

Amitriptyline and imipramine

Amitriptyline and imipramine belong to the group of medications called tricyclic antidepressants (TCAs). They are also known as analgesics (pain relief) or adjuvants (helpers).

These medicines are useful for neuropathic (nerve pain) and can be added to standard pain relief. They can dampen down over-sensitive nerves, helping abnormal burning pain. They may improve the way other pain relief work. They can also help with a normal sleep pattern.

You have not been given this medication to treat depression. If you or your doctor, pharmacist or pain specialist thinks you have depression this should be discussed separately.

How to take amitriptyline or imipramine

A usual starting dose is 10mg at night. The dose can then be increased slowly. To find the right dose that gives you benefit but does not cause side effects.

- Week 1: one 10mg tablet each night
- Week 2: two 10mg tablets each night
- Week 3: three 10mg tablets each night

You may be advised to continue increasing weekly like this until you are taking a dose that helps your pain or sleep. The usual maximum dose for pain is 75mg at night. The tablets come in strengths of 10mg and 25mg. It can take a few weeks to gain the best effect from this type of medication.

It is best to take the tablets about 10-12 hours before your usual wakening time in the morning. If you get up at 7am in the morning take the medicine between 7 and 9pm at night.

Side effects

All medications can cause side effects but not everyone will get them. A full list is in the patient information sheet with your prescription.

The most common side-effect with amitriptyline and imipramine is drowsiness, dizziness, dry mouth, constipation and sweating.

Some side effects can be reduced by slowly building up the dose. Others may pass after the first few doses. If side effects go on and become a problem or you have others not expected then speak to your doctor, pharmacist or pain specialist.

If amitriptyline or imipramine makes you feel drowsy you should avoid driving or operating machinery. It is a criminal offence to drive a vehicle whilst unsafe due to medication use. This might be worse when you start the tablets and each time your dose goes up. Alcohol may make the sleepiness worse and should be avoided where possible.

Less common side effects include fainting, trembling, irregular heartbeat, blurred vision or problems passing urine. If any of these side effects occur contact your doctor, pharmacist or pain specialist for advice.

How long should I take amitriptyline or imipramine for?

This is different for different people. In general, it will have to be taken for as long as you are requiring relief for neuropathic pain. It should be reviewed every 6-12 months. Sometimes if amitriptyline or Imipramine has been taken for a long time it may not work as well or may no longer be needed. If you, your doctor, pharmacist or pain specialist think this is happening they may reduce the dose slowly to see if you still need it.

How you could begin to reduce your amitriptyline or Imipramine

Do not stop amitriptyline or imipramine suddenly if you have been taking it for a long time as this may cause withdrawal symptoms. Reducing the dose slowly will help stop this happening. You could try reducing by 10mg every one to two weeks.

Medication in chronic pain

The benefit from taking medication should always be more than any side effects you may have. Only **you**

- know how bad your pain is
- are able to say if your medicine is helping
- know what side effects you are having

It may take a few weeks or several trials of different medications to find the best combination for you and your pain. It may help to keep a diary of your pain and other symptoms. Side effects often become less once you have been on a medicine for a few days.

Please read the patient information sheet given with each medication. It gives more information about the medicine and any side effects.

You can discuss your pain medication with your doctor, pharmacist or pain specialist. They can give you advice on which pain medicines may help. They can help you find the best way to take your medicines. They can advise you on putting your dose up safely if your pain is worse and on taking less medication safely when your pain is less.

If your medicine is not helping you may not need to take it. Please talk to your doctor, pharmacist or pain specialist first. Some pain medicines should not be stopped suddenly.

Do not share or take other peoples medication. Always advise your doctor, pharmacist or pain specialist about any other medication or products you are taking for chronic pain. This includes anything bought from the pharmacy, herbal supplements or non-prescribed medicines.

Understanding how your medications work may help you to get the best pain relief from it with the least side-effects.



Tricyclic Antidepressants (TCA's)

Patient Information Leaflet



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NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130