Edinburgh Pain Assessment Tool EPAT© Starting Amitriptyline* Red for No! Green for Go! ¹For younger patients and inpatients: Start 25 mg nocte Start Amitriptyline 10-25 mg nocte Increase to 50 mg nocte at day 3 (check 1 &2) Increase to 75 mg nocte at week 2 ! Remember to balance against side-effects ²For frail/elderly/infirm and outpatients: Increase dose as Are side-effects • Start 10 mg nocte acceptable? per 1 & 2 Increase to 25 mg at day 3 Increase to 50 mg at week 2 Increase to 75 mg at week 3-4 (as tolerated) ! Seek advice if Amitriptyline is not effective or side-effects prevent dose increases Yes No No ! Drug Interaction: Avoid using amitriptyline in patients taking SSRI's **Amitriptyline Side Effects:** Sleepiness/ dizziness/Delirium/ Dry Mouth/ **Blurred Vision/ Constipation in the elderly** Is dose Has target controlling dose been If side-effects are intolerable: patient's reached? Exclude other causes for these symptoms pain? - they may not be due to Amitriptyline Reduce to the last tolerated dose* and/or Yes Yes stop the amitriptyline **Consider discussing with your Specialist Team** Is pain still *Consider a more gradual dose increase uncontrolled? e.g. 10 mg increments Maintenance: Maintain Consider Maintain dose when analgesic benefit Dose & Alternative adjuvant achieved Reassess e.g. Gabapentin Continue to monitor patient tolerance regularly (see 'Starting Avoid abrupt withdrawal after prolonged use Gabapentin' algorithm) ! Uncontrolled Pain *If in doubt check BNF for drug If patient still has uncontrolled interactions/contraindications pain, discuss with Is pain still your Specialist Team uncontrolled?