Use in conjunction with **Management of Neuropathic Pain Guidance notes**

Algorithm for the treatment of Post-Herpetic Neuralgia (PHN)

Is systemic therapy suitable or contra-indicated due to patient factors?
Contra-indications to systemic therapy may include:
- elderly, frail patients in whom first-line systemic treatments may not be desirable; patients on concomitant medication which interacts with first-line systemic treatments

Systemic Therapy

Topical therapy

Tricyclic antidepressant – Amitriptyline
- Titrate from a low dose (10mg)
- Titrate for at least 4 weeks
- See management notes

Consider first line choice if
- Poor sleep
- Poor compliance with medication (once daily dosage)

Anticonvulsant – Gabapentin
- Titrate according to dosing regime
- Trial for at least 4 weeks
- See management notes

Consider first line choice if
- Contraindication to tricyclic antidepressant
- Night sedation would be problematic (e.g. main carer, shift worker)
Gabapentin is often better tolerated than amitriptyline.

Lidocaine 5% medicated plasters (Versatis)
- Useful for focal pain, particularly if allodynia prominent
- Trial for 4 weeks – **STOP after 4 weeks if no benefit**

Capsaicin 0.075% Cream (Axsain)
- can be used for focal pain, if topical treatment preferred.

Persisting symptoms

Persisting symptoms

Many patients may require a COMBINATION of tricyclic and anticonvulsant therapy. See management notes.

Persisting symptoms and localised pain

Persisting symptoms

Persisting symptoms

Anticonvulsant – Pregabalin
- Use third line if not achieved adequate pain relief or not tolerated first and second line treatments with tricyclic antidepressant +/- gabapentin
- Can be used in combination with a tricyclic antidepressant
- **Not** to be co-prescribed with gabapentin
- Titrate slowly according to dosing regime
- See management notes

REFER to PAIN CLINIC