

DRUGS FOR NEUROLOGICAL PAIN

Information for patients at The Spine Surgery London

Introduction

The dosage of these drugs is described in regard their use in chronic pain states. Many have other uses such as in the treatment of epilepsy or depression where the dose regimes are often very different. Many other treatments are important in the treatment of chronic pain. Here we simply focus on the drugs and particularly the dosages.

Patients should read the information sheet entitled “**Medications: Read This Before You Take Them**”.

Those of you with **Facial Pain** and trigeminal neuralgia should read that also.

They are available from my secretary or on our website.

Also, always read **the leaflet in the packet** your tablets come in.

General Principles

Carbamazepine and Lamotrigine tend mainly to be used for facial pain. Other epilepsy drugs can also be used.

Each drug can cause side effects. Several important points follow:

1. Given that they work on nerves and your brain is made up of nerves the most common one is drowsiness of feeling mentally blurred.
2. At a large enough dose, we all get this though the dose at which it occurs varies greatly from one individual to another.
3. The aim is to find the drug and the dose that is effective against your pain but which is below the level at which you get side effect.
4. Some side effects prevent a drug's use altogether such as when it effects the blood, the liver or a rash develops. In these circumstances stop the drug immediately.(In general it is sensible to wean these drugs off over a few days or sometimes weeks)
5. Remember you do not need to go up to the full dose. Stop at the stage you get good pain control or if the drug is causing side effects other than drowsiness. If drowsiness is an issue it will often ease after a few days and you can then go up another dose if the pain control is inadequate.
6. Monitoring of certain blood tests is required when on certain of these drugs.

We will have talked about the use of these drugs and the precise dosage and rationale behind your taking them as well as the potential hazards. **This information is to be taken in conjunction with that other information and is not meant to stand alone.**

Amitriptyline dose schedule

This routinely makes you sleepy so it is very good for, but usually only good for, night pain. I usually prescribe 25mg tablets. Start by taking half a tablet at night. Gradually increase by half a tablet at three day intervals. If it makes you drowsy in the morning tolerate it for a few days as this often then subsides. You carry on upping the dose until you get good control though it is wise to increase the interval between steps to a week once you get beyond 50mg. It is sensible to review the dosage with me or your GP once you get beyond 75mg. Commonly it causes dry eyes and a dry mouth. This does not tend to settle with time though you may feel it is a price worth paying. The drowsiness often precludes its use during the day though some individuals can take during the day.

Gabapentin dose schedule

This drug needs to be started slowly. Below is given a standard regime.

DAILY DOSE*	DAY	CAPSULES TO BE TAKEN		
		Morning	Midday	Evening
300mg	1-3	0	0	1 x 300mg
600mg	4-6	1 x 300mg	0	1 x 300mg
900mg	7-9	1 x 300mg	1 x 300mg	1 x 300mg
1200mg	10-12	1 x 300mg	1 x 300mg	2 x 300mg
1500mg	13-15	2 x 300mg	1 x 300mg	2 x 300mg
1800mg	16-18	2 x 300mg	2 x 300mg	2 x 300mg
2100mg	19-21	2 x 300mg	2 x 300mg	3 x 300mg
2400mg	22-24	3 x 300mg	2 x 300mg	3 x 300mg

*See Point 6

Pregabalin

This is the son of gabapentin and is supposed to have fewer side effects. In my experience they are different and if you tolerate one poorly I would try the other. It is an epilepsy drug and should be built up slowly with the schedule I have outlined below. Follow the pattern as prescribed until day 14. You may then increase the dose more rapidly if you wish by jumping a step.

DAILY DOSE*	DAY	CAPSULES TO BE TAKEN		
		Morning	Midday	Evening
50mg	1-3	0	0	1 x 50mg
100mg	4-6	1 x 50mg	0	1 x 50mg
150mg	7-9	1 x 50mg	1 x 50mg	1 x 50mg
200mg	10-12	1 x 50mg	1 x 50mg	2 x 50mg
250mg	13-15	2 x 50mg	1 x 50mg	2 x 50mg
300mg	16-18	2 x 50mg	2 x 50mg	2 x 50mg
350mg	19-21	2 x 50mg	2 x 50mg	3 x 50mg
400mg	22-24	3 x 50mg	2 x 50mg	3 x 50mg
450mg	25-27	3 x 50mg	3 x 50mg	3 x 50mg
500mg	28-30	3 x 50mg	3 x 50mg	4 x 50mg
550mg	31-33	4 x 50mg	3 x 50mg	4 x 50mg
600mg	34-35	4 x 50mg	4 x 50mg	4 x 50mg

*see point 6

Carbamazepine

This drug is primarily used in trigeminal neuralgia and it too has to be started slowly. I suggest starting with

Lamotrigine dose schedule

Again principally of use in trigeminal neuralgia this drug also has to be started slowly.

DAILY DOSE*	DAY	MORNING	NIGHT
25mg	1-7	25mg	-
50mg	8-14	25mg	25mg
75mg	15-21	50mg	25mg
100mg	22-28	50mg	50mg
125mg	29-35	75mg	75mg
150mg	36-42	75mg	75mg
200mg	43-49	100mg	100mg

*See point 6