




CHANGE TO NEFOPAM PRESCRIBING GUIDANCE - MOVED TO AN AMBER TRAFFIC LIGHT (RESTRICTED USE) ON TAYSIDE FORMULARY

Background

Nefopam hydrochloride is a non- opioid analgesic considered to act centrally, although its mechanism of action is unclear. It is indicated for the relief of acute and chronic pain, including post-operative pain, dental pain, musculoskeletal pain, acute traumatic pain and cancer pain. It may also have a place in the relief of persistent pain unresponsive to other opioid analgesics. There is limited evidence on the effectiveness of nefopam in both acute and long-term pain conditions. This is supported by SIGN 136, Management of chronic pain, December 2013 which do not recommend use of nefopam for chronic pain due to insufficient evidence to support its use.

The price of nefopam tablets is considerably more expensive than formulary 1st line choices for moderate pain (codeine, or co-codamol 30/500). Tayside is one of the biggest users in Scotland.

Implementation

To improve prescribing it has been agreed that nefopam is changed to an amber traffic light  (GP under the direction of a specialist) on the Tayside Formulary and that patients currently on nefopam should be reviewed with aim of stopping or changing to 1st line alternatives if appropriate.

Action for Prescribers

- 1). Review patients currently prescribed nefopam for effectiveness - referring to the nefopam algorithm for guidance. (see overleaf)
- 2). Nefopam should only be prescribed for patients who cannot tolerate codeine and tramadol and NSAIDS and in whom strong opioids are not appropriate or tolerated
- 3). If the patients symptoms are neuropathic, follow the [Tayside Guidance: Management of neuropathic pain](#)
- 4). Treatment should be reviewed regularly (every 2 to 4 weeks) and stopped if benefits are not seen in the short term

Important points to consider

- 1). Nefopam can be fatal in overdose. Clinical features may include convulsions, hallucinations, agitation and tachycardia.
- 2). Common side effects include: nausea, urinary retention, dry mouth, dizziness and nervousness. Hyponatraemia has been reported in practice.
- 3). Contra-indicated in people with convulsive disorders
- 4). Caution in elderly as may cause confusion. Consider anticholinergic burden.
- 5). The usual oral dose range is 30 to 90mg three times daily

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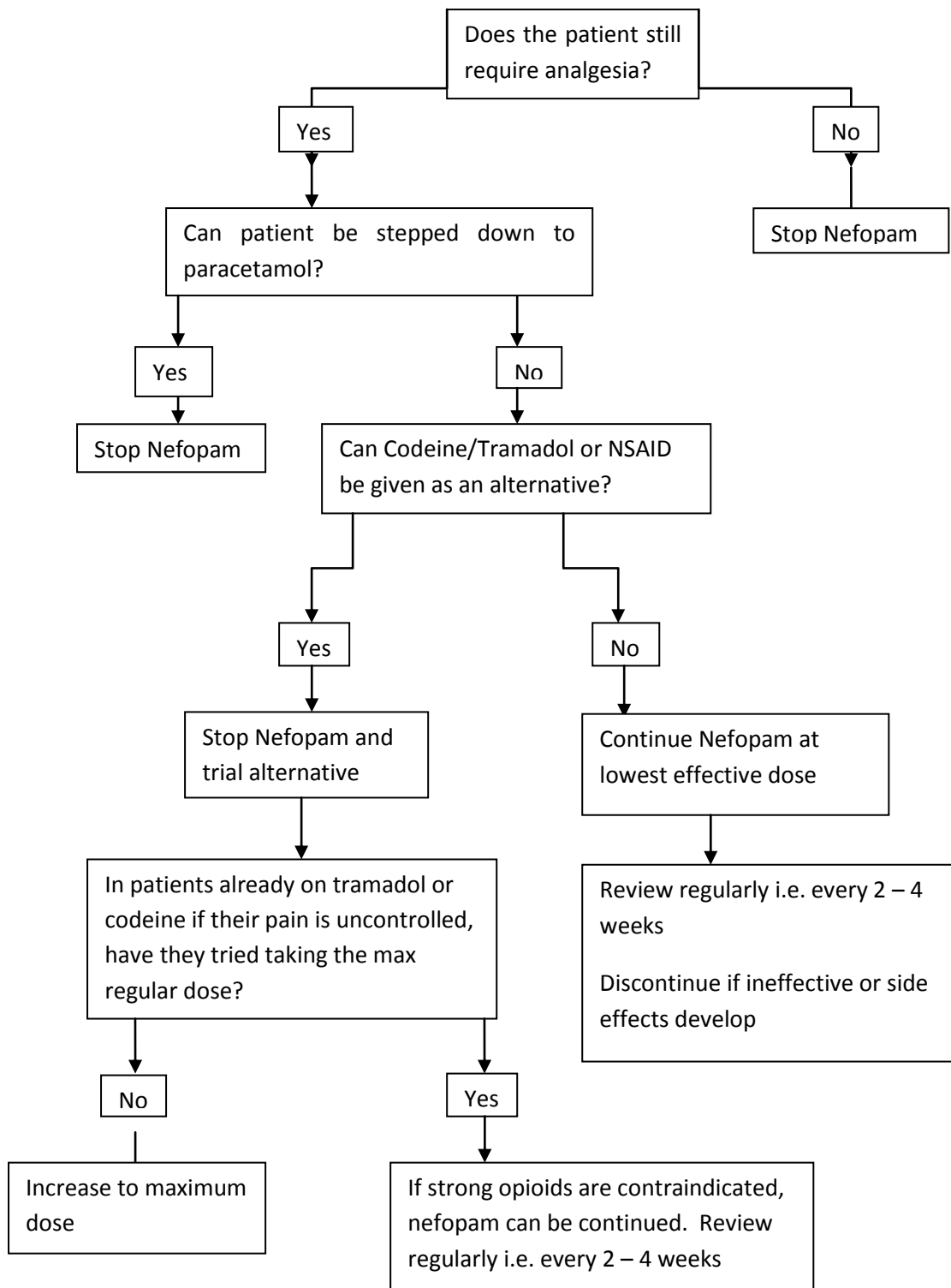
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**Do you wish to write a Tayside Prescriber?
Do you already have a suitable topic for a Tayside Prescriber?**

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Guidance on reviewing patients prescribed nefopam in Primary and Secondary Care



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