BOURNEMOUTH, DORSET AND POOLE PRESCRIBING FORUM

GUIDELINES FOR THE PHARMACOLOGICAL MANAGEMENT OF DIABETIC NEUROPATHIC PAIN IN PRIMARY CARE.

This pathway indicates the place of drug therapy in the management of diabetic neuropathic pain, the locally agreed drugs to be tried and the threshold for referral to specialist pain services.

- Diagnose as neuropathic pain
- Assess pain levels (0-10 score)
- Agree expectations in management of pain with the patient
- Assess impact of pain on daily activities, mood and quality of sleep.

MILD TO MODERATE PAIN

Amitriptyline initially 10mg at night.

See Box A for dosages

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PERFORM:
After 2 weeks, clinical review of effectiveness, dosage titration, tolerability and adverse effects.

IF UNSATISFACTORY PAIN REDUCTION AT MAXIMUM TOLERATED DOSE (BOX A):

SECOND LINE TREATMENT:
Add Pregabalin or gabapentin

PERFORM:
After 2 weeks, clinical review of effectiveness, dosage titration, tolerability and adverse effects.

MILD TO MODERATE PAIN WITH DEPRESSIVE SYMPTOMS (OR IF AMITRIPTYLINE CONTRAINDICATED/INEFFECTIVE)

Duloxetine, initially 30mg with evening meal.

See Box A for dosages
IF UNSATISFACTORY PAIN REDUCTION AT MAXIMUM TOLERATED DOSE (BOX A):

THIRD LINE TREATMENT:

- Refer the person to a specialist pain service/condition specific service
- Whilst waiting for referral consider tramadol instead OR in combination with second-line treatment. Caution with Duloxetine.
- Consider topical lidocaine gel/Opiste for localised pain/patients unable to tolerate oral medications.

PRACTICAL FOOTNOTES

At an early stage it is important to discuss with the patient that complete elimination of neuropathic pain is often impossible. Significant reduction in their pain would be a more realistic target. Trials of analgesics consider a 50% reduction in pain score a success, although patient expectations can be a lot higher than this.

Treatment choice should take into account their preference, co morbidities, polypharmacy and lifestyle factors. Written information about their diagnosis and treatment options should be given to patients.

Gradual dose increases of drug may be limited by tolerance and stepwise addition of drugs at lower doses may be suitable for many patients. Rapid dose escalation should be avoided when commencing or changing a treatment. A clinical review after 2 weeks should be performed to assess suitability and effectiveness of chosen treatment. If there is no therapeutic improvement after 4 weeks alternative treatments should be tried in a step-wise approach.

Avoid using duloxetine and amitriptyline together.

The natural history of painful neuropathy is poorly understood and some patients may even see some spontaneous resolution of pain, enabling reduction of tablets and dosages. Complete eventual withdrawal of medication as a result of resolution of pain may occur in some cases. A regular review of the patient's needs should be undertaken by the prescribers.

DOSE REDUCTION OR DRUG WITHDRAWAL SHOULD ONLY BE DONE CAUTIOUSLY AND GRADUALLY. SUDDEN WITHDRAWAL MAY HAVE SERIOUS CONSEQUENCES.

BOX A DRUG DOSAGES:

- Start at a low dose, as indicated in the table.
- Titrate upwards to an effective dose or the person’s maximum tolerated dose (no higher than the maximum dose listed in the table)
<table>
<thead>
<tr>
<th>DRUG</th>
<th>STARTING DOSE</th>
<th>MAXIMUM DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITRIPTYLINE</td>
<td>10mg/day at night</td>
<td>30mg/day</td>
</tr>
<tr>
<td>DULOXETINE</td>
<td>30mg/day with evening meal</td>
<td>120mg/day</td>
</tr>
<tr>
<td>PREGABALIN</td>
<td>75mg/day bd</td>
<td>600mg/day – divided into 2 doses</td>
</tr>
<tr>
<td>GABAPENTIN</td>
<td>300mg bd</td>
<td>1800 mg in 3 divided doses *</td>
</tr>
<tr>
<td>TRAMADOL</td>
<td>50-100mg not more often than every 4 hours</td>
<td>400mg/day</td>
</tr>
<tr>
<td>TOPICAL TREATMENTS</td>
<td>Consider Opsite/Lidocaine in subjects with poor tablet tolerance.</td>
<td></td>
</tr>
</tbody>
</table>

* Higher doses may be prescribed up to a maximum of 3.6 g, but tolerance can become seriously problematic above 1.8 grams

Common Side Effects:

Amitriptyline- sedation, dry mouth, nausea, blurred vision

Duloxetine- nausea, headache, dry mouth, sleepiness, dizziness

Pregabalin/gabapentin- dizziness, somnolence, weight gain and oedema

Tramadol- nausea, constipation, dizziness, headache.

Topical treatments- stinging, burning, redness, tenderness, swelling, rash.