Why have I been prescribed Nortriptyline?
- Nortriptyline is used to treat many types of persistent pain.
- Nortriptyline is commonly prescribed for nerve pain, such as burning, shooting or stabbing pain, and for pain that keeps you awake at night.
- Nortriptyline belongs to the group of medicines called tricyclic antidepressants that can also be used to treat depression.
- The dose of nortriptyline needed for pain relief is often lower than when prescribed for depression.
- You may notice that information from the manufacturer does not mention pain. However, nortriptyline has been used to treat pain for many years. For more information please read ‘Use of medicines outside of their UK marketing authorisation in pain management and palliative medicine – information for patients’ by the British Pain Society available at: https://www.britishpainsociety.org/static/uploads/resources/files/book_useofmeds_patient.pdf

How does Nortriptyline work?
- Nortriptyline works by changing the amount of specific nerve transmitters in the nervous system, reducing pain messages arriving in the brain.
Nortriptyline for the Treatment of Pain

When should I take it?
- It is best to take nortriptyline in the evening. Start by taking it 1-3 hours before going to bed, if you find that you feel drowsy the next morning, try taking it earlier in the evening.

How is Nortriptyline taken?
- The tablets should be swallowed whole, with a glass of water.
- Nortriptyline may be taken on an empty or full stomach.
- You will be told how much to start taking and when to increase the dose. The table at the end of the leaflet will help you remember when to increase the dose.
- Do not take more than prescribed.

How long will it take to work?
- Every patient is different. You may notice some initial benefit within 2 weeks. Your doctor may advise you to gradually increase the dose to get the maximum effect
- Nortriptyline does not work for everyone. If you do not feel any improvement in your pain do not suddenly stop taking the tablets but speak to your doctor who may advise you to reduce it gradually.

What are the possible side effects?
- Most side effects are mild and it is expected that they tend to reduce after a few doses.
- Common side effects include; drowsiness, dizziness, dry mouth, constipation and sweating. If you have these side effects and they are of concern contact your doctor or pharmacist for advice.
- Less common side effects include fainting, trembling, irregular heartbeat, blurred vision or problems urinating (passing water). If any of these side effects occur contact your doctor or pharmacist for advice.
- If nortriptyline is taken along with antidepressants (e.g. citalopram, fluoxetine, sertraline, etc) some patients may develop “serotonin syndrome” (sweating, shivering, tremors, agitation, restlessness, confusion, muscle spasms, raise in body temperature, increased heart rate, diarrhea, etc). If you get any such symptoms contact your doctor immediately for advice.

Can I take this medication long-term?
- Yes, if it helps. You may wish to reduce treatment every so often, to check if your pain is still a problem. This should be done with the advice of your GP or pain specialist, gradually reducing your medication over a period of time.

Can I drink alcohol?
- Effects of alcohol are enhanced (e.g. sedative effects) when taken while on nortriptyline. It is best not to drink alcohol when you start taking it. Be aware that alcohol taken in combination with some medications can substantially increase the risk of accidents. Please also look at the
Can I drive?

> Nortriptyline may affect your ability to drive (e.g. drowsiness). The risk is increased if you take it along with other medications that have drowsiness as a side effect.
> If you feel any impairment, do not drive.
> You may need to tell the DVLA about your medical condition. Check [https://www.gov.uk/driving-medical-conditions](https://www.gov.uk/driving-medical-conditions)
> You can find more information in our Driving and Pain leaflet: [https://fpm.ac.uk/media/846](https://fpm.ac.uk/media/846)

What to discuss with your prescriber?

> If you are allergic to any drugs
> If you are taking any other medicines or herbal medicines, including prescribed, over the counter or herbal treatments
> If you are pregnant or breastfeeding, or if you are planning to become pregnant in the future
> If you have had a heart attack recently or have any heart problems
> If you have a history of epilepsy or fits
> If you have glaucoma
> If you have difficulty in passing water
> If you have thyroid disease
> If you have or have had a mental health problem
> If you are taking an antidepressant medicine, especially one called a monoamine oxidase inhibitor (MAOI)
> If you have or have had a history of excessive alcohol use, recreational drug use or addiction to prescribed or over-the-counter medication
> If you are regularly taking strong opioid medications (e.g. Tramadol, Tapentadol, Morphine, Oxycodone, Fentanyl).

What if I forgot or miss a dose?

> If you forget a dose then you can consider taking it when you remember that night but this may result in sleepiness the following day and affect your concentration, work or driving ability. The alternative is to wait until the next dose is scheduled.
> If you only take one dose at bedtime and you miss the dose, do not take the medicine in the morning. Wait until the next night and skip the missed dose.
> Do not take two doses together.

What if I want to stop taking Nortriptyline?

> If you stop taking nortriptyline suddenly, you might experience withdrawal symptoms. Speak to your prescribing healthcare professional who will be able to supervise a gradual reduction.
This information is not intended to replace your prescriber’s advice. We advise you to read the manufacturer’s information for patients, which will be supplied by your pharmacist when your medicine is dispensed. Keep all medicines away from children, vulnerable adults or pets.

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This leaflet will be reviewed in 2024