Medication recommendation

1. **Paracetamol** and
2. **NSAIDs**, 5–7 days (if tolerated) and
3. **Low-dose antidepressant** (antineuropathic agent)
   - Nortriptyline 10-25mg in evening
   - Amitriptyline 10-25mg in evening
   - Duloxetine (30-60mg)
4. **Continue regular paracetamol**
   If the pain remains poorly controlled, consider the addition of:
5. **Option A: Tramadol**
   or
   **Option B: Combination analgesics** eg Panadeine Forte +/- Tramadol
   or
   **Option C: Short-term opioid medication** +/- Tramadol
6. **A trial of low-dose antiepileptic medication** (if no benefit from antidepressant after 2–3 weeks)
   - Pregabalin – starting dose (25 or 75)mg nocte
   - progress to maximum of 300mg bd
   If Pregabalin poorly tolerated or ineffective:
   - Gabapentin – starting dose (100 or 300) mg nocte
   - progress in increments each 2-3 days
   - increase dose to 300mg (in elderly) or 1800mg
   - progress frequency to bd/tds

Review 4–6 weeks

Clinical notes

**Benzodiazepines**
> If low-dose benzodiazepines are indicated; restrict use to 3–5 days only
> caution: increased risk of respiratory depression if given with opioids.

**Antidepressants**
> doses are age-related
> some patients may tolerate one better than another
> the dose can be increased slowly (every 3-5 days) as tolerated to a maximum dose of 50mg (for nortriptyline and amitriptyline)
> may take 3–4 weeks to reach maximum effect.

**Tramadol**
> consider contraindications including concurrent use of SSRIs. dose can be incrementally increased to 400mg maximum (if minimal side effects); 300mg if >75 years. Best to avoid in patients with renal impairment
> may be switched to slow-release.

**Combination analgesics**
> combination analgesics (eg Panadeine Forte) are not recommended for long-term use.

**Short-term opioid medication**
> can be considered in exceptional cases of severe pain eg oxycodone (immediate-release) in age-related doses.
> the treating doctor must consider on an individual basis if the prescription of opioid medication is appropriate.
> it is strongly recommended that in most cases opioid medication is not taken for more than one week. The daily dose should be progressively decreased.
> see downloadable information sheet: Information for patients given Oxycodone.

**Anti-epileptic medication** (membrane stabilisers)
> Pregabalin available on the PBS. Gabapentin is not on the PBS, however generic brand is similar to PBS price.
> This group of medications is generally effective within a few days.

**In cases of persistent symptoms it may be found that patients do better with:**
> regular paracetamol, +
> other analgesics if appropriate
> low-dose antidepressant, +
> low-dose antiepileptic
   (membrane stabiliser).

Important: These guidelines are recommendations only and may not be appropriate for all patients. Be aware of the potential for interactions between these medications and other medications being taken by the patient, and co-morbidities that may increase the risk for adverse effects.

If further advice is required, please contact the Royal Adelaide Hospital Pain Clinic, Tel. (08) 8222 5403 (weekdays).

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