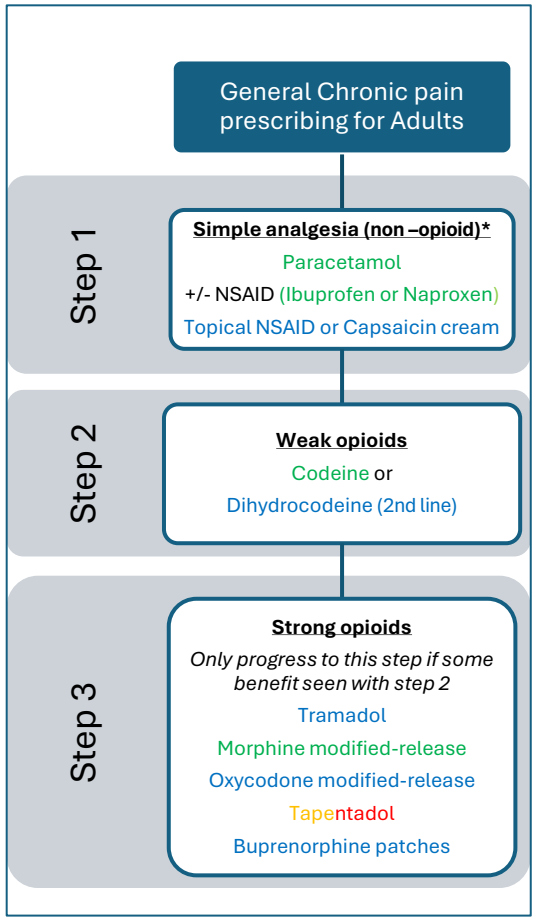

This is a brief summary of the BNSSG chronic pain guidelines. See the full guideline for information on individual medications to help guide an informed choice.

*if appropriate consider stepping down to self-care i.e. purchase over the counter (OTC)

BNSSG Prescribing guidelines for Adult Chronic Pain and related pain conditions

Specific indications inc links to guidance

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Osteoarthritis
NG 226

1. Topical NSAID
2. Oral NSAID

Short infrequent courses of weak opioids, if needed

Diabetic painful neuropathy
CG173

Step 1: Duloxetine
Step 2: Amitriptyline
Step 3: Gapapentinoids
Gabapentin
Pregabalin
Or Capsaicin 0.075% cream (8 weeks max) if oral treatments not tolerated
Step 4: Tramadol

Trigeminal neuralgia
CKS

Carbamazepine

Headaches
CKS and Remedy

Cluster headache

Treatment:
Subcutaneous/intranasal Sumatriptan
High flow oxygen (see remedy)

Prevention:
Verapamil

Migraine

Treatment: Analgesia, antiemetics or Triptans
Sumatriptan, Almotriptan, Naratriptan, Rizatriptan and Rimegepant (if at least 2 triptans failed)

Prevention:
Propranolol, Amitriptyline, Topiramate, Candesartan. Also see migraine prevention pathway in BNSSG formulary

Tension headache

Analgesia withdrawal for treatment.
Episodic tension-type headache treatment: Paracetamol, NSAIDs or aspirin
Prevention: Amitriptyline (off-label)

Fibromyalgia
Remedy

Tricyclic antidepressant
Amitriptyline

Neuropathic pain (excluding Trigeminal neuralgia and painful diabetic neuropathy)
CG173

Step 1: Paracetamol
(Continual if beneficial)
Step 2: Tricyclic antidepressant (TCA) (usual first choice)
Amitriptyline
Nortriptyline (off-label)
Step 3: Anticonvulsant (choice if TCA is contraindicated)
Gabapentin
Pregabalin
Step 4: Duloxetine (For resistant neuropathic pain or those prescribed opiate substitution therapy)

Low back pain & Sciatica
NG59

NSAIDs - Ibuprofen or Naproxen

V1 April 2025, review April 2028, approved April 25 APMOC

Summary of BNSSG Prescribing Guidelines – Key Messages

General Prescribing Principals

•As chronic pain can be of mixed origin, patients should be assessed on an individual basis to identify the causes of the pain and its key features to best support the patient. Clinicians are encouraged to use a holistic view of pain, considering patient circumstances, goals and values to ensure **person centred approach** in the management of their chronic pain.
•Use **minimum effective** dose. If pain settles, consider stepwise reduction to evaluate continued effectiveness. If no significant benefit, consider stopping medication.
•Ensure patients have **realistic expectations** of pain management options and explore psychosocial factors of pain.
•All patients on pain medication must be **reviewed regularly**
•Where possible, consider **licensed medication**.
•Always consider whether there have been changes in **renal or hepatic function** which may affect drug choice or dosing. Consider if dose reduction is needed in **elderly** patients.
•Prescribers are encouraged to prescribe cost effectively and in line with **local formulary**.
•Consult BNF, NICE guidelines and other suitable sources for dosage information. e.g. Renal drug handbook
•Consider **non-pharmacological** methods if appropriate. See remedy 'Pain' pages for information and links
•Advise patients of expected **side effects** and how to reduce risk/manage them. Consider risk of dependence associated with certain medications.
•Patients to be made of **red flags** and advised how to manage worsening pain

Opiates

Despite some benefit in acute pain and end-of-life pain, long-term opiate use is unlikely to be helpful, with only a small proportion of patients obtaining good pain relief from opiates with low/intermittent use. The risk of harm vastly increases above an oral morphine equivalent of 120mg/day. The Faculty of Pain Medication has useful opioid information including doses equivalents. Opioids are not usually helpful in the management of mechanical back pain, fibromyalgia, pelvic or abdominal pain or non-specific visceral pain. Opiate aware resources are available. Also see NICE guidance NG193

Medication in pregnancy

Many pain medications are contraindicated in pregnancy. Be aware of the medications with a high risk of teratogenic potential such as Topiramate (pregnancy prevention programme is needed), Carbamazepine and Pregabalin.

Drug driving

Patients should not drive when starting or adjusting doses of medications if they feel unfit to drive – resources available.

V1 April 2025, review April 2028, approved April 25 APMOC