

Amitriptyline – Palliative Care (Adults)

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1. Overview

Purpose

This protocol outlines the administration, prescribing and monitoring of amitriptyline at Waitemata District Health Board.

Scope

All medical and nursing staff



This guideline is for use in Palliative Care ONLY.

Note: Consider using nortriptyline. Its anticholinergic effects are less potent and it is less sedating than amitriptyline so may be better tolerated.

2. Presentation

Amitriptyline 10mg, 25mg and 50mg tablets

3. Indications

Licensed:

- Depression¹

Unlicensed:

- Neuropathic pain, bladder spasms, drooling and sialorrhoea^{2,3}

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4. Dose

Indication	Dose
Neuropathic Pain ²	<ul style="list-style-type: none"> • 10-50mg nocte • Start with 10mg nocte and increase according to response and sensitivity • Will take 3-7 days to take effect² • If necessary and the patient can tolerate it, after 3-7 days increase to 25mg nocte, then after 1-2 weeks increase to 50mg nocte²
Depression ¹	<ul style="list-style-type: none"> • 50-150mg nocte • Start with 10mg nocte and increase slowly (doses of up to 200mg may be used) • Will take 3-4 weeks to take effect¹
Drooling and sialorrhoea ²	<ul style="list-style-type: none"> • Dose as per neuropathic pain • Start with 10mg nocte • The benefit is from the antimuscarinic action of amitriptyline so switching to nortriptyline is unhelpful
Note: Nortriptyline is also used widely for Palliative Care patients and possibly has less side effects (refer <i>Nortriptyline policy</i>). It is just as effective as amitriptyline for depression and neuropathic pain. ²	

5. Administration

- Only available in oral preparation.
- Peak plasma levels can be 2 – 12 hours after oral administration so doses should be given in early evening (up to 2 hours before bedtime) to reduce excessive morning sedation^{1,2}.

6. Observation and Monitoring

- Monitor for constipation, dry mouth, urinary retention, increased confusion and excessive sedation.
- Consider blood pressure monitoring when starting amitriptyline if at risk of postural hypotension e.g. if patient taking cardiac medications.

7. Mechanism of Action

Amitriptyline is a tricyclic antidepressant which blocks the pre-synaptic re-uptake of serotonin and noradrenaline. It may also act as a NMDA-receptor antagonist and has a sedative effect which helps to improve sleep^{1,2}.

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8. Contraindications and Precautions

Contraindications

- Hypersensitivity to amitriptyline or nortriptyline
- Acute recovery phase following a myocardial infarction¹

Precautions

- Elderly
- Delirium
- Cardiac disease
- Arrhythmias
- History of seizures
- Hepatic impairment
- History of mania
- Narrow angle glaucoma
- History of urinary retention
- Hyponatraemia¹

The potential for tricyclics to cause delirium is high (due to anticholinergic activity) and great care should be exercised when using these agents in the frail elderly, agitated patients or in patients on multiple other medications.

9. Possible Adverse Effects

- Dry mouth
- Blurred vision
- Mydriasis
- Increased intraocular pressure
- Constipation
- Paralytic ileus
- Urinary retention
- Arrhythmias
- Tachycardia
- Postural hypotension
- Hyponatraemia
- Palpitations
- Non-specific ECG changes
- Restlessness
- Sedation
- Insomnia
- Confusional state (delirium)¹

10. Drug Interactions

- Monoamine oxidase inhibitors
- Selective serotonin reuptake inhibitors (SSRIs)
- Other anticholinergic medications
- Sympathomimetic medications
- Central nervous system depressants
- Medications that prolong the QTc interval
- Other antidepressants^{1,2}

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11. References

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4	Watson CP, Vernich L, Chipman M, Reed K. Nortriptyline versus amitriptyline in post-herpetic neuralgia: a randomised trial. <i>Neurology</i> . 1998 October; 51 (4): 1166 – 71.

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