Neuropathic pain – pharmacological management

This guideline replaces NICE CG96. The recommendations apply to the management of neuropathic pain in non-specialist settings only i.e. in primary and secondary care centres that do not provide specialist pain services.

Key principles of care

- When agreeing a treatment plan with a person, take into account their concerns and expectations, and discuss:
  - the severity of pain, and its impact on lifestyle, daily activities (including sleep disturbance) and participation,*
  - the underlying cause of the pain and whether this condition has deteriorated,
  - why a particular pharmacological treatment is being offered,
  - the benefits and possible adverse effects of pharmacological treatments, taking into account any physical or psychological problems, and concurrent medications,
  - the importance of dose titration and the titration process, providing the person with individualised information and advice,
  - coping strategies for pain,
  - non-pharmacological treatments e.g. physical and psychological therapies (which may be offered through a rehabilitation service) and surgery (which may be offered through specialist services).

- Consider referring the person to a specialist pain service and/or a condition-specific service at any stage, including at initial presentation and at regular clinical reviews, if:
  - they have severe pain, OR
  - their pain significantly limits their lifestyle, daily activities (including sleep disturbance) and participation* OR
  - their underlying health condition has deteriorated.

- When introducing a new treatment, take into account any overlap with the old treatments to avoid deterioration in pain control.

- After starting or changing a treatment, carry out an early clinical review of dose titration, tolerability and adverse effects to assess the suitability of the chosen treatment.

- Continue existing treatments for people whose neuropathic pain is already effectively managed.

- Carry out regular clinical reviews to assess and monitor the effectiveness of the treatment. Each review should include an assessment of:
  - pain control,
  - impact on lifestyle, daily activities (including sleep disturbance) and participation,*
  - physical and psychological wellbeing,
  - adverse effects,
  - continued need for treatment.

- When withdrawing or switching treatment, taper the dose appropriately taking account of any discontinuation symptoms.

Pharmacological treatment

Trigeminal neuralgia

- Offer carbamazepine as initial treatment.

- If this is not effective, not tolerated or is contraindicated, consider seeking expert advice from a specialist and early referral to a specialist pain service or a condition-specific service.

All neuropathic pain except trigeminal neuralgia

- Offer a choice of amitriptylineU, duloxetinea gabapentinb or pregabalin** as initial treatment.

- If initial treatment is not effective or not tolerated, offer one of the remaining three drugs. Consider switching again if the second and third drugs tried are also not effective or not tolerated.

- Consider tramadol only if acute rescue therapy is needed (i.e. short term use only see Box 1).

- Consider capsaicin cream* for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.

U Unlicensed indication. Obtain and document informed consent.

a duloxetine is licensed for diabetic peripheral neuropathic pain only.

b gabapentin is licensed for peripheral neuropathic pain only.

c capsaicin cream is licensed for post-herpetic neuralgia and painful diabetic peripheral polyneuropathy.

Box 1: Do NOT statements

- Do NOT start treatment with any of the following for neuropathic pain in non-specialist settings, unless advised by a specialist to do so:
  - cannabis sativa extract,
  - capsaicin patch,
  - lacosamide,
  - lamotrigine,
  - levetiracetam,
  - morphine,
  - oxcarbazepine,
  - topiramate,
  - tramadol (long-term use),
  - venlafaxine.

Non-pharmacological treatments in a specialist setting – see NICE Pathway

Editorial note$: this guideline differs substantially from NICE CG96. The Guideline Development Group has made no explicit recommendation about use of nortriptyline - see full guideline for information.

See the NICE pathway: Neuropathic pain

* Defined by the World Health Organisation as participation in activities such as interpersonal interactions and relationships, domestic, community and social life, mobility and self care

** See Summary of Product Characteristics for full prescribing information
NICE Bites

This bulletin summarises key prescribing points from NICE guidance. Please refer to the full guidance at www.nice.org.uk for further detail. This is an NHS document not to be used for commercial purposes.

NICE wording – strength of recommendations
The wording used in NICE guidelines denotes the certainty with which the recommendation is made i.e. the strength of the recommendation.

‘Offer’ is used when NICE is confident that, for the vast majority of patients, an intervention will do more good than harm, and be cost effective.

‘Do not offer’ is used when NICE is confident that an intervention will not be of benefit for most patients.

‘Consider’ is used when NICE is confident that an intervention will do more good than harm for most patients, and be cost effective, but other options may be similarly cost effective. The choice of intervention, and whether or not to have the intervention at all, is more likely to depend on the patient’s values and preferences than for a strong recommendation, and so the healthcare professional should spend more time considering and discussing the options with the patient.

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