

Endorsed by



Information for adult patients prescribed Amitriptyline for the Treatment of Pain

Why have I been prescribed Amitriptyline?

- ▶ Amitriptyline is used to treat many types of persistent pain.
- ▶ Amitriptyline is commonly prescribed for nerve pain, such as burning, shooting or stabbing pain, and for pain that keeps you awake at night.
- ▶ Amitriptyline belongs to the group of medicines called tricyclic antidepressants that are also used to treat depression.
- ▶ The dose of amitriptyline needed for pain relief is usually much lower than that prescribed for depression.
- ▶ Amitriptyline has been used to treat pain for many years. For more information please read 'Use of medicines outside of their UK marketing authorisation in pain management and palliative medicine – information for patients' by the British Pain Society: https://www.britishpainsociety.org/static/uploads/resources/files/book_useofmeds_patient.pdf

How does Amitriptyline work?

- ▶ Amitriptyline works by changing the amount of specific nerve transmitters in the nervous system, reducing pain messages arriving in the brain.

When should I take it?

- ▶ It is best to take amitriptyline in the evening. Start by taking it 1-3 hours before going to bed, if you find that you feel drowsy the next morning, try taking it earlier in the evening.

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How is Amitriptyline taken?

- ▶ The tablets should be swallowed whole, with a glass of water.
- ▶ Amitriptyline may be taken on an empty or full stomach.
- ▶ You will be told how much to start taking and when to increase the dose. The table at the end of the leaflet will help you remember when to increase the dose.
- ▶ Do not take more than prescribed.

How long will it take to work?

- ▶ Every patient is different. You may notice some initial benefit within 2 weeks. Your doctor may advise you to gradually increase the dose to get the maximum effect.
- ▶ Amitriptyline does not work for everyone. If you do not feel any improvement in your pain, do not suddenly stop taking the tablets but speak to your doctor who may advise you to reduce it gradually.

What are the possible side effects?

- ▶ Most side effects are mild and it is expected that they reduce after a few doses.
- ▶ Common side effects include; drowsiness, dizziness, dry mouth, constipation and sweating. If you have these side effects and they are of concern contact your doctor or pharmacist for advice.
- ▶ Less common side effects include fainting, trembling, irregular heartbeat, blurred vision or problems passing water. If any of these side effects occur contact your doctor or pharmacist for advice.
- ▶ If amitriptyline is taken along with antidepressants (e.g. citalopram, fluoxetine, sertraline, etc) some patients may develop "serotonin syndrome" (sweating, shivering, tremors, agitation, restlessness, confusion, muscle spasms, raise in body temperature, increased heart rate, diarrhoea, etc). If you get any such symptoms contact your doctor immediately for advice.

Can I take this medication long-term?

- ▶ Yes, if it helps. You may wish to reduce treatment every so often, to check if your pain is still a problem. This should be done with the advice of your prescriber gradually reducing your medication over a period of time.

Can I drink alcohol

- ▶ Effects of alcohol are enhanced (e.g. sedative effects) when taking amitriptyline. It is best not to drink alcohol when you start taking it. Be aware that alcohol taken in combination with some medications can substantially increase the risk of accidents. Please also look at the section "Can I Drive?".

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Can I drive?

- ▶ Amitriptyline may affect your ability to drive (e.g. drowsiness). The risk is increased if you take it along with other medications that have drowsiness as a side effect.
- ▶ If you feel any impairment, do not drive.
- ▶ You may need to tell the DVLA about your medical condition. Check: <https://www.gov.uk/driving-medical-conditions>
- ▶ You can find more information in our Driving and Pain leaflet: <https://fpm.ac.uk/media/846>

What to discuss with your prescriber?

- ▶ If you are allergic to any drugs
- ▶ If you are taking any other medicines or herbal medicines
- ▶ If you are pregnant or breastfeeding, or if you are planning to become pregnant in the future
- ▶ If you have had a heart attack recently or have any heart problems
- ▶ If you have a history of epilepsy or fits
- ▶ If you have glaucoma
- ▶ If you have difficulty in passing water
- ▶ If you have thyroid disease
- ▶ If you have or have had a mental health problem
- ▶ If you are taking an antidepressant medicine, especially one called a monoamine oxidase inhibitor (MAOI)
- ▶ If you have or have had a history of excessive alcohol use, recreational drug use or addiction to prescribed or over-the-counter medication
- ▶ If you are regularly taking strong opioid medicines (e.g. tramadol, tapentadol, morphine, oxycodone, fentanyl).

What if I forgot or miss a dose?

- ▶ If you forget a dose then you can consider taking it when you remember that night but this may result in sleepiness the following day and affect your concentration, work or driving ability. The alternative is to wait until the next dose is scheduled.
- ▶ If you only take one dose at bedtime and you miss the dose, do not take the medicine in the morning. Wait until the next night and skip the missed dose.
- ▶ Do not take two doses together.

What if I want to stop taking Amitriptyline?

- ▶ If you stop taking amitriptyline suddenly, you might experience withdrawal symptoms. Speak to your prescriber who will be able to supervise a gradual reduction.

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This information is not intended to replace your prescriber's advice. We advise you to read the manufacturer's information for patients, which will be supplied by your pharmacist when your medicine is dispensed. Keep all medicines away from children, vulnerable adults or pets.

Date	Morning	Lunch	Tea Time	Night

This leaflet will be reviewed in 2024