

Amitriptyline is one of the most useful medications for managing pelvic pain because it helps several different symptoms at once. Around 1 in every 2 people who try it find it helpful. It doesn't suit everyone, but it often improves pain if you are someone with pain on most days.

Amitriptyline can take time to work, so you won't necessarily feel better straight away, but when taken every day in very small doses, it can help a range of different problems, including:

- a sharp or burning pain
- an overactive bladder
- a pelvis where everything feels sensitive
- painful pelvic muscles or tender points in other muscles like your neck or shoulders
- migraine or other headaches
- an irritable bowel
- poor sleep
- painful vulval skin
- a bloated feeling

Historically, Amitriptyline used to be one in high doses (around 150mg daily) to treat depression and is still called a tricyclic antidepressant on the packet insert. Today, it is not typically used for depression as it increases the amount of serotonin in the body. If you have depression, there are newer and better medications, such as Duloxetine, that you can use if you need them.

For pelvic pain we use
Amitriptyline in low doses
(5-25mg daily).
This dose can be continued
long term if it suits you.



What are the side effects?

- sedating (feeling sleepy)
- slightly more constipation (not usually severe in low doses)
- Dry eyes and dry mouth (not usually severe, and can be managed with extra water or chewing gum)
- While taking amitriptyline, you may find that alcohol affects you slightly more than usual, so be careful when drinking.
- Serotonin syndrome – A rare drug interaction with other medications, including other antidepressants, which results in too much serotonin in your body.

You should not take amitriptyline if you have:

- an eye condition called glaucoma;
- had a heart attack, irregular heart rate or other heart condition, including a short QT interval, or
- epilepsy (fits).

Starting Amitriptyline

Each blue tablet contains 10mg of Amitriptyline. It can be broken in half by placing it on a bench and pushing down on both sides with two fingers or using a pill cutter.

Due to its sedating side effect, you should start Amitriptyline in the evening before a quiet day when you won't be driving to check that you are not too drowsy on it.

You should start with a dose of 5mg and aim to take it early in the evening every day, preferably 3 hours before bed.

When you first start Amitriptyline, you will often find that you sleep better at night. Some people still feel sleepy in the morning, but many wake up easily and have no problems. The sleepiness usually wears off in around a week. Take it every evening, not just on the days you have pain, and then ask yourself in a few weeks, "Do I feel better? Is my life easier now? How are my headaches? How is my bladder? If you are feeling generally better, you should continue taking it; it is not addictive and can be taken long-term if needed.

You should stay on this dose until you do not feel sleepy in the mornings; if needed, it can then be increased to 10mg. With the guidance of your General Practitioner, you can slowly increase the dose by 5mg every few weeks depending on how long it takes for the sleepiness to wear off and the effect it has on pain.

The right dose for each person varies, and like most medications. Some people find that just 5-10mg at night makes a huge difference to their pain, and there is no need to try a higher dose. Other people, especially those with an irritable bladder or bad headaches, may be better on a higher dose, up to 25mg in the evening. Women often need a lower dose than men. You are the one to decide which dose helps your pain most but doesn't make you too sleepy. It is better to be on a smaller dose you are happy to continue taking than a larger one you stop using due to side effects. If you still feel sleepy, even on a small dose, speak with your doctor. You may find that a similar medication called nortriptyline, used in the same doses, can be taken without feeling sleepy.

Stopping Amitriptyline

Do not stop amitriptyline suddenly. Amitriptyline is safe to use long term, but if you decide to stop it, it needs to be stopped slowly. Again, see your general practitioner for guidance with stopping this medication. Once you get down to 10mg or less, you can stop it.

If you stop amitriptyline, it may take weeks or sometimes months for the pain to return. If the pain returns, you should start the amitriptyline again. Some people choose to use low doses of amitriptyline for short periods of a few weeks or so during times when their pain is a problem. Other people stay on the same dose long term.

Amitriptyline and pregnancy

There is a lot of information available about this medication. In the past, when Amitriptyline was used for depression, many women took Amitriptyline during pregnancy because of severe depression. The risk to the baby is minimal, especially as the doses we use for pain are much lower than those used in the past. However, we recommend that you stop this medication if you are trying to get pregnant so that there is no risk to the baby. We also recommend using contraception while on Amitriptyline if you are sexually active. If you have found Amitriptyline so helpful for your pain that you are unwilling to stop it, you should discuss this further with your doctor.