Neuropathic Pain Treatment Guidelines for adults

Guideline information

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Summary of document:
This guideline provides evidence-based information and resources for the assessment and treatment of neuropathic pain.

Scope:
All Hywel Dda University Health Board (HDUHB) medical and Independent non-medical prescribers, pharmacy, and nursing staff. This guideline applies to all adult patients treated for neuropathic pain in HDUHB. This Policy is provided as a resource to aid Primary and Secondary Care in prescribing for neuropathic pain in adults.

To be read in conjunction with: The Summary of Product Characteristics
https://www.medicines.org.uk/emc/ (opens in a new tab)

Patient information:
Include links to Patient Information Library

Owning group:
Medicines Management team – Pharmacy Chronic Pain Team
14/01/2025

Executive Director job title:
Chief Operating Officer

Reviews and updates:
1.0 – November 2016
2.0 – November 2016
3.0 – January 2020
4.0 – January 2025

Keywords
Neuropathic, pain

Contents

Scope

SITE: Primary and Secondary care settings within HDUHB.
STAFF: Clinicians, Pharmacists, Pharmacy Technicians and Nursing staff.
PATIENTS: Adult patients with neuropathic pain.

Aim

This guideline has been developed to ensure that evidence-based treatments are used to optimise the treatment for adult patients with neuropathic pain throughout HDUHB.

Objectives

- To provide resources for assessing neuropathic pain and monitoring treatment.
- To provide easy access to patient information resources.
- To assist prescribers in appropriate prescribing and use of medicines for neuropathic pain and minimising adverse effects.

List of Abbreviations.

- ACB – Anticholinergic Cognitive Burden Scale
- NNT – Number Needed to Treat
- NNH – Number Needed to Harm.

Clarification of terminology.

- Elderly – those aged >65 years of age unless stated otherwise.

HDUHB Pharmacological Treatment of Neuropathic Pain (adults)

Trigeminal neuralgia

1st Line Carbamazepine
Start at 100 mg up to twice a day. Titrate in steps of 100 - 200 mg every two weeks until pain is relieved to max 1600mg daily in divided doses. If ineffective, refer to pain team.

Diagnosis
Enquire about symptoms, examine, and use neuropathic pain assessment tools e.g., DN4, LANSS, Pfizer Pain Detect

NNT refers to neuropathic pain[7]

General pain treatment guidance
Consider underlying cause, severity, duration of pain, impact on daily activities, mood etc.
Consider Non-pharmacological management: Physiotherapy/Patient education/ Education Programmes for Patients (EPP) Pain / Weight management referral if appropriate.

Pharmacological Options – choose **one of Amitriptyline/ Gabapentin/ Pregabalin/ Duloxetine**
Consider co-morbidities, current medication, interactions, allergy status, benefits, and possible adverse effects of pharmacological treatments. **(minimum trial 8-12 weeks with adequate dose).**

Amitriptyline /Nortriptyline
NNT= 3.6 NNH=13.4
- Start low and go slow- **increase by 10mg weekly**
- Maintenance 10mg-75mg ON
- **Taper when stopping**
- Caution: epilepsy, dementia, elderly, arrhythmias
- Amitriptyline indicated for Neuropathic pain.
- Nortriptyline indicated for depression – use where Amitriptyline causes excess somnolence (off-license).
- ACB score = 3

Gabapentin
NNT=6.3 NNH=25.6
- **Start low and go slow.** Increase by 300mg weekly up to max 3600mg in three divided doses (see following pages for dosing regimes)
- **Decrease by 300mg each week when stopping**
- Decrease dose for elderly & renal impairment (CrCl<80ml/min -see SPC)
- Indicated for epilepsy & neuropathic pain.

Duloxetine
NNT=6.4 NNH= 11.8
Week 1: 30mg nocte
Week 2: 60mg nocte
Can be increased up to 60mg BD if necessary.
- **Taper when stopping**
- **Can help with mood & chronic pain.**
- Can increase BP – check BP when starting & with dose changes
- Indicated for diabetic neuropathic pain. Other indications off license.
- Caution: epilepsy

Pregabalin
NNT=7.7 NNH=13.9
Start with 75mg nocte & increase weekly by 75mg up to max 300mg twice daily.
- **Decrease by 50-100mg each week when stopping.**
- Not recommended in substance misuse including alcohol.
- Indicated for anxiety, neuropathic pain & epilepsy.

Lidocaine patches
(for Post-herpetic neuralgia (PHN) only)

Self-Management Advice for PHN:
Wear loose clothing / cotton fabrics. Consider protecting sensitive areas with a plastic wound dressing, application of cold packs, unless this causes pain (allodynia).

Pharmacological Options –
- if first option not effective, choose one of the others.
- If second option not effective choose one of the others.
- If third option not effective choose one of the others.

Co-prescribing (these options may be prescribed together if needed) -
- Amitriptyline + Gabapentinoid (Gabapentin or Pregabalin)
- Duloxetine + Gabapentinoid (Gabapentin or Pregabalin)
- **DO NOT CO-PRESCRIBE Gabapentin + Pregabalin**
- Co-prescribing Amitriptyline and Duloxetine, or with other TCA, SSRI, SNRI increases the risk of serotonin syndrome.

Tramadol
NNT=4.7
NNH=12.6
For acute rescue therapy only.
(50mg-100mg up to max 400mg daily)
- avoid in epilepsy
- risk of serotonin syndrome
- half-life prolonged where age >75years
- ACB score = 2

Secondary care initiation only:

Opioid - Tapentadol MR (Specialist initiated; Max 300mg daily in two divided doses – 25mg oral Tapentadol equivalent to 10mg oral Morphine	**Is there peripheral localised neuropathic pain?** 1) Lidocaine plasters (only licensed for post-herpetic neuralgia) £££ 2) Capsaicin 8% patches **(Hospital only)** (licensed for peripheral neuropathic pain) £££

Gabapentin.

Assessing benefit: Onset of action may be seen as early as the second week of treatment with rapid titration, but the peak effect usually occurs about 2 weeks after a therapeutic dosage is achieved; therefore, an adequate trial may be 2 months or longer. Consider trialling for 8 – 12 weeks, with at least 2 weeks at the maximum tolerated dose, before deciding it is not effective.

1. Fast Dose Titration (suitable for otherwise healthy younger adults)
   - Initially, 300mg once a day on day 1, then 300mg twice a day on day 2, then 300mg three times a day on day 3.
   - Alternatively, start with 300mg three times a day on day 1, then increase according to response in steps of 300mg (in three divided doses every 2-3 days up to a maximum total daily dose of 3600mg (1200mg three times a day).
   - If the person experiences adverse effects during daily titration, a slower titration may be preferable.

2. Slow Dose Titration (suitable for >65years of age, frail, or where adverse effects with higher doses).
   - Start with 100mg at night, increasing by 100mg a day until the pain is significantly reduced, or adverse effects occur, or a maximum daily dose of 3600mg (1200mg three times a day) is reached.

If the person experiences adverse effects during daily titration, a slower titration (e.g. increasing the dose every 3-7 days) may help.

Gabapentin dose in renal impairment

Creatinine Clearance (ml/min)	**Total Daily Dose (in 3 divided doses)** (100mg, 300mg & 600mg capsules/ tablets available)
≥80	900mg -3600mg
50-79	600mg - 1800mg
30-49	300mg – 900mg
15-29	150mg - 600mg (max) (Note: 150mg daily dose to be given as 300mg in 3 divided doses on alternate days).
<15	150mg – 300mg (max) (Note: 150mg daily dose to be given as 300mg in 3 divided doses on alternate days). N.B Dose is reduced in proportion to creatinine clearance (e.g., patients with a creatinine clearance of 7.5 ml/min should receive one-half the daily dose that patients with a creatinine clearance of 15 ml/min receive).

Reducing or Discontinuing Gabapentin

- **Do Not Stop Abruptly -** Reduce slowly (e.g.,**300mg every 4-7 days)** to reduce the risk of withdrawal symptoms. (Or, **reduce by 100mg every 7 -14 days if withdrawal symptoms).**
- **Withdrawal symptoms can include** anxiety, *insomnia, nausea, pains, sweating, and convulsions.* The incidence and severity of withdrawal symptoms may be dose-related.

Patient information

- Gabapentin information and reduction leaflet
- Gabapentin patient information leaflet Faculty of Pain Medicine (opens in a new tab)

Gabapentin in Pregnancy

MHRA safety advice: (opens in a new tab) **Update on antiepileptic drugs in pregnancy Jan 2021**
The risks associated with Gabapentin use during pregnancy remain uncertain; the possibility of an increased risk of major congenital malformations can neither be confirmed nor ruled out.
Patient Information available at BUMPS: Gabapentin in Pregnancy (opens in a new tab) July 2019

Gabapentin - Risk of abuse and dependence

Healthcare professionals should evaluate patients carefully for a history of drug abuse before prescribing gabapentin and observe patients for signs of abuse and dependence. Patients should be informed of the potentially fatal risks of interactions between gabapentin and alcohol, and with other medicines that cause CNS depression, particularly opioids'. MHRA/CHM advice (opens in a new tab)**.**

Gabapentin - Risk of severe respiratory depression

'Gabapentin has been associated with a rare risk of severe respiratory depression even without concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment, concomitant use of central nervous system (CNS) depressants, and elderly people (aged >65 years) might be at higher risk of experiencing severe respiratory depression and dose adjustments may be necessary in these patients'. MHRA/CHM advice (opens in a new tab)

Pregabalin

- Not recommended in patients with **history of substance/ alcohol misuse**
- **Avoid co-prescribing** with **benzodiazepines or Z-drugs.**
- Reduce dose in renal impairment where creatinine clearance <60ml/min. See table below:

Pregabalin dosing in renal impairment

Creatinine Clearance (mL/min)	Initial Total Daily Dose (total daily dose should be divided as per dose regimen)	Maximum Total Daily Dose (total daily dose should be divided as per dose regimen)	Dose regimen
≥60	150mg	600mg	*BD or TDS*
≥30 – <60	75mg	300mg	*BD or TDS*
≥15 – <30	25mg – 50mg	150mg	*OD or BD*
<15	25mg	75mg	*OD*

Reducing or Discontinuing Pregabalin

- **DO NOT SUDDENLY STOP -** reduce by of 50mg every 7 days, or more slowly in smaller decrements if needed.
- Reduce slowly to reduce the risk of withdrawal symptoms which can include *anxiety, insomnia, dizziness, headache, nausea, pains, sweating, diarrhoea, and chest pain.* Incidence and severity of withdrawal symptoms may be dose related.

Patient information

- Pregabalin information and reduction leaflet
- Pregabalin patient information leaflet Faculty of Pain Medicine (opens in a new tab)

Pregabalin in Pregnancy - may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary - MHRA advice: (opens in a new tab)

Pregabalin - Risk of severe respiratory depression - Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment; those using concomitant central nervous system (CNS) depressants; and people older than 65 years might be at higher risk of experiencing these events and adjustments in dose or dosing regimen may be necessary'.

MHRA: Pregabalin (Lyrica) reports of severe respiratory depression (18 February 2021) (opens in a new tab)

Pregabalin - Risk of abuse and dependence

Healthcare professionals should evaluate patients carefully for a history of drug abuse before prescribing pregabalin and observe patients for signs of abuse and dependence. Patients should be informed of the potentially fatal risks of interactions between pregabalin and alcohol, and with other medicines that cause CNS depression, particularly opioids. MHRA/CHM advice: (opens in a new tab)

Switching from Pregabalin to Gabapentin in patients with normal renal function

This would be a straight switch, rather than titrating down the pregabalin dose and titrating up the gabapentin dose.

Pregabalin total daily dose pre-switch	Gabapentin total daily dose post switch (Toth study[5])	Suggested daily dose of gabapentin
150mg	900mg	300mg tds
225mg	901mg to 1500mg	400mg tds
300mg	1501mg to 2100mg	2x300mg tds
450mg	2101mg to 2700mg	2x400mg tds
600mg	2701mg to 3600mg	3x300mg tds

For daily doses of Pregabalin below 150mg daily, e.g., 100mg daily or 75mg daily, – switch to Gabapentin 100mg TDS, and titrate up if necessary.

Lidocaine Plasters

- **Licensed only for postherpetic neuralgia (PHN),** in whom alternative treatments have proved ineffective or where such treatments are contra-indicated. *(See Lidocaine Plaster Traffic Light scheme).*
- **NICE does not recommend topical Lidocaine** for localised neuropathic pain, as there is very limited clinical data to support its use.
- Between One and Three plasters can be applied to a painful area once daily. Cost around **£240** per month if 3 patches applied..
- Ensure all patients prescribed Lidocaine plasters are using them correctly and have at least a 12-hour treatment free period each day.
- Treatment for post-herpetic neuralgia should be reviewed after 2-4 weeks and stopped if ineffective or if the relief is solely related to the skin protective properties of the plaster.

For HDUHB, prescribing of Lidocaine Plasters is based on the following traffic light scheme.

Green licensed indication (**suitable for initiation by all prescribers**).	Symptomatic relief of neuropathic pain associated with **post herpetic neuralgia** in patients for whom alternative treatments have proved ineffective or where alternative treatments are contra-indicated. **Secondary care prescriptions to be endorsed PHN by prescriber to indicate patients using for licensed indication.**
Amber (considered suitable for initiation by **pain specialists ONLY,** with repeat prescribing for specified indication and duration of therapy by GP practices).	HDUHB pain clinic initiation only in patients who are intolerant of oral neuropathic agents, or when these agents are ineffective or contra-indicated. •**Total Knee Replacement** – ONE plaster to be applied for 12 hours per day for up to 3 months before review by initiating specialist. •**Scar pain** – ONE to THREE plasters to be applied for 12 hours per day for up to 3 months before review by initiating specialist. •**Complex Regional Pain syndrome** – ONE to THREE plasters to be applied for 12 hours per day for up to 3 months before review by initiating specialist. NB.

	• These are “off-label” uses and initiating prescribers should follow relevant professional guidance, taking full responsibility for the decision.
	• Informed consent should be obtained and documented.
	  • See the GMC’s Good Practice in prescribing medicines – guidance for doctors for further information.
	  • A standard letter should be used to hand over care.

Red (**Suitable for initiation and repeat prescribing by pain specialists ONLY**).	Prescriptions from pain clinic ONLY: **All other uses outside the above recommendation** including, but not exclusive to: osteoporotic fracture, rib fracture, fibromyalgia, neuropathic pain including diabetic polyneuropathy.

References

1. How do you switch between pregabalin and gabapentin for neuropathic pain, and vice versa? (opens in a new tab) https://www.sps.nhs.uk/articles/switching-between-gabapentin-and-pregabalin-for-neuropathic-pain/ (opens in a new tab)
2. Public Health England. Advice for prescribers on the risk of the misuse of pregabalin and gabapentin. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf (opens in a new tab)
3. Electronic medicines compendium SPC – licensed uses/ doses for medicines: http://www.medicines.org.uk/emc/ (opens in a new tab)
4. NICE (CG 173) Neuropathic pain in adults https://www.nice.org.uk/guidance/cg173 (opens in a new tab)
5. Toth C Substitution of gabapentin therapy with pregabalin therapy in neuropathic pain due to peripheral neuropathy. Pain Medicine 2010; 11:456-465
6. Bennett M. The LANSS Pain Scale: the Leeds assessment of neuropathic symptoms and signs. Pain. 2001 May;92(1-2):147–57.
7. Finnerup NB, Attal N, Haroutounian S, McNicol E, Baron R, Dworkin RH, et al. Pharmacotherapy for neuropathic pain in adults: systematic review, meta-analysis and updated NeuPSIG recommendations. Lancet Neurol. 2015 Feb;14(2):162–73. [accessed 3 Nov 2023] Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4493167/

Appendix 1- Healthcare Professional and Patient Information Resources

Healthcare Professional Information Resources

1) All Wales Pharmacological Management of Pain Guidance (updated July 2023)

https://awttc.nhs.wales/files/guidelines-and-pils/all-wales-pharmacological-management-of-pain-guidance/

2) All Wales Analgesic Stewardship Guidance (updated July 2023)

https://awttc.nhs.wales/files/guidelines-and-pils/all-wales-analgesic-stewardship-guidancepdf/

Patient Information resources:

1. Tramadol educational resources - 2021 review - All Wales Therapeutics and Toxicology Centre (nhs.wales)
2. Pain Concern Patient Information Leaflet: Neuropathic Pain.
3. Live Well with pain. Patient Information Leaflet: Are you taking Gabapentin or Pregabalin to help with your pain? https://livewellwithpain.co.uk/resources-for-people-with-pain/shortcuts/gabapentin-and-pregabalin-questions-to-ask-yourself/
4. Live Well with pain. Patient information Leaflet: Your journey to living well with pain https://livewellwithpain.co.uk/wp-content/uploads/2023/09/Ten-footsteps-booklet-online-v01.pdf
5. Faculty of Pain Medication Pain Medication Information Leaflets _https://fpm.ac.uk/patients/patient-info
   - Duloxetine for pain Faculty of Pain Medicine
   - Amitriptyline for pain Faculty of Pain Medicine
   - Nortriptyline for pain Faculty of Pain Medicine
   - Gabapentin for pain Faculty of Pain Medicine
   - Pregabalin for pain Faculty of Pain Medicine

Appendix 2: Gabapentin Information Leaflet

Reducing Gabapentin

Why have I been given this information sheet?
You have been given this information sheet by a Healthcare Professional as they think that you may benefit from reducing the dose of Gabapentin that you take because it is not effective for your pain or because you are experiencing side-effects.

Not effective?
Gabapentin can be helpful to reduce nerve pain in some people but if Gabapentin is not effective, or you report very high pain scores despite taking high doses of Gabapentin then Gabapentin may not be working for you in the way it was intended. If this is the case, you may be advised to gradually reduce the dose of Gabapentin that you take until it is stopped.

Side-effects?
Sometimes people experience side-effects whilst taking Gabapentin, which require the Gabapentin dose to be reduced or stopped.

Side-effects can include:

- Reduced ability to breathe that can be life-threatening
- Sedation (can make you feel sleepy), confusion, memory impairment
- Weight gain
- Headache
- Problems with balance or falls
- Feeling drunk or abnormal style of walking
- Swelling in the feet and legs
- Mood changes (depression, anxiety, different thoughts)
- Muscle and joint pain
- Sexual dysfunction
- Changes in your ability to fight infection
- Impaired ability to drive or operate machinery

Reducing Gabapentin
Do not suddenly stop taking Gabapentin as this could cause serious problems, make your pain worse and cause withdrawal symptoms. If you have epilepsy, stopping Gabapentin suddenly can cause seizures.

Reduce the Gabapentin dose gradually. The total daily dose of Gabapentin can be reduced by 300mg each week. If you are finding it difficult to reduce the amount of Gabapentin that you take, it may be possible to reduce by a smaller amount, or reduce over a longer period, for example every two or four weeks, to reduce the risk of withdrawal symptoms.

The occurrence and severity of withdrawal symptoms may be dose related.

Gabapentin withdrawal symptoms can include anxiety, insomnia, nausea, pains, sweating and chest pain.

Withdrawal symptoms can occur within a day of reducing the dose but usually **improve** within a week. If you experience withdrawal symptoms after reducing, maintain on the dose that you have reduced to and wait for the withdrawal symptoms to **improve** before reducing further. If you struggle with withdrawal symptoms as the dose is reduced, reduce by a smaller amount, or reduce over a longer period to reduce the risk of withdrawal symptoms.

Advice around reducing Gabapentin

- Agree reduction plans with your prescriber.
- It can be helpful to inform your Community Pharmacy that you are reducing the Gabapentin dose so that they can support you with these changes.

Gabapentin Reduction Plan

This information is to be used under the direction of your prescriber to help you gradually reduce the dose of Gabapentin that you take. It may be that a lower dose will be just as effective to reduce pain but without causing side-effects.

Suggested reduction plan

- **Reduce the total daily Gabapentin dose by 300mg each week.**
- **Please look at the table below and start at the change point that matches your current Gabapentin dose.**

Week	Morning Dose	Midday Dose	Evening Dose
1	1200mg	1200mg	1200mg
2	900mg	1200mg	1200mg
3	900mg	900mg	1200mg
4	900mg	900mg	900mg
5	600mg	900mg	900mg
6	600mg	600mg	900mg
7	600mg	600mg	600mg
8	300mg	600mg	600mg
9	300mg	300mg	600mg
10	300mg	300mg	300mg
11	STOP	300mg	300mg
12	STOP	STOP	300mg
13	STOP	STOP	STOP

Where the dose of Gabapentin has been reduced but not stopped…
If it has not been possible to stop the Gabapentin completely, then maintain on the Gabapentin dose that you have reduced to and arrange an appointment with your prescriber to discuss this along with your long-term goals and non-medication options for pain.

Discuss with your prescriber whether it may be appropriate for you to re-attempt reducing the Gabapentin dose in 3-6 months.

Version 1.0 Authors: Pharmacy Pain Team HDUHB. Review Date: May 2025

Appendix 3: Taflen Gwybodaeth Gabapentin

Lleihau Gabapentin

Pam y rhoddwyd y daflen wybodaeth hon i mi?

Mae'r Gweithiwr Proffesiynol Gofal Iechyd wedi rhoi'r daflen wybodaeth hon i chi gan ei fod yn credu y gallech elwa o leihau'r dos o Gabapentin rydych chi'n ei gymryd oherwydd nad yw'n effeithiol i'ch poen neu oherwydd eich bod chi'n profi sgîl-effeithiau.

Ddim yn effeithiol?

Gall Gabapentin fod yn ddefnyddiol i leihau poen nerfau mewn rhai pobl ond os nad yw Gabapentin yn effeithiol ar gyfer eich poen, neu os ydych chi'n adrodd sgoriau poen uchel iawn er gwaethaf cymryd dosau uchel o Gabapentin yna efallai na fydd Gabapentin yn gweithio i chi yn y ffordd y bwriadwyd ef. Os yw hyn yn wir, gallai fod yn briodol lleihau'r dos o Gabapentin rydych chi'n ei gymryd yn raddol nes iddo gael ei stopio.

Sgil Effeithiau?

Weithiau gall pobl brofi nifer o wahanol sgîl-effeithiau wrth gymryd Gabapentin, a all olygu bod angen lleihau'r dos neu stopio Gabapentin.

Gall sgîl-effeithiau gynnwys:

- Llai o allu i anadlu a all fygwth bywyd
- Tawelydd (gwneud i chi deimlo'n gysglyd), dryswch, nam ar eich cof
- Rhoi pwysau ymlaen
- Cur pen
- Problemau gyda chydbwysedd, cwympo
- Teimlo'n feddw, arddull annormal o gerdded
- Chwydd yn y traed a'r coesau
- Newidiadau hwyliau (iselder ysbryd, pryder, gwahanol feddyliau
- Poen yn y cyhyrau a'r cymalau
- Camweithrediad rhywiol
- Newidiadau yn eich gallu i frwydro yn erbyn haint
- Gallu amharu ar eich gyrru neu weithredu peiriannau

Lleihau Gabapentin

Peidiwch â rhoi'r gorau i gymryd Gabapentin yn sydyn oherwydd gallai hyn achosi problemau difrifol, gwaethygu'ch poen ac achosi symptomau diddyfnu. Os oes gennych epilepsi, gall stopio Gabapentin yn sydyn achosi trawiadau.

Lleihau'r dos Gabapentin yn raddol. Gellir lleihau cyfanswm y dos dyddiol o Gabapentin 300mg bob wythnos. Os ydych chi'n ei chael hi'n anodd lleihau faint o Gabapentin rydych chi'n ei gymryd, efallai y bydd modd lleihau swm llai, neu leihau dros gyfnod hirach, er enghraifft bob pythefnos neu bedair wythnos, i leihau'r risg o symptomau diddyfnu.

Gall mynychder a difrifoldeb symptomau diddyfnu fod yn gysylltiedig â dos.

Gall symptomau diddyfnu Gabapentin gynnwys gorbryder, anhunedd, cyfog, poenau, chwysu a phoen yn y frest.

Gall symptomau diddyfnu ddigwydd o fewn diwrnod i leihau'r dos ond fel arfer byddant yn **gwella** o fewn wythnos. Os byddwch chi'n profi symptomau diddyfnu ar ôl lleihau, cadwch y dos rydych chi wedi'i leihau iddo ac aros i'r symptomau diddyfnu **wella** cyn lleihau ymhellach. Os ydych chi'n cael trafferth gyda symptomau diddyfnu wrth i'r dos gael ei leihau, dylech leihau swm llai, neu ei leihau dros gyfnod hirach i leihau'r risg o symptomau diddyfnu.

Cyngor Ynghylch Lleihau Gabapentin

- Cytuno ar gynlluniau lleihau gyda'ch rhagnodydd.
- Gall fod yn ddefnyddiol rhoi gwybod i'ch Fferyllfa Gymunedol eich bod yn lleihau'r dos Gabapentin fel y gallant eich cefnogi gyda newidiadau i'ch meddyginiaeth.

Cynllun Lleihau Gabapentin

Mae'r wybodaeth hon i'w defnyddio o dan gyfarwyddyd eich rhagnodydd i'ch helpu chi i leihau'r dos o Gabapentin rydych chi'n ei gymryd yn raddol. Efallai y bydd dos is yr un mor effeithiol i leihau poen ond heb achosi sgîl-effeithiau.

Cynllun Lleihau a Awgrymir

- **Lleihau cyfanswm y dos Gabapentin dyddiol 300mg yn wythnosol.**
- **Edrychwch ar y tabl isod a dechrau ar y pwynt newid sy'n cyfateb i'ch dos Gabapentin cyfredol.**

Wythnos	Dos Bore	Dos Canol Dydd	Dos Nos
1	1200mg	1200mg	1200mg
2	900mg	1200mg	1200mg
3	900mg	900mg	1200mg
4	900mg	900mg	900mg
5	600mg	900mg	900mg
6	600mg	600mg	900mg
7	600mg	600mg	600mg
8	300mg	600mg	600mg
9	300mg	300mg	600mg
10	300mg	300mg	300mg
11	STOP	300mg	300mg
12	STOP	STOP	300mg
13	STOP	STOP	STOP

Lle mae'r dos o Gabapentin wedi'i leihau ond heb ei stopio ...
Os na fu'n bosibl atal y Gabapentin yn gyfan gwbl, yna cadwch y dos Gabapentin yr ydych wedi'i leihau iddo a threfnwch apwyntiad gyda'ch rhagnodydd i drafod hyn ynghyd â'ch nodau hirdymor a'ch opsiynau di-feddyginiaeth ar gyfer poen.

Trafodwch gyda'ch rhagnodydd a allai fod yn briodol i chi ail-geisio lleihau'r dos Gabapentin ymhen 3-6 mis.

Fersiwn 1.0 Awduron: Tîm Poen Fferylliaeth BIPHDd. Dyddiad adolygu: Mai 2025

Appendix 4: Pregabalin Information Leaflet

Reducing Pregabalin

Why have I been given this information sheet?
You have been given this information sheet by a Healthcare Professional as they think that you may benefit from reducing the dose of Pregabalin that you take because it is not effective for your pain or because you are experiencing side-effects.

Not effective?
Pregabalin can be helpful to reduce nerve pain in some people but if Pregabalin is not effective, or you report very high pain scores despite taking high doses of Pregabalin then Pregabalin may not be working for you in the way it was intended. If this is the case, you may be advised to gradually reduce the dose of Pregabalin that you take until it is stopped.

Side-effects?
Sometimes people experience side-effects whilst taking Pregabalin, which require the Pregabalin dose to be reduced or stopped.

Side-effects can include:

- Reduced ability to breathe that can be life-threatening
- Sedation (can make you feel sleepy), confusion, memory impairment
- Weight gain
- Headache
- Problems with balance or falls
- Feeling drunk or abnormal style of walking
- Swelling in the feet and legs
- Mood changes (depression, anxiety, different thoughts)
- Muscle and joint pain
- Sexual dysfunction
- Changes in your ability to fight infection
- Impaired ability to drive or operate machinery

Reducing Pregabalin
Do not suddenly stop taking Pregabalin as this could cause serious problems, make your pain worse and cause withdrawal symptoms. If you have epilepsy, stopping Pregabalin suddenly can cause seizures.

Reduce the Pregabalin dose gradually. The total daily dose of Pregabalin can be reduced by 50mg each week. If you are finding it difficult to reduce the amount of Pregabalin that you take, it may be possible to reduce by a smaller amount, or reduce over a longer period, for example every two or four weeks, to reduce the risk of withdrawal symptoms.

The occurrence and severity of withdrawal symptoms may be dose related.

Pregabalin withdrawal symptoms can include anxiety, insomnia, dizziness, headache, nausea, pains, sweating, diarrhoea, and chest pain.

Withdrawal symptoms can occur within a day of reducing the dose but usually **improve** within a week. If you experience withdrawal symptoms after reducing, maintain on the dose that you have reduced to and wait for the withdrawal symptoms to **improve** before reducing further. If you struggle with withdrawal symptoms as the dose is reduced, reduce by a smaller amount, or reduce over a longer period to reduce the risk of withdrawal symptoms.

Advice around reducing Pregabalin

- Agree reduction plans with your prescriber.
- It can be helpful to inform your Community Pharmacy that you are reducing the Pregabalin dose so that they can support you with these changes.

Pregabalin Reduction Plan

This information is to be used under the direction of your prescriber to help you gradually reduce the dose of Pregabalin that you take. It may be that a lower dose will be just as effective to reduce pain but without causing side-effects.

Suggested reduction plan

- **Reduce the total daily Pregabalin dose by 50mg each week.**
- **Please look at the table below and start at the change point that matches your current Pregabalin dose.**

Week	Morning Dose	Evening Dose
1	300mg	300mg
2	250mg	300mg
3	250mg	250mg
4	200mg	250mg
5	200mg	200mg
6	150mg	200mg
7	150mg	150mg
8	100mg	150mg
9	100mg	100mg
10	50mg	100mg
11	50mg	50mg
12	STOP	50mg
13	STOP	STOP

Where the dose of Pregabalin has been reduced but not stopped…

If it has not been possible to stop the Pregabalin completely, then maintain on the Pregabalin dose that you have reduced to and arrange an appointment with your prescriber to discuss this along with your long-term goals and non-medication options for pain.

Discuss with your prescriber whether it may be appropriate for you to re-attempt reducing the Pregabalin dose in 3-6 months.

Version 1.0 Authors: Pharmacy Pain Team HDUHB. Review Date: May 2025

Appendix 5: Taflen Gwybodaeth Pregabalin

Lleihau Pregabalin

Pam y rhoddwyd y daflen wybodaeth hon i mi?
Rhoddwyd y daflen wybodaeth hon i chi gan Weithiwr Gofal Iechyd Proffesiynol gan ei fod yn credu y gallech elwa o leihau dos y Pregabalin a gymerwch oherwydd nad yw'n effeithiol ar gyfer eich poen neu oherwydd eich bod yn profi sgîl-effeithiau.

Ddim yn effeithiol?
Gall pregabalin fod yn ddefnyddiol i leihau poen nerfol mewn rhai pobl ond os nad yw Pregabalin yn effeithiol ar gyfer eich poen, neu os ydych chi'n adrodd sgoriau poen uchel iawn er gwaethaf cymryd dosau uchel o Pregabalin, yna efallai na fydd Pregabalin yn gweithio i chi yn y ffordd y bwriadwyd ef. Os yw hyn yn wir, gallai fod yn briodol lleihau'r dos o Pregabalin rydych chi'n ei gymryd yn raddol nes iddo gael ei stopio.

Sgil Effeithiau?
Weithiau gall pobl brofi sawl sgil-effaith wahanol wrth gymryd Pregabalin, a all olygu bod angen lleihau neu stopio Pregabalin.

Gall sgîl-effeithiau gynnwys:

- Llai o allu i anadlu a all fygwth bywyd
- Tawelydd (gwneud i chi deimlo'n gysglyd), dryswch, nam ar eich cof
- Rhoi pwysau ymlaen
- Cur pen
- Problemau gyda chydbwysedd, cwympo
- Teimlo'n feddw, arddull annormal o gerdded
- Chwydd yn y traed a'r coesau
- Newidiadau hwyliau (iselder ysbryd, pryder, gwahanol feddyliau
- Poen yn y cyhyrau a'r cymalau
- Camweithrediad rhywiol
- Newidiadau yn eich gallu i frwydro yn erbyn haint
- Gallu amharu ar eich gyrru neu weithredu peiriannau

Lleihau Pregabalin
Peidiwch â rhoi'r gorau i gymryd Pregabalin yn sydyn oherwydd gallai hyn achosi problemau difrifol, gwaethygu'ch poen ac achosi symptomau diddyfnu. Os oes gennych epilepsi, gall rhoi'r gorau i Pregabalin yn sydyn achosi trawiadau.

Lleihau'r dos Pregabalin yn raddol. Gellir lleihau cyfanswm y dos dyddiol o Pregabalin 50mg bob wythnos. Os ydych chi'n ei chael hi'n anodd lleihau faint o Pregabalin rydych chi'n ei gymryd, efallai y bydd hi'n bosibl lleihau swm llai, neu leihau dros gyfnod hirach, er enghraifft bob pythefnos neu bedair wythnos, i leihau'r risg o symptomau diddyfnu.

Gall mynychder a difrifoldeb symptomau diddyfnu fod yn gysylltiedig â dos.

Gall symptomau diddyfnu pregabalin gynnwys gorbryder, anhunedd, pendro, cur pen, cyfog, poenau, chwysu, dolur rhydd, a phoen yn y frest.

Gall symptomau diddyfnu ddigwydd o fewn diwrnod i leihau'r dos ond fel arfer byddant yn **gwella** o fewn wythnos. Os byddwch chi'n profi symptomau diddyfnu ar ôl lleihau, cadwch y dos rydych chi wedi'i leihau iddo ac aros i'r symptomau diddyfnu **wella** cyn lleihau ymhellach. Os ydych chi'n cael trafferth gyda symptomau diddyfnu wrth i'r dos gael ei leihau, dylech leihau swm llai, neu ei leihau dros gyfnod hirach i leihau'r risg o symptomau diddyfnu.

Cyngor ynghylch lleihau Pregabalin

- Cytuno ar gynlluniau lleihau gyda'ch rhagnodydd.
- Gall fod yn ddefnyddiol rhoi gwybod i'ch Fferyllfa Gymunedol eich bod yn lleihau'r dos Pregabalin fel y gallant eich cefnogi gyda newidiadau i'ch meddyginiaeth.

Cynllun Lleihau Pregabalin

Mae'r wybodaeth hon i'w defnyddio o dan gyfarwyddyd eich rhagnodydd i'ch helpu chi i leihau'r dos o Pregabalin rydych chi'n ei gymryd yn raddol. Efallai y bydd dos is yr un mor effeithiol i leihau poen ond heb achosi sgîl-effeithiau.

Cynllun Lleihau a Awgrymir

- **Lleihau cyfanswm y dos Pregabalin dyddiol 50mg yn wythnosol.**
- **Edrychwch ar y tabl isod a dechrau ar y pwynt newid sy'n cyfateb i'ch dos Pregabalin cyfredol.**

Wythnos	Dos Bore	Dos Nos
1	300mg	300mg
2	250mg	300mg
3	250mg	250mg
4	200mg	250mg
5	200mg	200mg
6	150mg	200mg
7	150mg	150mg
8	100mg	150mg
9	100mg	100mg
10	50mg	100mg
11	50mg	50mg
12	STOP	50mg
13	STOP	STOP

Lle mae'r dos o Pregabalin wedi'i leihau ond heb ei stopio ...
Os na fu'n bosibl atal y Pregabalin yn gyfan gwbl, yna cadwch ar y dos Pregabalin yr ydych wedi'i leihau a threfnwch apwyntiad gyda'ch rhagnodydd i drafod hyn ynghyd â'ch nodau hirdymor a'ch opsiynau nad ydynt yn feddyginiaeth ar gyfer poen.

Trafodwch gyda'ch rhagnodydd a allai fod yn briodol i chi ail-geisio lleihau'r dos Pregabalin ymhen 3-6 mis.

Fersiwn 1.0 Awduron: Tîm Poen Fferylliaeth BIPHDd. Dyddiad adolygu: Mai 2025

Appendix 6:LANSS PAIN SCALE

Appendix A

THE LANSS PAIN SCALE

Leeds Assessment of Neuropathic Symptoms and Signs

NAME_____ **DATE**_____

This pain scale can help to determine whether the nerves that are carrying your pain signals are working normally or not. It is important to find this out in case different treatments are needed to control your pain.

A. PAIN QUESTIONNAIRE

- Think about how your pain has felt over the last week.
- Please say whether any of the descriptions match your pain exactly.

1) Does your pain feel like strange, unpleasant sensations in your skin? Words like pricking, tingling, pins and needles might describe these sensations.

a) NO - My pain doesn't really feel like this..... (0)

b) YES - I get these sensations quite a lot..... (5)

2) Does your pain make the skin in the painful area look different from normal? Words like mottled or looking more red or pink might describe the appearance.

a) NO - My pain doesn't affect the colour of my skin..... (0)

b) YES - I've noticed that the pain does make my skin look different from normal .... (5)

3) Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations when lightly stroking the skin, or getting pain when wearing tight clothes might describe the abnormal sensitivity.

a) NO - My pain doesn't make my skin abnormally sensitive in that area..... (0)

b) YES - My skin seems abnormally sensitive to touch in that area..... (3)

4) Does your pain come on suddenly and in bursts for no apparent reason when you're still. Words like electric shocks, jumping and bursting describe these sensations.

a) NO - My pain doesn't really feel like this ..... (0)

b) YES - I get these sensations quite a lot ..... (2)

5) Does your pain feel as if the skin temperature in the painful area has changed abnormally? Words like hot and burning describe these sensations

a) NO - I don't really get these sensations..... (0)

b) YES - I get these sensations quite a lot ..... (1)

B. SENSORY TESTING

Skin sensitivity can be examined by comparing the painful area with a contralateral or adjacent non-painful area for the presence of allodynia and an altered pin-prick threshold (PPT).

1) ALLODYNIA

Examine the response to lightly stroking cotton wool across the non-painful area and then the painful area. If normal sensations are experienced in the non-painful site, but pain or unpleasant sensations (tingling, nausea) are experienced in the painful area when stroking, allodynia is present.

a) NO, normal sensation in both areas ..... (0)

b) YES, allodynia in painful area only ..... (5)

2) ALTERED PIN-PRICK THRESHOLD

Determine the pin-prick threshold by comparing the response to a 23 gauge (blue) needle mounted inside a 2 ml syringe barrel placed gently on to the skin in a non-painful and then painful areas.

If a sharp pin prick is felt in the non-painful area, but a different sensation is experienced in the painful area e.g. none / blunt only (raised PPT) or a very painful sensation (lowered PPT), an altered PPT is present.

If a pinprick is not felt in either area, mount the syringe onto the needle to increase the weight and repeat.

a) NO, equal sensation in both areas ..... (0)

b) YES, altered PPT in painful area ..... (3)

SCORING:

Add values in parentheses for sensory description and examination findings to obtain overall score.

TOTAL SCORE (maximum 24) .....

If score < 12, neuropathic mechanisms are **unlikely** to be contribution to the patient's pain

If score ≥ 12, neuropathic mechanisms are **likely** to be contributing to the patient's pain

Appendix 7: DN4 Questionnaire

DN4 – QUESTIONNAIRE

To estimate the probability of neuropathic pain, please answer yes or no for each item of the following four questions.

INTERVIEW OF THE PATIENT

QUESTION 1:

Does the pain have one or more of the following characteristics?	**YES**	**NO**
Burning	❑	❑
Painful cold	❑	❑
Electric shocks	❑	❑

QUESTION 2:

Is the pain associated with one or more of the following symptoms in the same area?	**YES**	**NO**
Tingling	❑	❑
Pins and needles	❑	❑
Numbness	❑	❑
Itching	❑	❑

EXAMINATION OF THE PATIENT

QUESTION 3:

Is the pain located in an area where the physical examination may reveal one or more of the following characteristics?	**YES**	**NO**
Hypoesthesia to touch	❑	❑
Hypoesthesia to pinprick	❑	❑

QUESTION 4:

In the painful area, can the pain be caused or increased by:	**YES**	**NO**
Brushing?	❑	❑

YES = 1 point
NO = 0 points

Patient's Score:	**/10**

Appendix 8: PainDetect

painDETECT

PAIN QUESTIONNAIRE

Date: _____ Patient: Last name: _____ First name: _____

How would you assess your pain **now**, at this moment?

0 1 2 3 4 5 6 7 8 9 10

none max.

How strong was the **strongest** pain during the past 4 weeks?

0 1 2 3 4 5 6 7 8 9 10

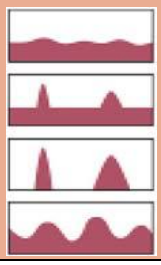
none max.

How strong was the pain during the past 4 weeks **on average**?

0 1 2 3 4 5 6 7 8 9 10

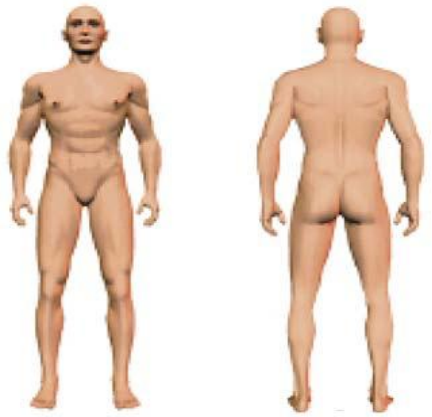
none max.

Mark the picture that best describes the course of your pain:



- **Persistent pain with slight fluctuations** ☐
- **Persistent pain with pain attacks** ☐
- **Pain attacks without pain between them** ☐
- **Pain attacks with pain between them** ☐

Please mark your **main area of pain**



Does your pain radiate to other regions of your body? yes ☐ no ☐

If yes, please draw the direction in which the pain radiates.

Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Is light touching (clothing, a blanket) in this area painful?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Do you have sudden pain attacks in the area of your pain, like electric shocks?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Is cold or heat (bath water) in this area occasionally painful?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Do you suffer from a sensation of numbness in the areas that you marked?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

Does slight pressure in this area, e.g., with a finger, trigger pain?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

(To be filled out by the physician)

never	hardly noticed	slightly	moderately	strongly	very strongly
☐ x 0 = 0	☐ x 1 = ☐	☐ x 2 = ☐☐	☐ x 3 = ☐☐	☐ x 4 = ☐☐	☐ x 5 = ☐☐

Total score ☐☐ **out of 35**

painDETECT

SCORING OF PAIN QUESTIONNAIRE

Date: _____ Patient: Last name: _____ First name: _____

Please transfer the total score from the pain questionnaire:

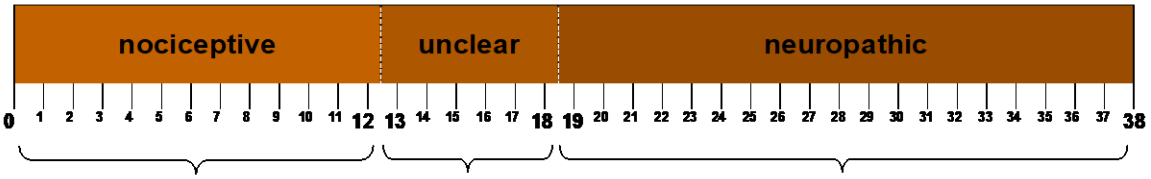
Total score ☐☐

Please add up the following numbers, depending on the marked pain behavior pattern and the pain radiation. Then total up the final score:

	Persistent pain with slight fluctuations	0	
	Persistent pain with pain attacks	- 1	if marked, or
	Pain attacks without pain between them	+ 1	if marked, or
	Pain attacks with pain between them	+ 1	if marked
	Radiating pains?	+ 2	if yes
	Final score	☐☐	

Screening Result

Final score



A neuropathic pain component is unlikely (< 15%)	Result is ambiguous, however a neuropathic pain component can be present	A neuropathic pain component is likely (> 90%)

Score 1 to each **YES** answer

Score 0 to each **NO** answer

If the score is 4 or higher then the pain is **likely** to be **neuropathic** pain.

If the score is less than 4 then the pain is **unlikely** to be neuropathic pain.