Information for Adult Patients who are Prescribed

Amitriptyline, Nortriptyline or Imipramine

For the Treatment of Pain
This information is not intended to replace your doctor’s advice. We advise you to read the manufacturer’s information for patients, which your pharmacist will supply with your medicine. Please keep all medicines away from children, vulnerable adults or pets.

**Why have I been prescribed this medicine?**

Amitriptyline, Nortriptyline and Imipramine are medicines used to treat some types of persistent pain. They are especially good for treating nerve pain, such as burning, shooting or stabbing pain and for pain that keeps you awake at night.

They belong to a group of medicines called the tricyclic antidepressants. They are licensed to treat depression however they have also been found to be helpful in treating certain types of pain.

You may notice that information from the manufacturer does not mention pain. However, this group of medicines have been used to treat pain for many years. You are on this medicine to treat your pain.

**How does it work?**

This medicine works by changing the way that nerves send messages to your brain. If the messages are reduced, then the pain should also be reduced.
How long will it take to work?

It may take 2 - 4 weeks before you feel pain relief. It may take longer (up to 2 months) to get to the right dose for you and to allow the medicine to build up in your body.

This medicine does not work for everyone. If you do not feel any improvement in your pain after 6 – 8 weeks, do **not suddenly stop taking the tablets**, but speak to your doctor, community pharmacist or nurse.

What should I expect?

It is rarely possible to help long-term pain completely by using medicines alone. This is because long-term pain arises through many different mechanisms, and most medicines only work for one of these.

In trials, most medicines for long-term pain provide on average a 30% reduction in pain. Some pains do not seem to respond to any painkilling medicines.

Medicines work best if you combine them with other ways of managing symptoms such as regular activity and exercise and doing things that are satisfying or enjoyable, such as work, study and social activities. Setting goals to help improve your life is an important way to see if these medicines are helping.

You should discuss, with your doctor, what you expect from the treatment.
When should I take it?

You should take this medicine in the evening, usually one to two hours before going to sleep. It is important to take this medication regularly, as prescribed, for this medicine to work properly. It is not a medicine that you should use on an ‘as required’ basis.

You will usually start at a low dose and increase slowly to find the best dose for you.

How quickly you increase your medicine will be decided between you and your doctor, nurse or community pharmacist.

Below is a guide on how to increase your medicine. You may increase it more slowly if you feel you are getting side effects, for example, by going back a step for an extra week before increasing again. You can stay at a lower dose if you are getting good pain relief (you don’t have to keep increasing the dose if you do not need to).

<table>
<thead>
<tr>
<th>If starting on 10mg at night</th>
<th>If starting on 25mg at night</th>
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</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Step 1</td>
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<tr>
<td>10mg</td>
<td>25mg</td>
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<td>Step 2</td>
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<td>20mg</td>
<td>50mg</td>
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<td>Step 3</td>
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<td>30mg</td>
<td>75mg</td>
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<td>Step 4</td>
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<td>40mg</td>
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<td>Step 5</td>
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<td>50mg</td>
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</table>

How should I take it?

You should swallow this medicine whole with a glass of water. You can take it before or after food.
What if I forget or miss a dose?

Take it as soon as you remember in the evening. If you do miss a dose, do not take the missed dose in the morning. Skip the missed dose and take it at night as usual. **Do not take the two doses together.**

What are the possible side effects?

We advise you to read the information leaflet that is included with your medication.

<table>
<thead>
<tr>
<th>Very Common</th>
<th>Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>May affect more than 1 in 10 people</td>
<td>May affect up to 1 in 10 people</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Strange body movements</td>
</tr>
<tr>
<td>Sweating</td>
<td>Headaches</td>
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<tr>
<td>Constipation</td>
<td>Flushing</td>
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<tr>
<td>Blurred vision</td>
<td>Weakness</td>
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<tr>
<td>Irregular or heavy heartbeats</td>
<td>Fatigue</td>
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<td></td>
<td>Low blood pressure</td>
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<td></td>
<td>Tremors</td>
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<td></td>
<td>Decreased sexual interest</td>
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<td></td>
<td>Difficulties with erection</td>
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</tbody>
</table>

Generally side effects are worse after starting this medicine or increasing the dose. It is important to persist in taking medicine as these side effects are usually mild and will wear off after several days.

Drowsiness is usually temporary. If you feel drowsy, you should not drive or operate machinery.

Drowsiness may occur as you increase your dose. If you feel especially drowsy in the morning it may help to take your night time dose earlier in the evening.
The risk of drowsiness may be increased if you are taking other medicines such as other antidepressants, anticonvulsant medications or morphine like medicines.

If these side effects are severe, or last for more than a few days, or if you experience blurred vision, trembling, irregular heart beat, difficulty passing urine or a reaction to this medication you should get advice from your GP, Community Pharmacist or **NHS 24 on 111**.

Also, you can help make sure medicines remain as safe as possible by reporting any unwanted side-effects via the internet at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or you can call Freephone 0808 100 3352

**Can I take this medicine long-term?**

Yes, if it helps. You may wish to reduce your treatment every so often to check if your pain is still a problem. You should speak to your GP or pain specialist about gradually reducing your medication over a period of time.

**Can I drive?**

Please see the side effects above. If you experience drowsiness you should not drive. Remember, you are responsible for deciding whether you are fit to drive.

**Can I drink alcohol?**

Alcohol and this medicine together cause sleepiness and poor concentration.

You should avoid alcohol completely when you first start taking this medicine or when you increase your dose. You should also avoid alcohol if you are going to drive or operate machinery.

Once you are on a stable dose, you should be able to drink modest amounts of alcohol, **but only if the drowsiness has stopped**.

You must take care with alcohol if you are also prescribed other medications that can cause sleepiness and poor concentration.
What should I tell the doctor?

- If you are allergic to any medicines.
- If you are taking any other medicines or herbal medicines.
- If you are pregnant or breast feeding, or if you are planning to become pregnant.
- If you have had a heart attack recently or have a history of heart problems.
- If you have a history of epilepsy or fits.
- If you have glaucoma.
- If you have difficulty passing urine or have an enlarged prostate gland.
- If you have liver disease.
- If you have an overactive thyroid gland.
- If you have a rare inherited blood disorder called porphyria.
- If you are taking any other antidepressant medications.
- If you have a history of bipolar disease or psychosis.

What if I want to stop taking this medicine?

Do not stop taking it suddenly as you might experience withdrawal symptoms.

The risk of withdrawal symptoms is increased if you have been taking this medicine for 8 weeks or more and then suddenly stop. You should gradually reduce the dose over about 4 weeks or longer if necessary. Speak to your doctor, nurse, or community pharmacist who will be able to advise you about reducing your medication.
Remember!

- Don’t run out of medicine.
- Ask for a repeat prescription before your medicine is finished.
- If you have any questions about this medicine please contact your GP or community pharmacist.

For more information about managing chronic pain see www.paindata.org

Much of the information in this document has been reproduced form the Faculty of Pain Medicine’s patient information leaflet of a similar name which can be accessed here: https://www.british-painsociety.org/british-pain-society-publications/patient-publications/