Amitriptyline

Patient Information

The information in this guide is to direct your use of amitriptyline safely. This supports information provided verbally; please ask your pharmacist or GP for more information about the drug and how best to use it.

Further information is available inside the medication package.

What is amitriptyline for?

Amitriptyline is a medication used to help control pain. It is different from other pain relief medication in that it can be helpful in controlling nerve pain such as a shooting, stabbing or burning sensation.

Amitriptyline can be used to treat depression, but you have been prescribed this to improve your pain control.

How should I take amitriptyline?

The starting dose for Amitriptyline is 10mg once a day. Take the dose regularly each day. Please note the dose used for pain relief is different to the dose used for depression.

It may be 2 weeks before you start to see any benefit to your pain control. Your dose of amitriptyline may be slowly increased dependent upon the pain experienced and your doctor will advise you on how to do this. Doses above 100mg should be used with caution. Start low and go slow.

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<tr>
<th>Date</th>
<th>Level</th>
<th>Evening</th>
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<tbody>
<tr>
<td>Level 1</td>
<td>10mg</td>
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<td>Level 2</td>
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<td>Level 3</td>
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<td>Level 4</td>
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<td>Level 5</td>
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<td>Level 6</td>
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<td>Level 7</td>
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<td>Level 8</td>
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When titrating between doses, you should follow the above regime. The minimum suggested time between levels is three days.

You must stop at the level which your pain is controlled at.

Make sure you are prescribed 10mg tablets. This makes it possible to increase your dose slowly as described in the table above. Once you reach a stable dose, ask your GP to prescribe an appropriate strength of tablet for you to reduce the number you have to take.

If you experience side effects then continue at the dose level you are taking or drop back to the previous level. Stay at this level until the side effects have reduced and you are happy to try and increase to the next dose level.

It is better to try and reach the desired dose level in your own time, even if it takes several weeks, than to try too quickly and have to stop due to side effects.

Are there any side effects?

The most common side effects of this drug are drowsiness, dry mouth, feeling light headed/dizziness. Some people may develop blurred vision or have problems with urination. Most of these side effects will improve after several days therefore it is important to persist with treatment.

How to manage side effects

Dry mouth—try to avoid alcoholic drinks, chewing also increases saliva in the mouth.

Constipation—Eat plenty of fibre and drink plenty of non alcoholic fluids.

A common side effect of this drug is drowsiness. If you are drowsy you must not drive or operate machinery.

Please speak to your GP or pharmacist if you have any concerns.

What do I do if I miss a dose?

If you forget to take your dose of Amitriptyline, you may take it as soon as you remember. If your normal dose is in the evening and you forget to take this, do NOT take this in the morning; wait until the next evening and re-start. Do NOT take 2 doses together.

How long will I need to take amitriptyline for?

The treatment length with amitriptyline will be dependent upon the pain you are experiencing. Other treatments or pain killers may also help reduce your pain. Please do not stop taking amitriptyline suddenly. The dose of amitriptyline must be gradually reduced over 4 weeks. Please discuss with your doctor or pharmacist before stopping.

What if I am prescribed other medications?

Other medications can affect the way amitriptyline works. Always tell your doctor or pharmacist you are taking amitriptyline in case you are started on something new.

Storage instructions

Please keep all medications out of the reach and sight of children.

Should you wish to ask any other questions about your medication please do not hesitate to speak to your GP, nurse or pharmacist.

Adapted from the NHS Calderdale and Huddersfield NHS Foundation Trust and former NHS Leeds West Clinical Commissioning Group.