

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
- It may worsen symptoms of restless legs syndrome in some people
- 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 Do I 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 Should I Try It?

- If you are tolerating amitriptyline well, it is advisable to reach at least 30mg each night
- Keep taking amitriptyline for at least 3 months before deciding if it is 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.

- If you experience side-effects that are difficult to manage, contact your prescriber to discuss your dose
- Do not stop taking it 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

What Are the Possible Side-Effects?

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

This is not a full list of side-effects. Please read the information leaflet that comes with your medication for more details.

The most common side-effects are:

- Feeling sleepy
- Dry mouth
- Feeling sleep
- Constipation
- Feeling sick
- Trouble 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/>

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.



BRITISH ASSOCIATION FOR THE
STUDY OF HEADACHE

Information for Adult Patients

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

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.