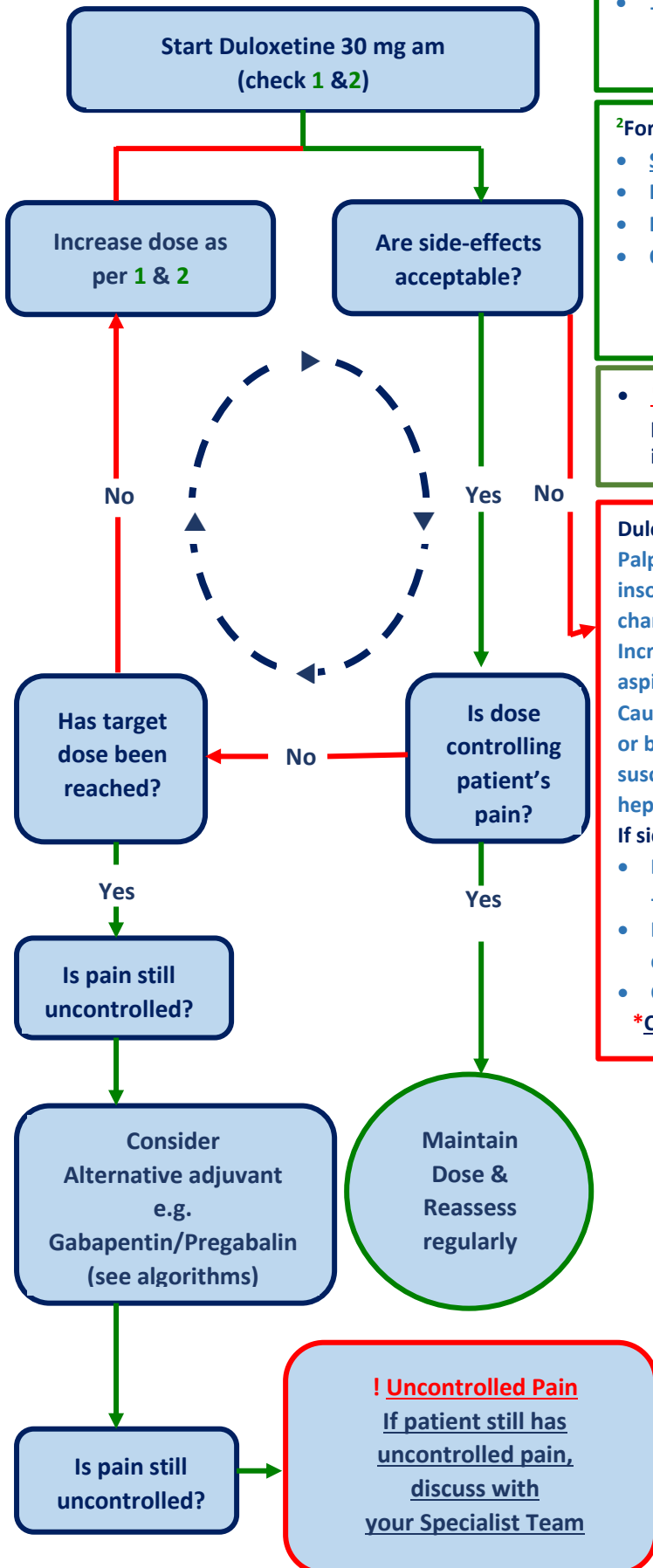


Starting Duloxetine*

▶ Red for No! ▶ Green for Go!



¹For younger patients and fit patients:

- Start 30mg am, Increase to 60 mg am at day 7
- Increase to 90 mg am at week 3 and
- 120 mg(60mg bd) at week 6

! **Remember** to balance against side-effects

²For frail/elderly/infirm:

- Start 20 mg am
- Increase to 30 mg at day 7, Increase to 60 mg at week 4
- Increase to 90 mg at week 8-12 (as tolerated)
- Only titrate to 120mg at week 16 if no side effects

! **Seek** advice if duloxetine is not effective or side-effects prevent dose increases

- **! Drugs Contraindicated:** Avoid using duloxetine in patients with uncontrolled hypertension, hepatic impairment, severe renal impairment (C Cr<30ml/min)

Duloxetine Side Effects:

Palpitations, dry mouth, GI upset, headache, somnolence, insomnia, agitation, anxiety, abnormal dreams, sweat changes, rash

Increased risk of bleeding with anticoagulants, NSAIDs, aspirin, anti-platelet drugs

Caution in bleeding disorders, epilepsy, history of mania or bipolar disorder, hypertension, arrhythmia, susceptibility to angle closure glaucoma, mild/mod hepatic impairment can decrease dose by 50%, If side-effects are intolerable:

- Exclude other causes for these symptoms - they may not be due to Duloxetine
- Reduce to the last tolerated dose* and/or stop the duloxetine
- Consider discussing with your Specialist Team

***Consider** a more gradual dose increase eg 20-40-50-60

Maintenance:

- Maintain dose when analgesic benefit achieved, usually achieved by minimum of 8 weeks if titration 1, minimum of 12 weeks if titration 2. If no analgesia achieved by 8 weeks on maximum tolerated dose, then titrate downwards with a view to stopping
- Continue to monitor patient tolerance
- Avoid abrupt withdrawal, stop over min of 1-2 weeks if on 30-60mg but 3-4 weeks if 60-120mg

*If in doubt check BNF for drug interactions/contraindications