NHS
Sheffield
Clinical Commissioning Group

Sheffield APG Position Statement on Nefopam

Sheffield CCG does not support the routine prescribing of nefopam 30mg tablets in primary care.

A UKMI Q&A on nefopam [1]states**: Nefopam appears no more potent than NSAIDs, but is commonly associated with adverse drug reactions and toxic in overdose.**

What does this mean in practice?

- **Do not prescribe nefopam in primary care for acute or chronic pain, except when all other medications are ineffective, have intolerable side effects or are contraindicated.**
- Do not continue nefopam post discharge following secondary care acute pain initiation**.**
- Treatment should be reviewed regularly and stopped if benefits are not seen, or unacceptable side effects develop (especially in high-risk groups like the elderly).
- Withdraw slowly over 1-2 weeks following chronic use.

- **Nefopam** is a non-opioid analgesic considered to act centrally, although its mechanism of action is unclear. It also has some antimuscarinic and sympathomimetic actions.[1]
- The Regional Drug & Therapeutics Centre in Newcastle produced a bulletin on nefopam highlighting safety issues and its place in therapy.[2] They recommended that: **prescribers need to be aware of the risks associated with nefopam and assess whether potential benefits outweigh risks in individual patients, especially in high-risk groups e.g., elderly.**
- Nefopam is indicated for acute and chronic pain.[3] The **BNF** states nefopam may have a place in the relief of persistent pain unresponsive to other non-opioid analgesics. It causes little or no respiratory depression, but sympathomimetic and antimuscarinic side-effects may be troublesome. It may sometimes be prescribed because alternatives are contraindicated or ineffective or used as add-on therapy when pain is inadequately controlled.[1]
- **Very limited evidence is available for the effectiveness of nefopam in the treatment of chronic pain**. Most of the **studies** assessing the efficacy of nefopam are either single dose or short term based assessing the use of nefopam post-operatively or for acute pain.[1,4,5,6,7]
- **National guidance (NICE and SIGN) do not recommend nefopam.**
- **Adverse effects are common** and include nausea, sweating (1 in 13 patients[7]), dizziness, vomiting, hallucinations, confusion, urinary retention, dry mouth, headache, insomnia, tachycardia (1 in 7 patients[7]), palpitations convulsions and anaphylaxis.[1] The side effects of nefopam may be additive to those of other agents with anticholinergic or sympathomimetic activity.
- The **elderly** appear to be more susceptible to nefopam side-effects; in particular, CNS side-effects and some cases of hallucinations and confusion have been reported in this age group. [3]
- Nefopam scores 2 on the anticholinergic burden scale (ACB).[9] For each point increase in the ACB total score, a decline in MMSE score of 0.33 points over 2 years has been suggested. Additionally, each one-point increase in the ACB total score has been correlated with a 26% increase in the risk of death. As with other drugs with anticholinergic properties, confusion and urinary retention can be a problem in the elderly.[1] **Caution: co-prescribing with a tricyclic antidepressant which scores 3 on the ACB scale will increase side-effect burden and risks.**
- Nefopam can be **fatal in overdose.** Clinical features may include convulsions, hallucinations, agitation, and tachycardia. All patients who have taken a deliberate overdose should be referred for assessment.[1]
- Nefopam has **abuse potential** through its psychostimulant-like effects linked to its dopamine reuptake inhibition properties[10] and its anticholinergic action as a deliriant.
- Nefopam may interfere with some screening tests for benzodiazepines and opioids (giving false positive results for patients taking nefopam).[3]

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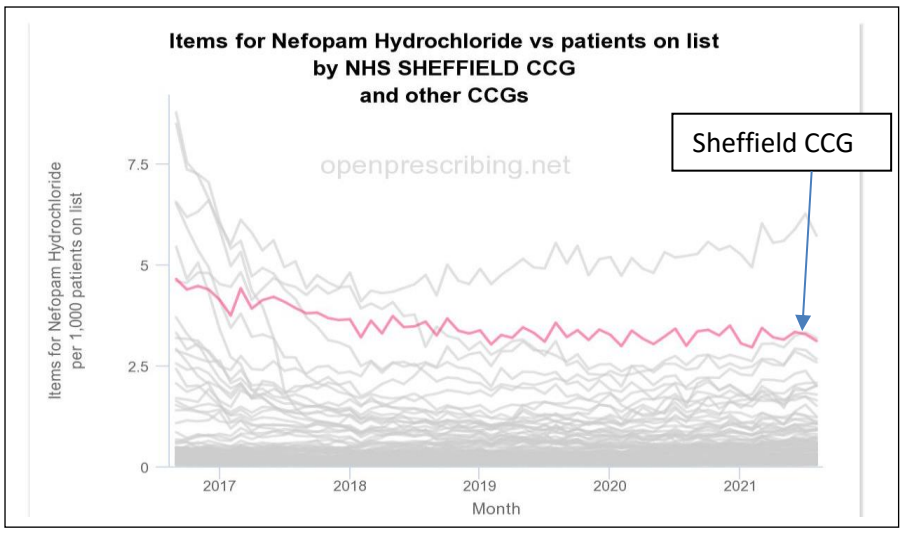
Adapted from Barnsley APC position statement on nefopam



Sheffield CCG is the 3rd highest CCG in England for number of prescriptions of nefopam issued per 1,000 patients.
Total cost spent by Sheffield CCG on nefopam in the last 12 months to August 2021 = £250,000.
To see where your practice lies compared to other Sheffield practices, look at Open Prescribing.

Stopping nefopam

No protocols for switching patients from nefopam to alternatives have been identified. The data sheet[3] for nefopam does not mention discontinuation symptoms. However, following chronic usage, it may be prudent to withdraw treatment slowly and gradually due to its action on dopaminergic, serotonergic and noradrenergic pathways.

Adult: Initially 60mg 3 times a day, adjusted according to response; usual dose 30-90mg 3 times a day
Elderly: Initially 30mg 3 times a day, adjusted according to response; usual dose 30-90mg 3 times a day

Suggested slow and gradual dose reduction based on number of 30mg tablets:

Daily dose 90mg TDS				
Dose timing	**Chronic dose**	**1st week reduction**	**2nd week reduction**	**3rd week**
Morning	3	2	1	Stop and review: consider need to withdraw more slowly over a further 2 weeks based on withdrawal symptoms
Afternoon	3	2	1	
Evening	3	2	1	

Daily dose 30mg TDS				
Dose timing	**Chronic dose**	**1st week reduction**	**2nd week reduction**	**3rd week**
Morning	1	1	0	Stop and review
Afternoon	1	0	0	
Evening	1	1	1	

References

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