



Guidelines

Volume 41

June 2010

Welcome to the 41st edition of **Guidelines**, the three-times yearly handbook summarising clinical guidelines for primary and shared care. Our aim is to provide those involved in developing and implementing practice or locality guidelines with a valuable reference source in a convenient, easy-to-use, working handbook. Due to the continual development and revision of national guidelines, **Guidelines** is updated and published in February, June and October each year.

National and European clinical guidelines, developed by clinicians and sponsored by the relevant independent professional bodies, are summarised and included within **Guidelines**.

Systematic reviews and guidelines published by the National Institute for Health and Clinical Excellence or the Department of Health are highlighted in blue (■). National guidelines produced by independent professional bodies are highlighted in green (■).

There are a number of areas not covered by the NICE and independent professional body guidelines. Consideration also needs to be given to the place of newer interventions omitted from national guidelines that have not been recently updated. For these reasons, summaries of working party guidelines are also included within **Guidelines**. These guidelines are highlighted in yellow (■). They are required to meet the following criteria:

- 1) They must be drawn up by a multidisciplinary group including at least one general practitioner;
- 2) The members of the group should be drawn from several geographical locations;
- 3) The content of the guidelines must be independent of and not influenced by commercial sponsorship of the working party.

Where a guideline is currently under review this is indicated in the title as a dagger (†).

An index of clinical areas covered is located at the end of the publication.

We hope that you find **Guidelines** of help when drawing up your local guidelines, recommendations and policies, and look forward to receiving your feedback as to how it may be further developed to meet your needs.

*Gastrointestinal**Cardiovascular**Respiratory**Central Nervous System**Infection**Endocrine**Obstetrics, Gynaecology
& Urology**Malignant Disease**Nutrition**Musculoskeletal & Joints**Eye, Ear, Nose & Throat**Skin**Immunisation &
Vaccination**General*

New and updated guideline summaries

- List of summaries included for the first time or updated in this edition •

New

- **Constipation in children and young people: diagnosis and management of idiopathic childhood constipation**
- **Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin**
- **Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings**
- **The management of lower urinary tract symptoms in men**
 - National Institute for Health and Clinical Excellence
- **Consensus guideline for the management of symptomatic stable angina in primary care**
 - Working Party—Fox, Arden, Begg, Fuat, Hall & Knight
- **Consensus guideline for the management of common bacterial skin infections in primary care**
 - Working Party—Gray, Ali, Dawood, Robertson, Strauss & Walton
- **Consensus guideline on reducing cardiovascular events and pancreatitis through the effective management of triglycerides**
 - Working Party—Nair, Merriman, Morrell, Nuttall, Patel & Williams

Updated

- **Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease**
 - National Institute for Health and Clinical Excellence
- **Type 2 diabetes: the management of type 2 diabetes**
 - National Institute for Health and Clinical Excellence
- **Early identification of people with type 2 diabetes**
 - Diabetes UK
- **Preconception care of women with diabetes**
 - Diabetes UK
- **Recommendations for the provision of services in primary care for people with diabetes**
 - Diabetes UK
- **The management of pregnant women with diabetes**
 - Diabetes UK
- **Consensus guideline for the primary care management of chronic osteoarthritic pain**
 - Working Party—Serpell, Chapman, Conaghan, Johnson, Logan & Merriman

Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings

National Institute for Health and Clinical Excellence

Key principles of care

- Address the person's concerns and expectations when agreeing which treatments to use by discussing:
 - benefits and possible adverse effects of each pharmacological treatment
 - why a particular pharmacological treatment is being offered
 - coping strategies for pain and for possible adverse effects of treatment
 - that non-pharmacological treatments are also available in non-specialist settings and/or through referral to specialist services (for example, surgical treatments and psychological therapies)
- When selecting pharmacological treatments, take into account:
 - the person's vulnerability to specific adverse effects because of comorbidities
 - safety considerations and contraindications as detailed in the summary of product characteristics (SPC)
 - patient preference
 - lifestyle factors (such as occupation)
 - any mental health problems (such as depression and/or anxiety*)
 - any other medication the person is taking
- Explain both the importance of dosage titration and the titration process— provide written information if possible
- When withdrawing or switching treatment, taper the withdrawal regimen to take account of dosage and any discontinuation symptoms
- When introducing a new treatment, consider overlap with old treatments to avoid deterioration in pain control

- Continue existing treatments for people whose neuropathic pain is already effectively managed[‡]

Drug dosages

- Start at a low dose, as indicated in the table
- Titrate upwards to an effective dose or the person's maximum tolerated dose (no higher than the maximum dose listed in the table)

DRUG	STARTING DOSE	MAXIMUM DOSE
Amitriptyline [‡]	10 mg/day	75 mg/day ^a
Pregabalin	150 mg/day ^p (divided into 2 doses)	600 mg/day (divided into 2 doses)
Duloxetine	60 mg/day ^b	120 mg/day
Tramadol ^c	50–100 mg not more often than every 4 hours	400 mg/day

[‡] Not licensed for this indication at time of publication (March 2010). Informed consent should be obtained and documented

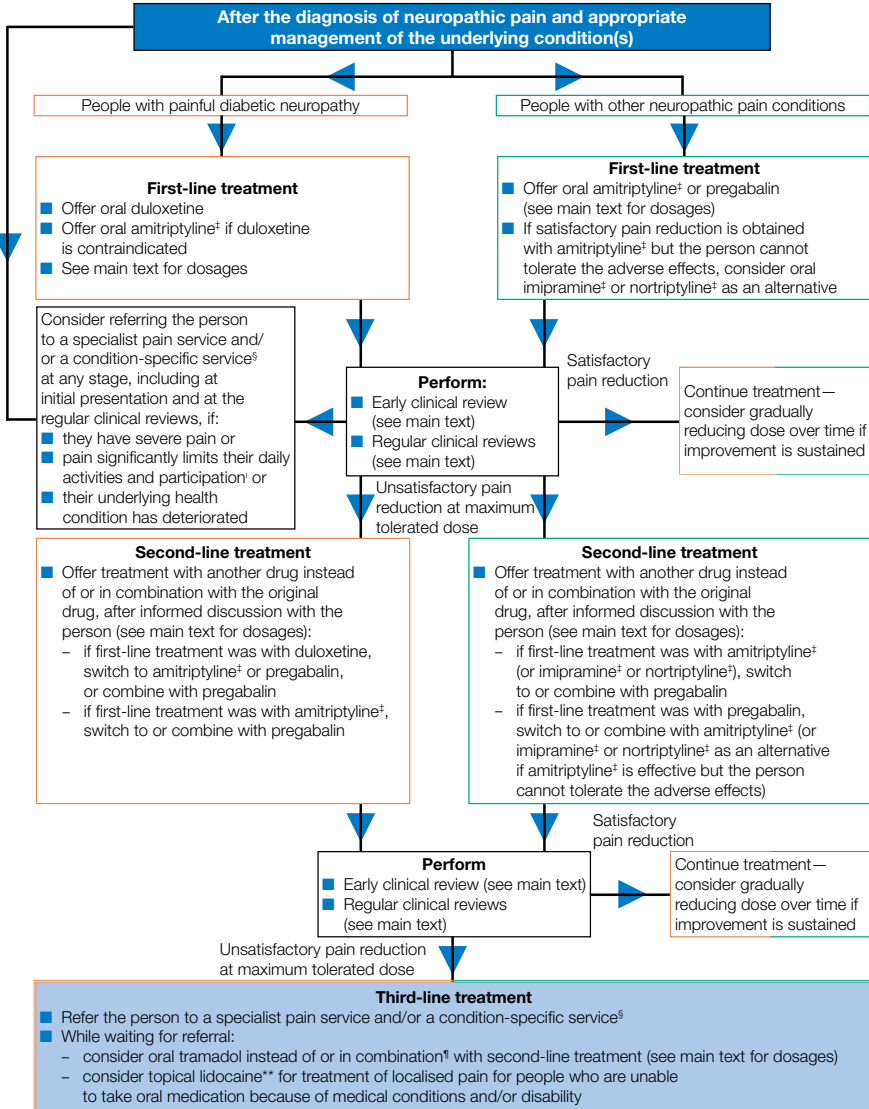
^a Higher doses could be considered in consultation with a specialist pain service

^b A lower starting dose may be appropriate for some people
^c As monotherapy. More conservative titration may be required if used as combination therapy

Other treatments

- Do not start treatment with opioids (such as morphine or oxycodone) other than tramadol without an assessment by a specialist pain service or a condition-specific service[§]
- Other pharmacological treatments that are started by a specialist pain service or a

Care pathway



[‡] Not licensed for this indication at time of publication (March 2010). Informed consent should be obtained and documented

[§] A condition-specific service is a specialist service that provides treatment for the underlying health condition that is causing neuropathic pain. Examples include neurology, diabetology and oncology services

¹ The World Health Organization ICF (International Classification of Functioning, Disability and Health) defines participation as 'A person's involvement in a life situation.' It includes the following domains: learning and applying knowledge, general tasks and demands, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas, community, and social and civil life

[¶] The combination of tramadol with amitriptyline, nortriptyline, imipramine or duloxetine is associated with only a low risk of serotonin syndrome (the features of which include confusion, delirium, shivering, sweating, changes in blood pressure and myoclonus)

^{**} Topical lidocaine is licensed for post-herpetic neuralgia, but not for other neuropathic pain conditions (March 2010)

condition-specific service[§] may continue to be prescribed in non-specialist settings, with a multidisciplinary care plan, local shared care agreements and careful management of adverse effects

Early clinical review

- After starting or changing a treatment, perform an early clinical review of dosage titration, tolerability and adverse effects to assess suitability of chosen treatment

Regular clinical reviews

- Perform regular clinical reviews to assess and monitor effectiveness of chosen treatment. Include assessment of:
 - pain reduction
 - adverse effects
 - daily activities and participation[†] (such as ability to work and drive)
 - mood (in particular, possible depression and/or anxiety*)
 - quality of sleep
 - overall improvement as reported by the person

* Refer if necessary to the relevant NICE clinical guidelines

[†] Note that there is currently no good-quality evidence on which to base specific recommendations for treating trigeminal neuralgia. The Guideline Development Group (GDG) expected that current routine practice will continue until new evidence is available

[§] A condition-specific service is a specialist service that provides treatment for the underlying health condition that is causing neuropathic pain. Examples include neurology, diabetology and oncology services

[†] The World Health Organization ICF (International Classification of Functioning, Disability and Health) defines participation as 'A person's involvement in a life situation.' It includes the following domains learning and applying knowledge, general tasks and demands, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas, community, and social and civil life

full guidelines available from...

National Institute for Health and Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA

☎ – 0845 003 7783 (quote reference number N2115 for the quick reference guide) <http://www.nice.org.uk/>

National Institute for Health and Clinical Excellence. Neuropathic pain: The pharmacological management of neuropathic pain in adults in non-specialist settings. Quick Reference Guide. ISBN 1-84936-189-7

March 2010