

# Tramadol prescribing in primary care

The Medicines Management Team at NHS Doncaster CCG are advocating cautious prescribing of tramadol and regular patient reviews.

## Aims:

- Promote safe and appropriate prescribing of tramadol.
- Raise awareness of the potential harms associated with the misuse and dependence of tramadol.
- Reduce the risk of patients having adverse drug reactions and interactions.

## Tramadol:

Licensed for the treatment of moderate to severe pain. Classified as an opioid.

Produces analgesia by two methods:

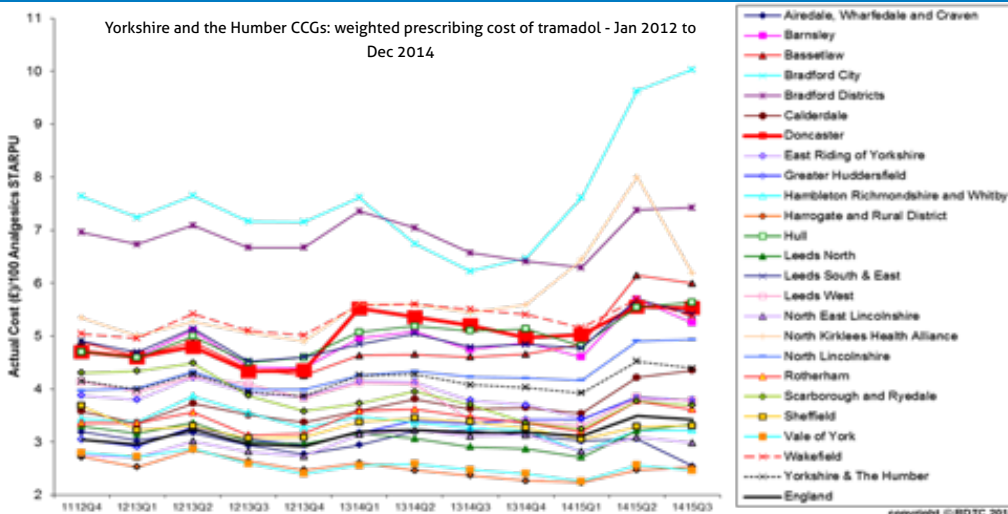
1. An opioid effect
2. Enhancement of the serotonergic and adrenergic pathways.

The Advisory Council on Misuse of Drugs (ACMD) recommended the change to CD (schedule 3) due to concerns of misuse and increase in number of related deaths<sup>1</sup>.

## Key Prescribing Points:

- Refer to local pain guidelines (see resources and other info)
- Treatment should be short and intermittent and used only for moderate and severe pain.
- Maximum dose should not exceed 400mg in 24 hours.
- Slow / Prolonged release tramadol products are not in the local formulary – use the plain 50mg capsules unless there are compelling reasons to use the slow/prolonged release products. If a slow/prolonged release tramadol preparation is considered then use the MR capsule formulation (recently added to the [Drug Tariff](#)).
- Controlled Drug Schedule 3, DoH guidance is to limit supply to 30 days. If prescription is issued for a longer period, the prescriber must justify that there is a clinical need and will not cause an unacceptable risk to patient safety and document this in notes.
- Patients discharged on tramadol for acute pain from secondary care should be reviewed after discharge, and treatment discontinued where appropriate to ensure they are not continued on treatment for longer than necessary.

### Graph 1

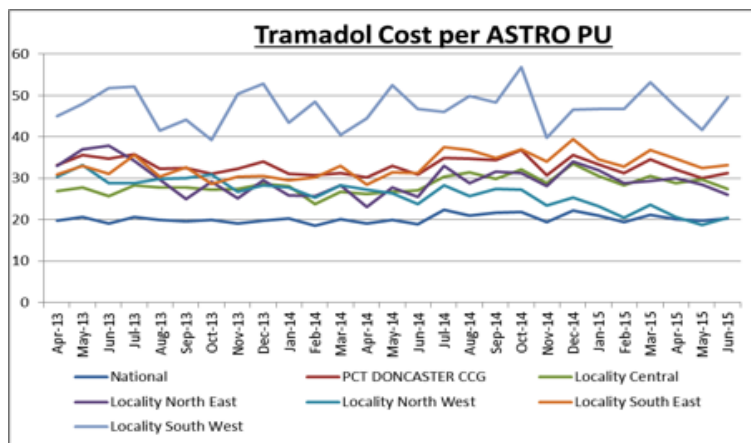


## Prescribing Data:

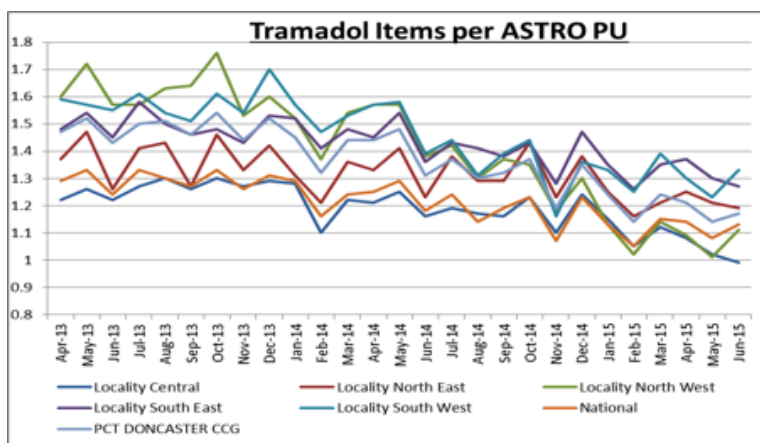
**Graph 1:** The Regional Drug & Therapeutics Centre show that prescribing of tramadol in Doncaster is high compared to most Yorkshire & Humberside CCGs.

**Graphs 2 & 3:** Within the 5 localities in Doncaster, the level of prescribing of tramadol shows variation. All localities are prescribing above the national average. Graph 3 shows reducing prescribing trend for tramadol, which coincides with the time tramadol was given CD status.

## Graph 2



## Graph 3



### Key Prescribing Points Continued:

- Patients initiated on tramadol should be put onto acute prescription and reviewed at three months to discourage long-term use for patients with acute pain. After 3 months, there is evidence to suggest that the pain is no longer acute and has become a chronic condition<sup>3</sup>. If tramadol is considered to be appropriate by the prescriber as part of the pain management plan and there are no contra-indications then tramadol should be reviewed every 12 months.
- Review should consider: How and when it is taken? Have alternatives been tried? (both medication and non-medication approaches) Can it be stepped down or stopped gradually?
- Only prescribe if first-line opioids (codeine, co-codamol) are not appropriate or tolerated
- Tramadol should not be co-prescribed with other opioids
- Vigilance needed: patients asking for extra or interim prescriptions of tramadol as this may indicate that the patient's pain is not being managed appropriately, or that the patient is stockpiling or diverting supplies.
- Avoid abrupt withdrawal after long-term treatment<sup>2</sup>. The dose must be reduced slowly to ensure patient safety and to minimise the risk of withdrawal symptoms and/or adverse reactions

### Use with Caution in:

- Patients taking other interacting drugs eg: warfarin, SSRIs, TCAs, mirtazapine, venlafaxine, anti-psychotics, epilepsy medications and other medications that lower seizure threshold<sup>2</sup>.
- Patients with a history of addiction or dependence
- Patients with a history of depression
- Patients with a history of epilepsy or those susceptible to seizures: only prescribe in these patients if compelling reasons
- Patients with renal impairment<sup>5</sup>:
  1. 20-50ml/min – dose as in normal renal function
  2. 10-20ml/min - 50-100mg every 8 hours initially, then titrate dose as tolerated
  3. <10ml/min – 50mg every 8 hours initially, then titrate dose as tolerated

### Resources

Template letter to invite patients prescribed tramadol for review, [click here](#).

Data collection form for review of tramadol, [click here](#).

DBH Formulary: The WHO analgesic ladder, [click here](#).

Palliative Care Core Formulary, [click here](#).

### References

1. Advisory Council on the Misuse of Drugs. ACMD consideration of tramadol. Feb 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144116/advice-tramadol.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144116/advice-tramadol.pdf)
2. British Medical Association, Royal Pharmaceutical Society of Great Britain. British National Formulary. <https://www.medicinescomplete.com/mc/bnf/current/>
3. The British Pain Society. Opioids for persistent pain: Good practice. 2010. [https://www.british-painsociety.org/static/uploads/resources/files/book\\_opioids\\_recommendations\\_short.pdf](https://www.british-painsociety.org/static/uploads/resources/files/book_opioids_recommendations_short.pdf)
4. Committee on Safety of Medicines MCA. Current problems in pharmacovigilance – In Focus: Tramadol (Zydol) <http://www.mhra.gov.uk/home/groups/pl-p/documents/websitesources/con2023218.pdf>. Accessed Jul 2013.
5. Ashley C, Currie A. The Renal Drug Handbook. Third ed. 200Appendix 1

### Other Info

#### The WHO analgesic ladder:

Step 1 – Non-Opioids (i.e. paracetamol +/- NSAID)  
 Step 2 – Weak Opioids in combination with Non-Opioids (i.e. paracetamol +/-NSAID + codeine 30-60mg four times a day ) OR ( paracetamol +/-NSAID + tramadol 50 – 100mg four times a day)  
 Step 3 – Strong Opioids in combination with Non-Opioids (i.e. paracetamol +/-NSAID + morphine)

**Weak Opioids include:** Codeine, Dihydrocodeine and Tramadol.

**Strong Opioids include:** Buprenorphine, Fentanyl, Hydromorphone, Methadone, Morphine, Oxycodone