

Amitriptyline

What is amitriptyline?

Amitriptyline is an old fashioned anti-depressant drug that is widely used in Pain Management Clinics to treat patients with chronic (longstanding) pain. I say "old fashioned" because it was used in the past at higher doses (75mgs to 150mgs) to treat depression. There are currently better antidepressant drugs, but amitriptyline is still used in a low dose (10mgs up to 50mgs) to treat chronic pain. There is evidence to show that it is effective in about one out of three patients.

How does it work?

Amitriptyline gradually alters the chemicals in the nerves that transmit pain messages. This takes time and this is why the medication must be taken regularly. It calms these nerves down and it also helps patients to sleep better at night. We know that patients with pain usually have an interrupted and poor sleep pattern, and if you sleep better you feel more rested, and this in turn helps you to manage and cope better.

What dose do I take?

Start with 10mg (a little blue tablet) at night for the first week. After one week, increase the dose to 20mgs (two tablets). Take this for the next three weeks.

This 20mg dosage can be further increased after a month to 25mgs, and your family doctor will provide you with on going prescriptions after a month. You should continue on this dosage (25mgs) if you feel that you are getting some benefit from the medication.

I would suggest that you increase the dose up to 50mgs if you feel that the medication is not helping. The dose can be further increased to 75mgs after that, but the larger the dose, then the more likely it is that you might encounter side effects. The aim is to find the dosage that provides the most benefit with the least side effects. There is no evidence that a dosage of more than 75mgs helps patients with chronic pain.

When should I take it?

The dose of amitriptyline will last for twelve hours, so you must take it around twelve hours before the time you get up in the morning. This way you are least likely to feel drowsy when you get up. You don't need to take it on a full stomach, but it is best to take most medicines this way.

What are the side effects?

1. Drowsiness. You may feel tired and sleepy, and this is why we prescribe it to be taken at night. Some patients describe a sensation of being "hung-over" the next morning, but you do get used to this side effect.
2. A dry mouth. Patients do get used to this, and small sips of water or sucking ice cubes can be helpful.
3. Constipation. Be prepared! Lots of fluids, bran for breakfast and laxatives (if necessary) are sensible precautions to prevent this becoming a problem.

Do I need to take it regularly?

Yes. It is most important that you take the medication on a regular basis. The drug works by gradually changing the chemical make up of the nerves that transmit pain, and this takes time. You must take it regularly everyday for at least four to six weeks to give it a fair trial.

Will it work?

I don't know. It is worth a try and the statistics from drug trials show that it is effective in about one in three patients.

Will I get addicted to it?

No. There is no risk that you will get addicted to this medication. If you wanted to stop taking the medication, then you could simply stop, and there would be no problem when doing this.

What do you mean by long-term?

By long-term I mean for at least six months, if not up to a year. If you wish to stop taking the medication, then I would suggest reducing down the dosage over one week and before you stop. If you feel that the medicine really did help after all, then you should go back onto the dosage that you were previously taking for another six months. This process could be repeated at six monthly intervals.

Will it interfere with my other medications?

Amitriptyline should not be prescribed for patients who have a heart condition that causes an irregularity of the pulse, because it can make this worse. It can be used in patients who are taking tablets for blood pressure. It can also be used in patients who are taking other anti-depressant medication.

Can I have a drink with it?

There is no dangerous direct interaction with amitriptyline and alcohol. You can have a drink but be cautious and remember that the medication will exaggerate the effect of the alcohol. One glass of wine will become a glass and a half.

What do I do if I can't cope with the side effects?

Just stop taking the medication. It is quite safe to do this. It doesn't work for everyone, and the last thing I would want as a doctor is make the treatment worse than the pain problem.