

# Complex Regional Pain Disorder

## **White Male With Hip Pain**



### Decision Point One



Amitriptyline 25 mg po QHS and titrate upward weekly by 25 mg to a max dose of 200 mg per day

## **RESULTS OF DECISION POINT ONE**

**Client returns to clinic in four weeks**

**Client comes to the office still using crutches. He states that the pain has improved but he is a bit groggy in the morning**

**Client's pain level is currently a 6 out of 10. The PMHNP questions the client on what would be an acceptable pain level. He states, "I would rather have no pain but don't think that is possible. I could live with a pain level of 3." He states that his pain level normally hovers around a 9 out of 10 on most days of the week before the amitriptyline was started. The PMHNP asks what makes the pain on a scale of 1-10 different when comparing a level of 9 to his current level of 6?" The client states, "I'm able to go to the bathroom or to the kitchen without using my crutches all the time. The achiness is less and my toes do not curl as often as they did before." The client is also asked what would need to happen to get his pain from a current level of 6 to an acceptable level of 3. He states, "Well, that is kind of hard to answer. I guess I would like the achiness and throbbing in my right leg to not happen every day or at least not several times a day. I also could do without my toes curling in like they do. That really hurts."**

**Client denies suicidal/homicidal ideation and is still future oriented**

## Decision Point Two



Continue current medication and increase dose to 125 mg at BEDTIME this week continuing towards the goal dose of 200 mg daily. Instruct the client to take the medication an

hour earlier than normal starting tonight and call the office in 3 days to report how his function is in the morning

## **RESULTS OF DECISION POINT TWO**

**Client returns to clinic in four weeks**

**The change in administration time seemed to help. The client states he is not as groggy in the morning and is able to start his day sooner than before**

**Client's current pain level is a 4 out of 10. He states that he is now taking 125 mg of amitriptyline at bedtime.**

**Client's has noticed that he is putting on a little weight. When asked, the client states that he has gained 5 pounds since he started taking this medication. He currently weighs in at 162 pounds. He is 5' 7". He states that his right leg doesn't bother him nearly as much as it used to and his toes have only "cramped up" twice in the past month. He states that he is able to get around his apartment without his crutches and that he has even started seeing someone he met at the grocery store. The weight gain seems to bother him a lot and he is asking if there is a way to avoid it**

Decision Point Three



Continue the current dose of Elavil of 125 mg per day, refer the client to a life coach who can counsel him on good dietary habits and exercise

#### **Guidance to Student**

At this point, the client is almost at his goal pain control and increased functionality. Weight gain is a common side effect with amitriptyline and should be a counseling point at the initiation of therapy. He has a small weight gain of 5 pounds in 8 weeks. A reduction in dose may have an effect on the weight gain but at a considerable cost of pain to the client. This would not be in the best interest of the client at this point. Amitriptyline has a side effect of cardiac arrhythmias. He is not experiencing this at this point. The drug, qsymia contains a product called phentermine which has a history of causing cardiac arrhythmias at higher doses. This product is also only approved for a client with obesity defined as a BMI greater than 30 kg/m<sup>2</sup>. Your client's BMI is currently 25.5 kg/m<sup>2</sup>. He does not meet the definition of obesity but is considered overweight. His best course of action would be to continue the same dose of Elavil, counsel him on good dietary and exercise habits and connect him with a life coach who will help him with this problem in a more meaningful way than a 10 minute counseling session will be able to accomplish.

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