



Neuropathic Pain: Primary Care Management

Version 3.2 – March 2026

VERSION CONTROL		
Version	Date	Amendments made
2.0	March 2021	Complete revision of the LSCMMG guideline: 'The Pharmacological Management of Neuropathic Pain in Adults'. AG.
3.0	September 2024	Update following specialist consultation
3.1	January 2026	Title updated to allow easier referencing. Wording about initiation of amitriptyline updated.
3.2	March 2026	Link to gabapentinoid withdrawal guidance added.

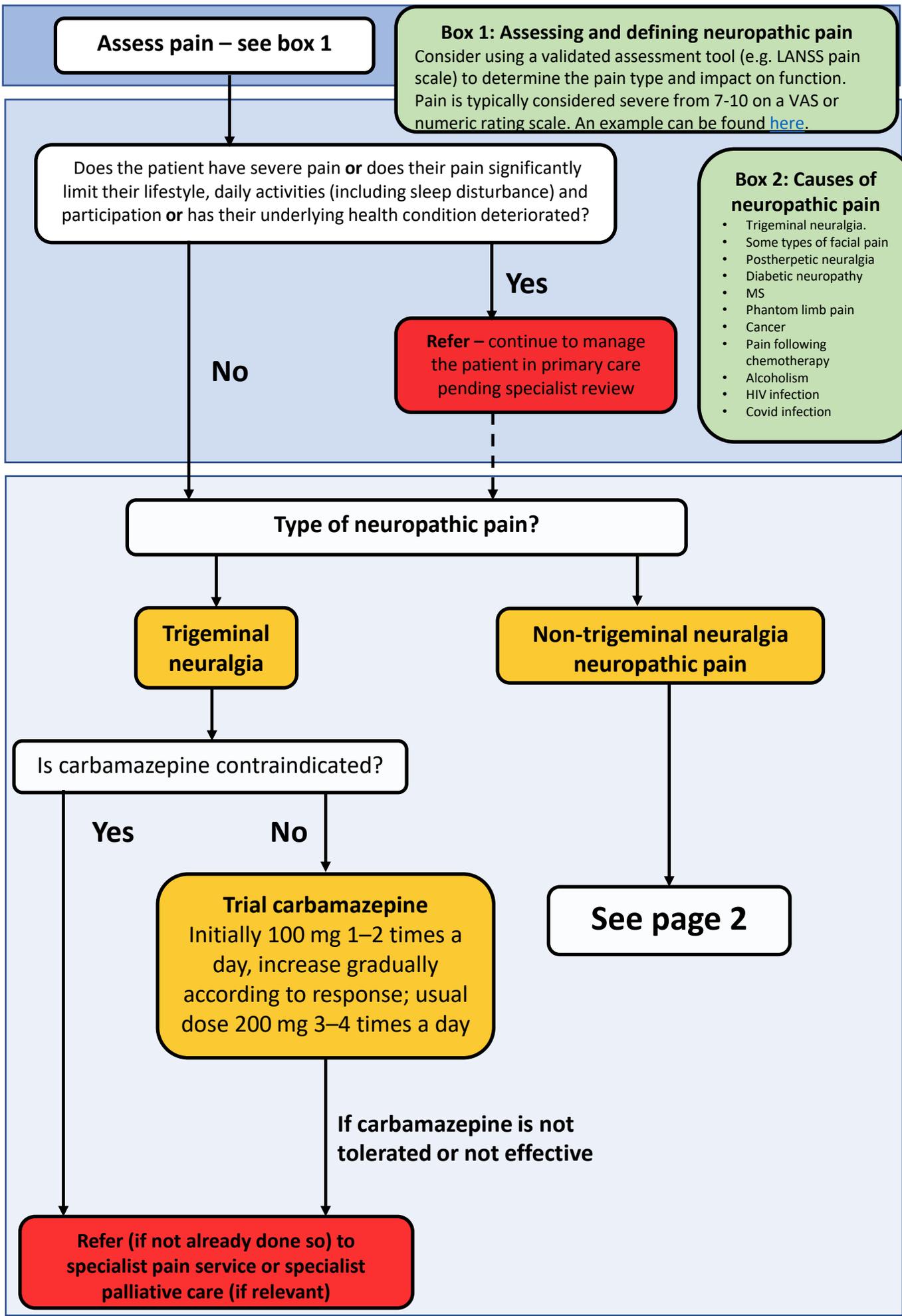
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1. Algorithm 1 – Neuropathic Pain: Primary Care Management (pages 3 and 4)

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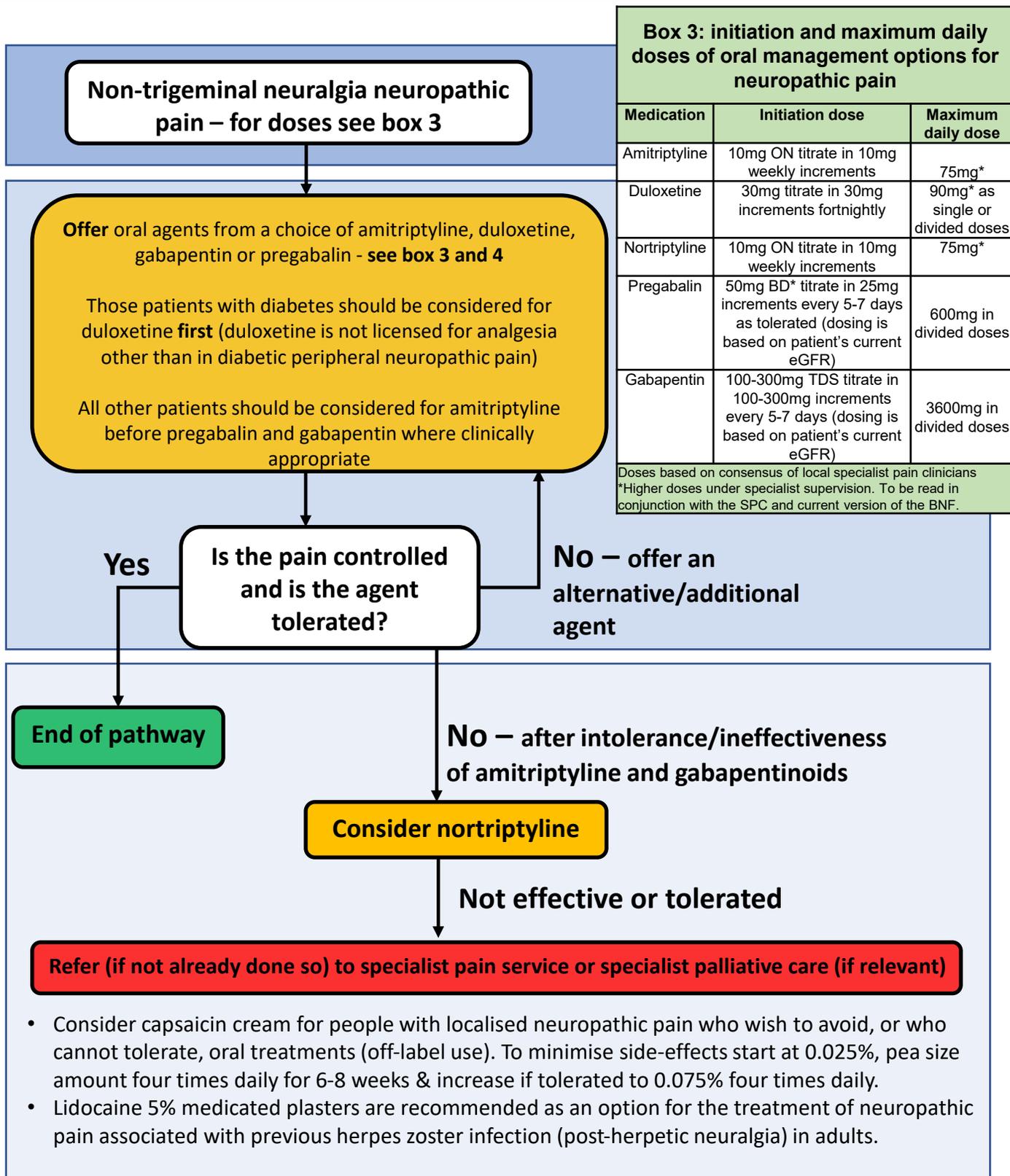
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Neuropathic Pain: Primary Care Management



Adapted from NICE CG 173 and associated NICE pathways

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Box 4: Treatments that should not be started in non-specialist settings

Do not start the following to treat neuropathic pain in non-specialist settings, unless advised by a specialist to do so AND has been approved locally:

Capsaicin patch, lacosamide, lamotrigine, levetiracetam, morphine, oxcarbazepine, topiramate, tramadol (Consider only if acute rescue therapy is needed), venlafaxine, sodium valproate.

Box 5: Gabapentin, pregabalin and antidepressants

Gabapentin and pregabalin: Gabapentinoids are schedule 3 controlled drugs. Evaluate patients carefully for a history of drug abuse before prescribing and observe patients for development of signs of abuse and dependence. Prior approval for use should be obtained where this exists. Concurrent use of opioids and gabapentinoids carries a higher risk of opioid induced adverse events including OIVI (opioid induced ventilatory impairment). **LSCMMG Gabapentinoid withdrawal guidance can be found [here](#)**

Antidepressants: For patients using antidepressants,

- serotonin syndrome** is a dangerous side effect unless treated quickly. Risks include mixing SSRIs, SNRIs, tricyclic antidepressants, MAOIs, lithium, opioids (including tramadol) and anti-migraine medications (including carbamazepine). [handyfactsheetserotoninsyndromeuk.pdf_\(choiceandmedication.org\)](#)
- Concurrent use of duloxetine and amitriptyline can cause hyponatraemia
- Patient should be made aware that mixing antidepressants with opioids causes sedation and may impair driving.