

Amitriptyline

Patient Information

Pain Service

Author ID: SD
Leaflet Number: Pain 011
Version: 8
Name of Leaflet: Amitriptyline
Last reviewed: January 2020
Next Review Date: January 2022



Why am I on anti-depressant treatment when I came to see you about pain?

The doctor in the pain clinic has suggested you try a drug called Amitriptyline.

Amitriptyline is known as being a rather "dirty" drug. This is because it works on several different systems in the human body - it doesn't cleanly target one system only. One example of the system it works on is the system that controls your mood. Another example is the system that controls your pain.

At the high doses e.g. 150 mg per day, it is very good at treating depression and it is therefore well known as an anti-depressant drug.

At low doses, e.g. 10 to 50 mg, it has been found to be effective at helping pain and these are the sort of doses that we like to use in the pain clinic.

Amitriptyline works in a different way to commonly used painkillers like aspirin and paracetamol, and so it is a useful drug to try if you have had pain for a long time.

Why is it not used more commonly?

This is mainly because amitriptyline has several side effects. Most are minor, and many patients tolerate these side effects because of the improvement they have in their pain relief.

What are these side effects?

- The common side effects are a dry mouth and constipation.
- Older patients may suffer from giddiness when getting up quickly, and men with prostate trouble may have problems passing urine.
- Glaucoma sufferers should not take this drug and other visual disturbances can also occur. Another common side effect is drowsiness, but this is actually helpful as most patients with pain have difficulty sleeping.
- If drowsiness becomes a serious problem, an alternative drug is available, but it can actually sometimes cause insomnia!

Benefits

Unfortunately we cannot guarantee you will gain benefit from this drug.

Alternatives

Your pain specialist will have discussed alternatives with you in your consultation; these could be either, medicines, injections or physical therapies. Every patient is unique and therefore, specific alternatives cannot be given on an information leaflet as not all treatments are suitable for everyone.

How should I take these tablets?

The doctor will usually prescribe the smallest dose to you - usually 10mg to be taken about one hour before going to bed.

If you are working, it is useful to start taking them at the start of a weekend, so that you know that the drowsiness (if it occurs), is not going to interfere with your working week. If drowsiness still occurs, then take the tablet an hour earlier and so on until drowsiness is no longer a problem.

After two weeks the dose will usually be increased to 20 mg unless side effects are too much of a problem.

It is important to give this medicine a fair trial, and to give your body a chance to get used to the side effects. You have had your pain for quite some time and it is unfair to expect the pain to disappear straight away at with the treatment.

A period of six weeks of treatment will allow you to judge whether or not the medicine has actually helped your pain. If it has helped your pain to some extent, and the side effects have not been too troublesome, then we can increase the dose. If you are happy with the dose as it is, then we can leave it at that level indefinitely.

What shouldn't I do?

Do not take alcohol and amitriptyline together as this will make you even drowsier. Avoid operating heavy machinery or driving a car when you first start taking these tablets or if at any time you feel the medicine is making you unfit to do either.

Are these medicines addictive?

These medicines are not addictive. Your body will not start craving more and more of them. If you are taking high doses of this kind then what may happen if you stop them suddenly after several months of treatment is that you may get symptoms of nausea and anxiety. We would normally suggest that these medicines be decreased slowly over a period of time so that this is less likely to happen.

If you have any questions please contact the Pain Management Team on:
Telephone number: **01942 773099**.

It is very important that you attend any appointments made for you with either, the Doctor; Nurse; Physiotherapist; Occupational therapist or the Psychologist. If you cannot attend please cancel the appointment and re-arrange, failure to cancel will result in discharge from the pain service and you will need to be re-referred by your GP if you wish to be seen again.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets

This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

© Wrightington, Wigan and Leigh NHS Foundation Trust
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner

