

Using Amitriptyline for Migraine Prevention

What is Amitriptyline?

Amitriptyline has been used in medical practice for over thirty years. It was initially introduced as an antidepressant in a dose range between 150 mg and 200 mg, but is also very effective as a pain reliever at lower doses.

What are its side effects?

Although a number of side effects are listed for the medication, these are rare. Most people can take the medication without any problems, but the two main side effects are drowsiness and dry mouth. These side effects usually wear off with time, but if you are driving or operating machinery you should be aware of the possibility of some sedation.

How should I take it?

You should take Amitriptyline in the evening starting with a dose of one x 10 mg tablet. If taken too late in the evening you may feel tired the next day: take it twelve hours before you need to get up. You should then increase the dose by

one extra 10 mg tablet every **fifth** night. Do not exceed a total dose of 1mg x your body weight in kg (usually about 70 mg). Amitriptyline is also available in 25 mg and 50 mg tablets.

What do I do if I get side effects?

Side effects usually reduce with time. If you do get side effects you should reduce back to the dose level where there were no side effects for two weeks before attempting to raise the dose again. If you get side effects with the 10 mg dose, you can start with half or a quarter of a tablet before building up slowly (you can buy a useful tablet cutter from your pharmacist for approximately £1). Do not increase the dose if side effects persist, stay on the maximum dose that you comfortably tolerate.

How long do I need to be on the tablets for?

Your tablets may not start working for at least two months and you should persevere for this length of time. If there is a benefit, then they should be taken for at least six months after which time you may like to discuss with your doctor whether you can withdraw them.

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