

Drug treatments for neuropathic pain

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

In April 2018, we updated the advice in the guideline with warnings about [sodium valproate](#). Sodium valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby.

This information explains the advice about drug treatments for neuropathic pain that is set out in NICE clinical guideline 173. It only includes drug treatments that can be offered in general practice or a general hospital setting; it does not include treatments in pain clinics or other specialist clinics.

All of the treatment and care that NICE recommends is in line with the [NHS Constitution](#). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information, see [our website](#).

This is an update of advice on drug treatments for neuropathic pain that NICE produced in 2010.

Does this information apply to me?

Yes, if you are an adult with neuropathic pain and you are not being treated in a specialist pain clinic.

Neuropathic pain

Neuropathic pain happens when the nerves don't work properly and send the wrong signals to the brain.

It can feel like shooting, stabbing, an electric shock, burning, tingling, tight, numb, prickling, itching or a sensation of pins and needles. The pain can come and go, or be there all the time.

Neuropathic pain is different from pain caused by, for example, a pulled muscle or a sprain. It can be caused by conditions such as diabetes, shingles and trigeminal neuralgia (which affects the face). A common cause is a trapped nerve, for example, in the back or neck. It can also occur after a stroke, after amputation of an arm or a leg, and in people with cancer or multiple sclerosis.

There are many ways of managing neuropathic pain, and drug treatment is just one aspect of that. As well as talking to your doctor about drug treatments that could help, it is important to talk to your doctor about what you can do to help yourself feel better.

Your healthcare team

Your doctor should discuss neuropathic pain with you and explain the treatment in detail. You should have the opportunity to ask any questions you have – there is a [list of questions](#) you might like to ask to help you with this.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your healthcare team.

Starting drug treatment

Your doctor should discuss neuropathic pain and its treatment with you, taking into account your ideas, concerns and expectations. They should ask you about how severe the pain is, and how it affects your lifestyle, daily activities and sleep. Your doctor should explain what may have caused your pain and discuss whether things have got worse.

Your doctor should also discuss drug treatments with you, explaining the benefits and possible side effects of the different drugs, and why a particular drug is being offered. Drug treatments can often take time to start working and it might be a few weeks before you feel the most effect. Your doctor should talk to you about this.

When choosing a drug, your doctor should take into account any other physical or mental health problems you may have, and any other medications you might be taking. They should discuss ways of managing both the pain and any side effects of treatment. They should also explain that other management options (apart from drugs) are available.

If you are already having treatment for neuropathic pain and this is helping you, then you should be able to continue with that treatment.

If your neuropathic pain is severe or is having a significant effect on your daily life, or if the health problem that has caused your pain has got worse, talk to your doctor about a referral to a specialist.

'Off-label' drug treatments

Drugs are approved for use (licensed) for particular conditions or for particular groups of people. Some of the drugs mentioned later in this information are being recommended for 'off-label' use. This means that they may not be prescribed exactly as set out in the licence.

For example, although amitriptyline is licensed to treat depression, doctors often prescribe it to treat neuropathic pain. Gabapentin, duloxetine and capsaicin cream are licensed to treat some types of neuropathic pain but not others. At the time of publication, these drugs are all being recommended for use 'off-label' in the NICE guideline. You can find more information about [licensing drugs](#).

Getting the dose right

When you start drug treatment for neuropathic pain, you should usually be started on a low dose, which is then increased gradually until you get the maximum benefit. Some people find that the dose can't be increased because they get side effects that are difficult to manage (so they may need to change to another drug). Your doctor should explain the reasons for the gradual increase in dose, and give you written information about doses if possible.

When should the pain start to improve?

It's important to remember that neuropathic pain is not like the pain you get from a sprain or strain, so the drugs that are used to treat neuropathic pain are very different from painkillers like paracetamol, both in how they work and how long they take to work.

Everyone is different, and their pain responds differently to drug treatment – some people find that the drugs start to help straight away, and for others it takes a bit more time. It is important to keep talking to your doctor about how you are feeling, whether things are improving, and what you can do to help yourself.

If your pain is very severe, your doctor should talk with you about taking a painkiller called tramadol for a short time.

Reviewing your pain control

Soon after you start treatment with a new drug, your doctor should ask whether it is suitable for you, and whether your symptoms are improving. If you have any side effects that are difficult to manage, they may consider offering you a different dose, or changing the treatment.

You should be offered regular reviews to find out how well the treatment is working. At each review, your doctor should ask you whether your pain is under control. They should talk with you about how you are feeling generally (physically and mentally), for example, whether you have been able to start doing things again that you had to stop because of the pain (such as jobs around the house, work, driving and social activities). You should also talk about any problems you have had, such as side effects, and any improvements, such as better pain control or improved sleep. Your doctor should also review whether you need to continue with the treatment.

If you change treatments

If you start a new drug treatment, your doctor should take into account how the new treatment 'overlaps' with any old treatments. This is to make sure your pain doesn't get any worse as you finish one treatment and start another. Similarly, if you stop treatment or change to a different drug, your doctor should take into account the drug dosages and your symptoms.

All types of neuropathic pain (except trigeminal neuralgia)

Initial treatment

To begin with, your doctor should offer you treatment with amitriptyline, duloxetine, gabapentin or pregabalin.

What if my pain doesn't improve?

If your neuropathic pain is still causing you problems or if you are having side effects that are difficult to manage, your doctor should offer you one of the other drugs instead. If there is still no improvement, your doctor should talk to you about trying the other drugs instead. They may suggest that you start taking the new drug while you are still taking your first drug to begin with, and then gradually reduce the amount of the first drug. This can help to control your pain when you are changing treatments.

If at any stage your pain has got worse despite treatment, your doctor may refer you to a specialist pain clinic or another specialist clinic. While you are waiting for your appointment, you may be offered an alternative painkiller called tramadol for a short time.

What if I can't take tablets?

If you are unable to take drugs by mouth, your doctor may discuss a treatment called capsaicin cream, which is applied to the skin. The active ingredient in the cream is capsaicin, which is derived from chilli peppers, so it is important to read the instructions carefully. There is also a treatment called capsaicin patch, but this should only be used in specialist clinics because it is very strong.

Trigeminal neuralgia

Initial treatment

To begin with, your doctor should offer you a drug called carbamazepine.

What if my pain doesn't improve?

If the trigeminal neuralgia is still causing you problems, if you are having side effects that are difficult to manage, or if you cannot take carbamazepine, your doctor should seek expert advice from a specialist and may refer you to a specialist.

Treatments that should not be used

You should not be offered cannabis extract, capsaicin patch, lacosamide, lamotrigine, levetiracetam, morphine, oxcarbazepine, topiramate, long-term tramadol or venlafaxine for your neuropathic pain outside a specialist clinic, unless the specialist pain service has advised your doctor to do so.

Questions to ask about drug treatments for neuropathic pain

- What is causing the pain?
- Can you tell me more about neuropathic pain?
- What is trigeminal neuralgia?
- What can I do to manage the pain?
- Can you tell me why you have decided to offer me this particular type of treatment?
- Why are you offering me an antidepressant (or an anti-epileptic drug) for my neuropathic pain?
- Can you tell me more about off-label (unlicensed) drugs?
- What are the possible benefits and risks of taking this particular drug?
- What sort of improvements might I expect in my symptoms and everyday life?
- When should I take my medication?
- When should I start to feel better, and what should I do if I don't start to feel better by then?
- What are the possible side effects, and what should I do if I get any of these?
- Why is the dose being increased (or decreased)?
- How long will I need to take the medication for?
- Might I have problems when I stop taking the medication?
- What should I do if the pain becomes unbearable?
- What other options are available for me, apart from drugs?
- When will my next appointment with you be?

Sources of advice and support

- [Pain Concern](#), Helpline, 0300 123 0789
- [Pain UK](#)

You can also go to [NHS Choices](#) for more information.

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Accreditation

