

Table 2**Drug therapy for chronic pain, adapted from SIGN 136⁹**

Drug	Recommendation	Adverse clinical effects *
Antiepileptics		
Gabapentin	Should be considered for the treatment of neuropathic pain	Sedation, dizziness, oedema, weight gain, blurred vision
Pregabalin	Titrated up to 300 mg daily should be considered as treatment for neuropathic pain where other first- and second-line therapies have failed Recommended for the treatment of patients with fibromyalgia	See gabapentin above
Carbamazepine	Should be considered for the treatment of patients with neuropathic pain	Rash, hepatotoxicity, thrombocytopenia, leukopenia, hyponatraemia, somnolence, dizziness, headache, ataxia, nystagmus, diplopia, blurred vision. Contraindicated in: AV block, concomitant use of MAO inhibitors
Antidepressants		
	Tricyclic antidepressants should not be used for the management of chronic low back pain	
Amitriptyline	Should be considered for the treatment of fibromyalgia and neuropathic pain (excluding HIV-related neuropathic pain)	Cardiac conduction block, sedation, confusion, anticholinergic effects (dry mouth, constipation, urinary retention, blurred vision), orthostatic hypotension, weight gain Contraindicated in: recovery phase post-MI, arrhythmias, concomitant use of MAO inhibitors
Serotonin-noradrenaline reuptake inhibitors		
Duloxetine	60 mg/day should be considered for the treatment of patients with diabetic neuropathic pain if first- or second-line pharmacological therapies have failed Should be considered for the treatment of patients with fibromyalgia or osteoarthritis	Nausea, anorexia, constipation, dry mouth, hyperhidrosis, anxiety Contraindicated in: concomitant use of MAO inhibitors, uncontrolled hypertension

* Bashir U, Colvin LA. The place of pharmacological treatment in chronic pain. *Anaesthesia and Intensive Care Medicine* 2013;14(12):528-32