

Amitriptylyne **in neurogenic pain and sleep disorder** **(Tryptizol, Sarotex)**

Short explanation, instructions.

Amitriptylyne is a medication that has been available for many years already. The first application is as an antidepressant; the next common indication is what this fact sheet is about: chronic neurogenic pain, as with neuropathy in Diabetes and, often very useful, for sleep disorders and pain in Fibromyalgia, where it is used in such a low dosage that it will not have any antidepressant effect. We prescribe Amitriptylyne for two “side effects”, that occur in a dependable way even at very low dosage: it eases the “deep” “nerve pain” and it makes you drowsy. Amitriptylyne is a prescription drug: your treating physician or specialist has to write a specific prescription.

Amitriptylyne creates no dependency: over time, you will not feel the need for ever increasing amounts to get the same effects; and there are no problems at withdrawal (you will not need to wean the medication at dosages of max 25 to 50 Mg per night). Patients use the medication often for some three months; when they attain a satisfying sleep rhythm, they tend to “forget” it; at times they resume the medication for longer or shorter periods, should their sleep pattern get disturbed again.

To systematically try out Amitriptylyne (in sleep disorder caused by pain, e.g. in Fibromyalgia) we always suggest the following:

1. Take the medication some three hours before going to bed: Amitriptylyne kicks in very slowly, and has a prolonged effect (if you take it “getting into bed” you won’t sleep for some three hours, and the next morning you’ll “feel like a ghost” for some three hours).
2. Start with such a low dosage (usually 5, maybe 10 Mg), that you definitely won’t feel drowsy the next morning. If you feel some but not sufficient effect on the pain and your sleep, you may double the dosage once after 5 or 7 days (so, a week after starting you would take 10 or 20 Mg); if that still doesn’t give you enough effect (*and* no “zombie effect”) you may double the dosage once again after one more week. Never take more than 20 Mg without further consulting the prescribing physician.
3. Do not use Amitriptylyne (or only after explicitly consulting your doctor) if you have:
 - a. Hypertension or a cardiac rhythm disorder that is difficult to regulate;
 - b. If you have Sjögrens syndrome; a congenital cardiac rhythm disorder; (recent) thyroid problems with relevant medication; and/or epilepsy.
 - c. Whenever in doubt: consult your prescribing physician, or your pharmacist! (Read more on relevant websites, e.g. of your local pharmacy).

Used for the indication and with the very low dosages as we describe in this fact sheet; we hardly ever see limiting side effects.

Armand C. Hagedoorn, Sr. Psychiatrist
BIG Reg Nr. (NL) 89021307201

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