Website: https://bash.org.uk
Email: info@bash.org.uk

Amitriptyline for headache and facial pain

Amitriptyline is a medication that can help to stop headaches or facial pain from happening so often. It is also a medication that was used to treat depression. You need to take it every night.

Before starting amitriptyline:

Your prescriber will consider several factors before prescribing amitriptyline to make sure it's safe and suitable for you.

Please tell your prescriber if you:

- Have a history of glaucoma, epilepsy, heart problems, or liver disease
- Are taking other medicines for depression or any other regular medications

Other things to consider:

- Amitriptyline can sometimes increase appetite or cause weight gain
- If you have restless leg syndrome, it may make it worse
- It can cause drowsiness, which may make it more difficult if you work night shifts or have an irregular sleep pattern. You should not drive if amitriptyline makes you drowsy

How to take amitriptyline:

Take the medication at night before bed, because it can make you feel sleepy.

You will usually start on a low dose of amitriptyline, which will be gradually increased. This helps your body adjust and reduces the chance of side effects.

The schedule below is a guide, but your prescriber may change it to suit your individual needs.

	Evening
For 7 days take:	**10mg**
For 7 days take:	**20mg**
Thereafter take:	**30mg**
your prescriber may increase further	

If your symptoms improve but are not fully controlled, your prescriber may continue to increase the dose, if well-tolerated, **up to 100mg at night.**

How long to take amitriptyline:

If you are tolerating amitriptyline well, it's advisable to reach at least 30mg each night. Ideally, you should take amitriptyline at this dose (or higher, if prescribed) for at least 3 months before deciding if it's helping.

This leaflet reflects a consensus of current clinical practice as agreed by the British Association for the Study of Headache (BASH) Council. It is intended to provide information to support clinical decision-making and does not constitute prescriptive guidance that must be followed in all cases. Clinicians should continue to exercise their own professional judgement and tailor management to the individual. The content reflects the collective experience of headache specialists across the UK, whose contributions are gratefully acknowledged, and recognises the ongoing evolution of best practice. This leaflet should be read in conjunction with the Summary of Product Characteristics and the patient information leaflet provided with all medication.

Version 1.0 | Approval date: June 2026 | Review date: 2031 (or sooner if indicated)

If you get any side effects that are difficult to manage, contact your prescriber to discuss your dose.

Do not stop taking amitriptyline suddenly, as this can cause withdrawal symptoms (such as feeling unwell, sleep problems, or increased anxiety) and your headaches may return or worse. Speak to your prescriber about how to reduce the dose safely.

Your prescriber or GP will review your treatment regularly. If it is working well, your prescriber may advise gradually reducing the dose, typically after about 12 months.

Possible side effects of amitriptyline:

Some people get side effects. These usually get better as your body gets used to the medication.

Please read the information leaflet that comes with your medication for more details. This is not a full list of side effects, but the most common ones are:

- feeling sleepy
- dry mouth
- feeling sleep
- constipation
- feeling sick
- trouble peeing (urinating)
- increased appetite
- weight gain

If you feel tired or dizzy, do not drive, ride a bike, or use tools or machinery.

If you feel tired during the day, let your prescriber know. You may be able to switch to a similar medication called, nortriptyline, which may be less likely to make you feel tired. You should not drive if the medication makes you feel drowsy.

Pregnancy and breastfeeding:

Amitriptyline can sometimes be used in pregnancy or while breastfeeding, but only in the lowest dose that helps. Your prescriber will talk to you about the benefits and the risks.

Always tell your prescriber if you are trying for a baby or think you might be pregnant.

For more information, see: Best Use of Medicine in Pregnancy (BUMPS)
https://www.medicinesinpregnancy.org/