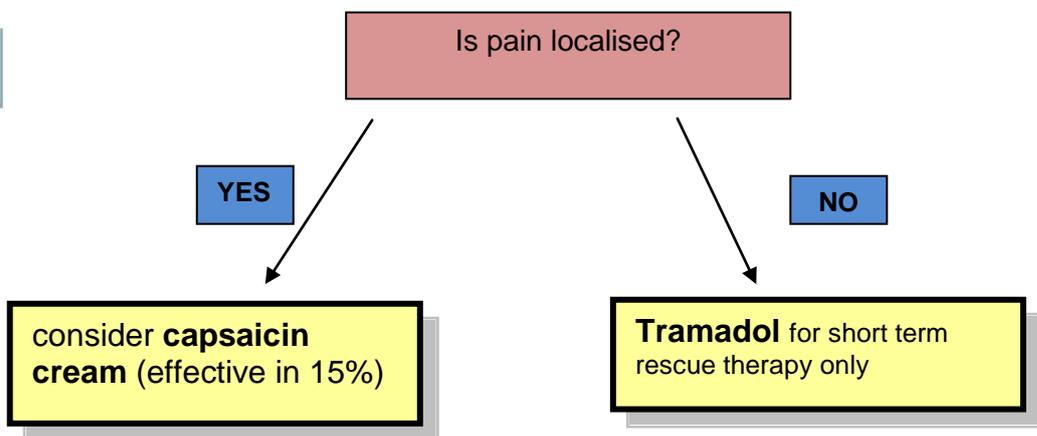
- Titrate each medication in gradually over several weeks starting at lowest available dose.
- Only commence 1 medication at a time.
- Increase each medication gradually up to max unless side effects prevent it.

- ❖ If ineffective at max dose, wean and stop.
- ❖ If only partially effective, keep at most effective dose and add in another.
- ❖ If patient already on strong opiates, see note below before starting pregabalin or gabapentin

Step 2

- If first choice not tolerated or ineffective then offer one of remaining 3 and consider switching again if second and third line also not effective or tolerated.
- If partial efficacy, consider using a combination of the above.

Step 3



• Still no satisfactory benefit?

Step 4

Refer to specialist pain
clinic



Step 5

5% Lidocaine patch may be commenced or recommended if pDq score >18 and pain localised.

- Please repeat pDq at 1 month.
- Stop prescription at 1 month if no decrease in pDq score from that taken at pain clinic

Tapentadol may be commenced or recommended if pDq >18

- Please titrate prescription as advised (max 450 mg per day) and repeat pDq in 1 month
- Wean and stop prescription at 1 month if no decrease in pDq score from that taken at pain clinic

- ❖ Always conduct clinical review of medications at regular (approx. 6 monthly intervals) to ensure efficacy maintained.
- ❖ Use of pain DETECT questionnaire can be helpful in establishing efficacy of anti-neuropathics.
- ❖ Always wean oral medications gradually over 2 weeks rather than stopping suddenly.
- ❖ 2 weeks without Lidocaine patches or any medication should be sufficient to establish benefit.
- ❖ If patient already on strong opiates, before starting pregabalin or gabapentin, please follow advice from prescQUIPP and ensure patient is fully aware of possible harm including dependence and increased effects requiring possible dose adjustment.

References and links:

<http://www.nice.org.uk/guidance/cg173>

<https://www.prescquipp.info/pregabalin-in-neuropathic-pain/send/80-pregabalin-in-neuropathic-pain/2463-bulletin-119-neuropathic-pain>

<http://www.specialistpainphysio.com/wp-content/uploads/2010/07/painDETECT-Questionnaire-01.pdf>