

Amitriptyline

This leaflet provides information on amitriptyline and will answer any questions you have about the treatment.

What is amitriptyline?



Amitriptyline belongs to a group of drugs called tricyclic antidepressants. Although they're still used to treat anxiety and depression, they're also now widely used at lower doses to help block the chronic (long-term) pain of some rheumatic conditions. The main aim of lower-dose amitriptyline is to relieve pain, relax muscles and improve sleep, but it may also help reduce any anxiety or depression resulting from the pain. Low-dose amitriptyline alone won't be enough to treat severe depression.

At a glance

What type of drug is amitriptyline?

Amitriptyline belongs to a group of drugs called tricyclic antidepressants. It's widely used at lower doses to relieve the chronic (long-term) pain of arthritis and related conditions.

What does it do?

It relieves pain by balancing the chemicals in the central nervous system. It relaxes muscles and improves sleep that's being disturbed by pain, and it may also help with anxiety or depression resulting from the pain.

What is it used for?

It's used to treat chronic pain caused by arthritis, neck and spine problems, fibromyalgia,

chronic headaches and peripheral neuropathy (damage to nerve endings in the upper and lower limbs).

How is it taken?

It's usually taken as tablets or syrup once a day, about two hours before bedtime. The usual dose for chronic pain is 5–50 mg daily, though higher doses may be prescribed. It may take several weeks before it starts to work.

Are there any side-effects?

The most common side-effect is a dry mouth, but you may also feel drowsy or spaced out during the day. Reducing the dose may help but some people cannot tolerate even low doses.

Why is amitriptyline prescribed?

When rheumatology patients are prescribed amitriptyline it's usually for chronic pain. Causes of chronic pain include arthritis, spinal problems, fibromyalgia, chronic headaches (tension headaches) and peripheral neuropathy (damage to nerve endings in the upper and lower limbs). Chronic pain is associated with changes in the central nervous system (the spinal cord and brain) that lead to failure of adequate pain regulation. This is called 'pain wind-up' or pain amplification and it adds to the distress caused by pain. Amitriptyline works by rebalancing the chemicals in the central nervous system.

Is there any reason I won't be prescribed amitriptyline?

Amitriptyline shouldn't be used if you're recovering from a recent heart attack (myocardial infarction) or have a condition called heart block. It also shouldn't be used in people with uncontrolled bipolar disorder (extreme mood swings) or acute

porphyria (an enzyme disorder causing severe nerve or skin symptoms) or certain forms of glaucoma (increased pressure within the eyeball).

When and how do I take amitriptyline?

Amitriptyline is available as tablets or syrup, taken daily. As it has a sedative effect and may make you drowsy, it's usually taken an hour or two before bedtime (but no later than 8 pm).

Your doctor will advise you about the correct dose. Usually you'll start on a low dose (e.g. **5–10 mg**) and gradually increase it to 20 mg daily. However, your doctor may increase the dose to 50 mg or 75 mg if the pain is very severe and disturbing your sleep. If you wish to stop taking amitriptyline, because of side-effects or because you feel it's not working, you should discuss this with your doctor. You may be advised to reduce the dose gradually over a few weeks to avoid sleep disturbance.

Record your dosage here to help you manage your treatment:

How many?

What dosage/strength?

How often?

When?

How long does amitriptyline take to work?

The effect on sleep is usually immediate but the effect on pain and mood takes longer, usually between two and six weeks.

What are the possible risks or side-effects?

The most common side-effect is a dry mouth, but you may also feel drowsy or spaced out in the morning or during the day, especially if you take the amitriptyline too late at night. Side-effects may be reduced by ensuring you take the dose no later than 8 pm or by starting with a very low dose and building up gradually over a few weeks.

! You'll need to take care when driving or operating machinery.

Less common side-effects include:

- difficulty passing urine – this can be a problem in men with prostate problems
- constipation
- dizziness – this may occur in older people due to a fall in blood pressure
- blurred vision
- some weight gain or weight loss.

If you experience side-effects, it's often worth continuing treatment as they'll usually lessen with time. However, if you experience any unusual side-effect, or something that you're particularly concerned about, while on the treatment, you should contact your doctor immediately.

Although amitriptyline is used to treat depression, at lower doses it's widely used to relieve chronic pain.

Extra care may be needed if:

- you're being treated for epilepsy – Amitriptyline may cause more frequent seizures.
- you have heart problems – If you experience an irregular heartbeat while on amitriptyline you should discuss this with your doctor.
- you have glaucoma – Regular eye tests with an optician should pick up any problems.

There's no evidence that amitriptyline is addictive or causes dependency, especially at low doses.

Will it affect vaccinations?

You can have vaccinations while on amitriptyline.

Can I drink alcohol while on amitriptyline?

You should avoid alcohol as amitriptyline increases the effects of alcohol and may make you drowsy. This is especially important if you're driving or using machinery.

Does amitriptyline affect fertility or pregnancy?

There's no effect on fertility for men or women. Amitriptyline isn't generally recommended during pregnancy. However, you shouldn't stop taking it suddenly or without the advice of your doctor. If you become pregnant or you're planning a family while on amitriptyline you should discuss this with your doctor as soon as possible. If amitriptyline is taken during pregnancy, very rarely the newborn baby's heart rate is affected or the baby may become restless. Make sure that the midwife knows that you're taking amitriptyline.

Does it affect breastfeeding?

You shouldn't breastfeed if you're on amitriptyline. The drug may pass into the breast milk and could be harmful to your baby.

What else should I know about amitriptyline?

Are there any alternatives?

A number of other drugs are used in the treatment of arthritis and related conditions. Your doctor and rheumatology nurse specialist will discuss these other options with you.

Imipramine (also a tricyclic antidepressant) is less sedative than amitriptyline, so it can be used during the daytime, but it's more likely than amitriptyline to cause a dry mouth and cardiac side-effects. Some people are treated for chronic pain with newer

antidepressants called serotonin-noradrenaline reuptake inhibitors (SNRIs) or selective serotonin reuptake inhibitors (SSRIs), either instead of amitriptyline or occasionally in combination with it, particularly if they're also depressed. SNRIs and SSRIs are less sedative than amitriptyline and usually have fewer side-effects.

Will I need any special checks while on amitriptyline?

No special checks are needed while you're on amitriptyline, though if you have glaucoma it's important to keep up your regular eye checks.

Can I take other medicines alongside amitriptyline?

Amitriptyline may be prescribed along with a variety of other drugs in treating your condition. Some drugs interact with amitriptyline, so you should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you're taking amitriptyline. You should also be aware of the following points:

- You may be prescribed **painkillers** (for example codeine or tramadol) alongside amitriptyline, which may make you more drowsy.
- A **combination** of an SNRI or SSRI antidepressant and amitriptyline needs careful monitoring (if you're also on treatment for blood pressure and heart problems, discuss this with your doctor as these may need to be monitored more frequently).

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To get more **actively involved**, please call us on **0300 790 0400** or email us at **enquiries@arthritisresearchuk.org**

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A team of people contributed to this booklet. It was written by Dr Mike Shipley, who has expertise in the subject. It was assessed at draft stage by rheumatology nurse specialists Karina Blunn and Sally Giles. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Prof. Gabrielle Kingsley, is responsible for the content overall.

Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change.

This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

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