

Dosing Guidelines for Adjuvant Analgesics Commonly Used for Chronic Pain

Drugs/Routes	Usual starting dose (mg/day)	Usual effective dose range (mg/day)	Dosing schedule	Comments
Anticonvulsants:				
carbamazepine (Tegretol) PO	200	600-1200	q6-8h	
clonazepam (Klonopin) PO	0.5	0.5-3	q8h	
divalproex sodium (Depakote) PO	500	1500-3000	q8h	
phenytoin (Dilantin) PO	300	300	hs	Loading doses may be used, e.g., 500 mg X 2.
IV	500-1000	?	?	IV dose used for rapidly escalating neuropathic pain.
valproate sodium (Depacon) IV	max. 20 mg/kg over 5 minutes	?	?	IV dose used for rapidly escalating neuropathic pain; followed by PO doses.
gabapentin (Neurontin) PO	100-300	300-3600	q8h	May increase dose daily.
Tricyclic Antidepressants:				
amitriptyline (Elavil) PO	10-25	50-150	hs	Traditionally amitriptyline was first line. Due to side effects and recent evidence of comparable analgesia, desipramine is preferred for many patients, especially the elderly; less hypotension with nortriptyline. Evaluate and titrate upward q3-5 days.
clomipramine (Anafranil) PO	10-25	50-150	hs	
desipramine (Norpramin) PO	10-25	50-150	hs	
doxepin (Sinequan) PO	10-25	50-150	hs	
imipramine (Tofranil) PO	10-25	50-150	hs	
nortriptyline PO (Aventyl, Pamelor)	10-25	50-150	hs	
"Newer" Antidepressants:				
fluoxetine (Prozac) PO	10-20	20-40	qd	"Newer" antidepressants have fewer side effects than tricyclics; less evidence of effectiveness
paroxetine (Paxil) PO	20	20-40	qd	
sertraline (Zoloft) PO	50	150-200	qd	
Corticosteroids:				
dexamethasone (Decadron) PO	Low-dose regimen: 1-2 mg	same	qd or bid	In advanced medical illness, long-term treatment with low doses is generally well tolerated; used when pain persists after optimal opioid dosing.
	High-dose regimen: 100 mg then 96 mg in 4 divided doses.	same	qid	High doses used for acute episodes of severe pain unresponsive to opioids.
Local Anesthetics:				
mexiletine (Mexitil) PO	150	900-1200	q8h	Mexiletine is safer than tocainide. Plasma concentrations should be followed to reduce risk of toxicity.
lidocaine IV	2-5 mg/kg	---	---	Brief infusion over 20-30 minutes. Analgesia occurs within 15-30 minutes. May be appropriate for rapidly escalating neuropathic pain.
subcutaneous, IV	2.5 mg/kg/h	same	---	Continuous infusion.
Others:				
baclofen (Lioresal) PO	15	30-200	q8h	Indicated for "shooting" neuropathic pain.
calcitonin subcutaneous, IV	25 IU	100-200 IU	qd	Calcitonin is indicated for various neuropathic pains; bone pain; and possibly osteoarthritis.
nasal spray (Miacalcin)	200 IU	200-400 IU	qd	
clonidine transdermal (Catapres) PO	0.1	?	qd	Clonidine doses may be increased by 0.1 mg/day q3-5 days. Multipurpose for chronic pain.
	0.1	?	qd	

? = unknown, unclear; h = hour; hs = bedtime; q = every; qd = every day

For references, see: Portenoy RK, McCaffery M: Adjuvant analgesics, pp. 300-361. In: McCaffery M, Pasero C: **Pain: Clinical Manual**, St. Louis, 1999, Mosby, pp. 342-344.

Adjuvant analgesics usually tried first for:

- Continuous neuropathic pain: antidepressants, systemic local anesthetics, gabapentin.
- Lancing and sudden onset neuropathic pain: anticonvulsants, baclofen.