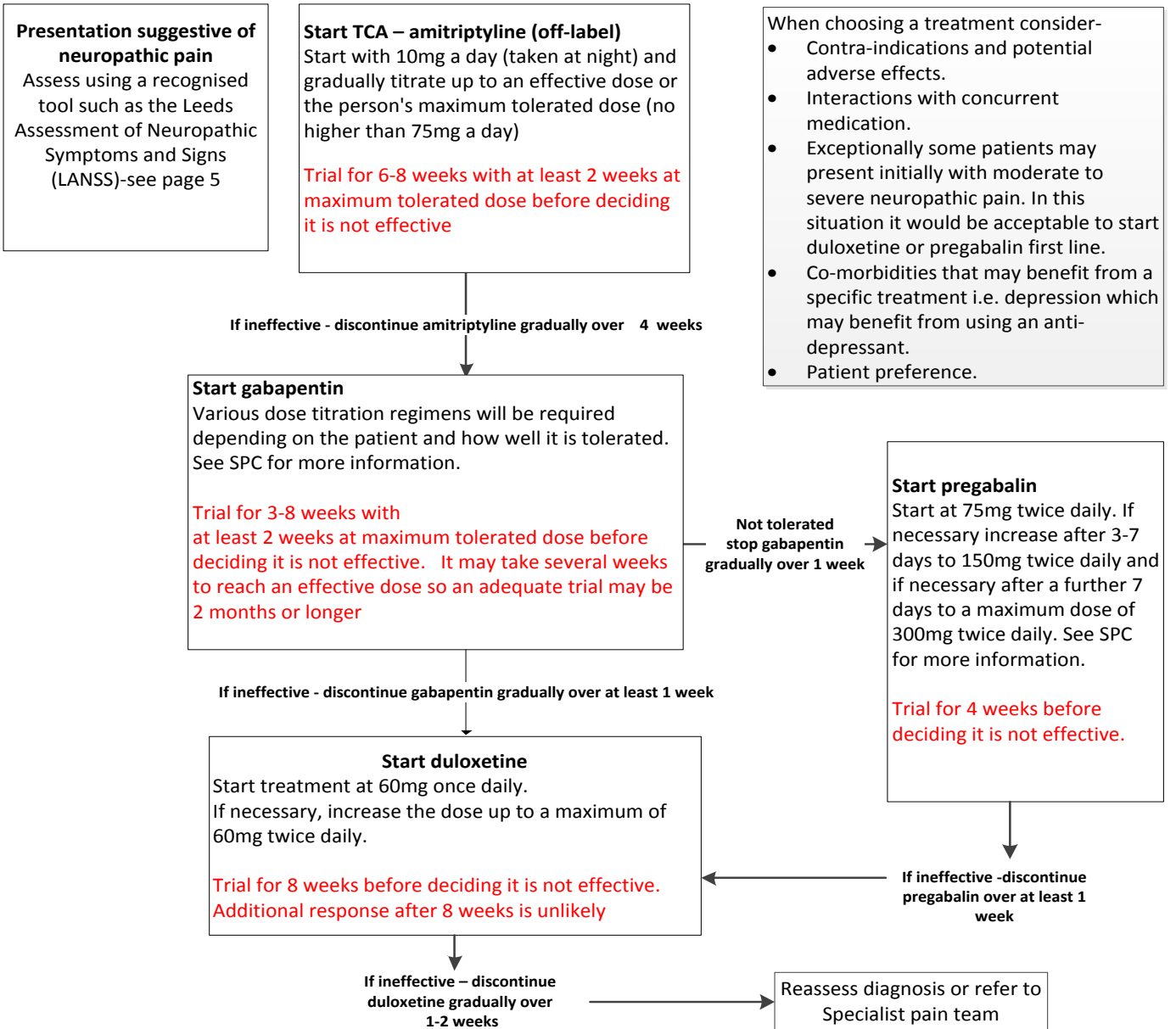




Guideline for the Management of Neuropathic Pain in Primary Care

Please refer to the individual products SPC for full prescribing details and doses in renal/hepatic impairment: <https://www.medicines.org.uk/emc>



Additional information-

- Agree goals before starting treatment. Complete pain relief may not be achievable. Check compliance at each step.
- **When using gabapentin and pregabalin prescribers must be aware of the possibility of abuse/diversion of these drugs.**
- For a person with very localised neuropathic pain who wishes to avoid, or cannot tolerate oral treatments, consider prescribing capsaicin 0.075% cream (Axsain®).
- For people awaiting referral after treatments have failed, consider prescribing a **short** course of tramadol **only** if acute rescue therapy is needed. **Do not** add to repeat. Tramadol is a Schedule 3 CD, prescribe cautiously bearing in mind the potential for misuse. The combination of tramadol with amitriptyline or duloxetine is associated with a low risk of serotonin syndrome.
- NICE does not specify which drug to use first line, therefore where drugs are of similar efficacy the lowest acquisition cost is preferred.
- **Do not use** - Carbamazepine (except for trigeminal neuralgia), cannabis sativa extract, capsaicin patch, imipramine, lacosamide, lamotrigine, levetiracetam, lidocaine (topical), morphine, nortriptyline, oxcarbazepine, topiramate, tramadol (long term), venlafaxine.

This guideline recommends the use of certain drugs for indications for which there is no UK marketing authorisation. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. The patient (or those with authority to give consent on their behalf) should provide informed consent, which should be documented.

For more information please see NEE guidelines for the “Management of Non-cancer pain and Neuropathic pain”.

Approved by Medicines Management Committee March 2016

Review date: March 2018