

# Information for adult patients

## prescribed Amitriptyline for pain

### Why have I been prescribed this?

- Amitriptyline is used to help reduce pain. It is especially good for nerve pain, such as burning, shooting, stabbing, pins and needles, crawling, electric shock like pain
- It can help you sleep so is useful if your pain is worse at night and is disrupting your sleep
- Amitriptyline belongs to a group of medications called 'Tricyclic Antidepressants'. It can also be prescribed for depression but in much higher doses than we use for pain

### How does it work?

- Amitriptyline works by increasing the amount of nerve transmitters in the nervous system. The nerve transmitters are called noradrenaline and serotonin. This reduces pain messages arriving in the brain

### When should I take it?

- Amitriptyline is usually taken once a day. It can make you feel sleepy so it is best to take it in the evening or 1 to 2 hours before going to bed. If you find you are still drowsy the next morning you could try taking it earlier in the evening

### How should I take it?

- Tablets should be swallowed whole with a glass of water
- It can be taken with or without food

### How long will it take to work?

- Everyone is different
- You may sleep better straight away
- It may take up to 2 weeks to see an initial improvement in your pain and can take up to 2 months for a full effect. Your GP, pharmacist or pain team may need to increase your dose to get the maximum effect
- If after 6 to 8 weeks you haven't noticed any benefit you should speak to your GP, pharmacist or pain team. Do not stop taking Amitriptyline suddenly

### What dose will I be prescribed?

- The usual starting dose is 10mg once a day. Higher starting doses of up to 25mg once a day, may be prescribed for some people
- The dose may be increased slowly by your GP, pharmacist or pain team, no more frequently than every 3 to 7 days
- The maximum dose prescribed for pain is usually 75mg once a day

### What if I forget or miss a dose?

- Take it as soon as you remember
- If you only take one dose before bed and you miss the dose, do not take the Amitriptyline in the morning. Wait until the next night and skip the missed dose
- Do not take 2 doses together

### Can I take Amitriptyline long-term?

- Yes, if it helps. You may wish to reduce treatment every so often, with the help of your GP, pharmacist or pain team, to see if your pain is still a problem

## What are the possible side effects?

- Most side effects are mild and tend to go away after a few doses
- Common side effects include: drowsiness, dizziness, dry mouth, constipation and sweating. If you have these side effects and they are severe speak to your GP, pharmacist or pain team for advice
- Less common side effects include fainting, trembling or problems passing water. If they occur speak to your GP, pharmacist or pain team for advice
- Serious side effects are rare. Contact a doctor immediately if you get:
  - a fast or irregular heartbeat
  - a headache, feel confused or weak, get muscle cramps or a seizure - these can be signs of a low sodium level in your blood
  - thoughts about harming yourself or ending your life
  - eye pain, a change in your eyesight, swelling or redness in or around the eye
  - severe constipation or you're unable to pass water and it's causing severe tummy pain

## Tips to help manage side effects

- Dry mouth – Try chewing sugar free gum (increases saliva in the mouth), drink more non-alcoholic drinks
- Constipation - Eat more high fibre foods such as fresh fruit and vegetables and cereals. Try to drink several glasses of water or non-alcoholic liquid every day. Exercise can help

## Can I drink alcohol?

- Alcohol increases the sedative effects of Amitriptyline, it is best not to drink alcohol when you start taking it or when increasing the dose. Once settled on a steady dose, you may drink alcohol in moderation but it may make you more drowsy than normal

## Can I drive?

- Amitriptyline may cause drowsiness. If this happens, do not drive. Further information on driving can be found at <https://www.gov.uk/drug-driving-law>

## What should I tell my doctor/ pharmacist/ pain team?

- If you have any drug allergies
- If you are taking any other medications or herbal medicines
- If you are pregnant or breastfeeding, or plan on becoming pregnant in the future
- If you have or have previously had any of the following conditions: heart problems, recent heart attack, epilepsy or fits, glaucoma, difficulty passing urine, thyroid disease, mental health problems
- If you are taking an antidepressant medication, especially one called a monoamine oxidase inhibitor such as Isocarboxazid, Tranylcypromine, Moclobemide or Phenelzine

## Is it addictive?

- It isn't addictive but can cause withdrawal symptoms if you stop taking it suddenly, see below

## What if I want to stop taking it?

- Do not stop taking it suddenly as you might experience withdrawal symptoms. The risk of withdrawal symptoms is higher if you have taken Amitriptyline for 8 weeks or more
- Speak to your healthcare professional who will be able to supervise a gradual reduction, usually over 4 weeks or longer if you have been taking Amitriptyline for a long time