

Duloxetine for the treatment of pain

Pain Management Patient Information Leaflet

Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet will provide you and your relatives with information about using Duloxetine for the treatment of pain. It includes what Duloxetine is, what the benefits and risks are and what the treatment involves.

What is duloxetine and how does it work?

Duloxetine belongs to the group of medicines called serotonin–norepinephrine reuptake inhibitors (SNRIs) that can also be used to treat depression.

It works by reducing the amount of pain messages that arrive in the brain.

What are the benefits of duloxetine?

- Duloxetine is used to treat some types of persistent pain.
- It is especially good for nerve pain such as burning, shooting or stabbing pain, and for pain that keeps you awake at night.

What are the risks?

- Most side effects are mild and will go away after a few doses.
- Common side effects include headache, drowsiness, sickness (nausea), dizziness, blurred vision and a dry mouth. If you have these side effects and they are severe, contact your GP or pharmacist for advice.
- Less common side effects include loss of appetite, flushes, raised blood pressure, difficulty sleeping, feeling anxious, shaky and increased sweating. If any of these side effects occur, contact your GP or pharmacist for advice.

Important

Duloxetine may cause drowsiness. Do not drive or operate heavy machinery if you feel drowsy.

What are the alternatives?

You do not have to have this medicine and your consultant will discuss alternative treatments with you appropriate to your condition. If you prefer, you can continue to take your current painkilling medication without having any other treatment.

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.

When should I take it?

It is best to take duloxetine at the same time each day. Most people take it in the morning. If you find that you feel drowsy after taking it in the morning, try taking it in the evening.

How is duloxetine taken?

- The capsules should be swallowed whole, with a glass of water.
- Duloxetine may be taken on an empty or full stomach.
- We will tell you 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 the prescribed dose.

How long will it take to work?

Every patient is different. You may notice some initial improvement within a week; however, it may take up to one month to get the full effect from the medicine. Your pain consultant or GP may need to increase the dose to get the maximum effect.

Duloxetine 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 GP.

Can I drive?

Duloxetine may cause drowsiness. If this happens, do not drive.

Can I drink alcohol?

Alcohol increases the sedative effects of duloxetine so it is best not to drink alcohol when you start taking it. Once you are settled on a steady dose, you may drink alcohol in moderation but it may make you more drowsy than normal.

What should I tell the doctor?

Please tell your pain consultant if you:

- Are allergic to any drugs.
- Are taking any other medicines or herbal medicines.
- Have epilepsy or glaucoma.
- Are taking any medicine that:
 - Causes sleepiness (for example, strong painkillers such as morphine).
 - Increases the level of serotonin (for example, tramadol, SSRIs and SNRIs taken for depression).
- Are pregnant or breastfeeding, or if you are planning to become pregnant.
- Take any anticoagulants, antiplatelet agents or other drugs to thin the blood.
- Have or have had a mental health problem.
- Have kidney or liver problems.
- Are taking an antidepressant medicine.
- Are taking ciprofloxacin, an antibiotic used to treat infections.

What if I forget or miss a dose?

Take it as soon as you remember. However, if you only take one dose in the morning, and you miss this dose, do not take the medicine in the evening. Wait until the next morning and skip the missed dose. Do not take two doses together.

What if I want to stop taking duloxetine?

If you stop taking duloxetine suddenly, you might experience withdrawal symptoms. Speak to your GP or pharmacist who will be able to supervise a gradual reduction.

This information is not intended to replace your doctor'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.

You can use this table to keep track of when you take your tablets:

Date	Morning	Lunch	Tea time	Night

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Clinical nurse specialists on the Pain Management helpline:
01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/pain-management/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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