

Nefopam: BLACK Traffic Light Position Statement

May 2017



Nefopam is indicated for persistent pain unresponsive to other non-opioid analgesics. It has recently been assigned a **BLACK** traffic light status across the health economy.

The evidence base for the efficacy of Nefopam is primarily based on single or short term use of parenteral administration which is not supported by the UK marketing authorisation. The evidence base is weak, conflicting or absent for pain reduction in rheumatoid arthritis or in the postoperative period.

Nefopam is commonly associated with side effects including nausea, vomiting and dizziness and scores 2 on the anticholinergic burden scale (ACB). An abuse potential also exists due to its psychostimulant like effects and it is toxic in overdose with fatalities being reported.

Where nefopam is being used for its abuse potential, withdrawal may lead to depression. Anticholinergic agents can cause a discontinuation syndrome if withdrawn abruptly - it may therefore be prudent to withdraw Nefopam slowly and gradually over at least one to two weeks.

Clinicians are advised to identify and review all patients currently prescribed Nefopam to determine whether the benefits continue to outweigh the risks and, where appropriate, contact patients to discuss possible withdrawal.

Nefopam should not be initiated for acute or chronic pain and should not be continued post discharge following secondary care acute use.

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Nefopam is commonly associated with side effects, is toxic in overdose and has an abuse potential due to its psychostimulant like effects

Clinicians are advised to identify and review all patients currently prescribed Nefopam and, where appropriate, contact patients to discuss possible withdrawal over a period of one to two weeks

For further information, please contact the Medicines Management Team on
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