Table 1. Pharmaceutical Options for Central Poststroke Pain

<table>
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<tr>
<th>Medication Class &amp; Specific Agents</th>
<th>Initial Dosing</th>
<th>Mechanism of Action</th>
<th>Significant Side Effects</th>
<th>Other Considerations</th>
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<tr>
<td><strong>Antidepressants</strong></td>
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<tr>
<td><strong>Tricyclic Antidepressants (TCAs)</strong></td>
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</tbody>
</table>
| Amitriptyline                      | 10-25 mg HS    | Blocks presynaptic reuptake of serotonin and norepinephrine | • Anticholinergic side effects  
• Cardiovascular effects including conduction abnormalities and orthostatic hypotension  
• Acute angle closure glaucoma  
• CNS depression  
• Hyponatremia (SIADH)  
• Bleeding risk* | Potentially inappropriate / use with caution in age > 65 per BEERS criteria  
• Reduced clearance with hepatic impairment  
• Caution if seizure disorder  
• Potentially inappropriate / use with caution in age > 65 per BEERS criteria  
• Strong inhibitor CYP1A2  
• Pharmacogenetic considerations (CYP2D6 genotype)  
• Reduced clearance with hepatic impairment  
• Caution if seizure disorder |
|                                   |                |                     |                          |                      |
| **Selective serotonin reuptake inhibitors (SSRIs)** |                |                     |                          |                      |
| Fluvoxamine                       | 25-50 mg daily | Blocks presynaptic reuptake of serotonin only | • CNS depression  
• Serotonin syndrome  
• Narrow angle glaucoma  
• Sexual dysfunction  
• Hyponatremia (SIADH)  
• Bleeding risk* | Potentially inappropriate / use with caution in age > 65 per BEERS criteria  
• Strong inhibitor CYP1A2  
• Pharmacogenetic considerations (CYP2D6 genotype)  
• Reduced clearance with hepatic impairment  
• Caution if seizure disorder |
|                                   |                |                     |                          |                      |
| **Serotonin/norepinephrine reuptake inhibitors (SNRIs)** |                |                     |                          |                      |
| Duloxetine                        | 30 mg daily    | Strongly blocks reuptake of serotonin and norepinephrine, weakly blocks reuptake of dopamine | • Orthostatic hypotension  
• Hepatotoxicity  
• Serotonin syndrome  
• Sexual dysfunction  
• Hyponatremia (SIADH)  
• Acute angle closure glaucoma  
• Bleeding risk* | Potentially inappropriate / use with caution in age > 65 per BEERS criteria  
• Avoid in hepatic impairment  
• Caution if seizure disorder |
|                                   |                |                     |                          |                      |
| **Anticonvulsants**               |                |                     |                          |                      |
| Gabapentin                        | 100-300 mg 1-3 X daily | Binds voltage gated calcium channels which may modulate excitatory neurotransmission | • CNS and respiratory depression  
• Rare hypersensitivity reactions (immediate and delayed)  
• Psychiatric symptoms including suicidal ideation / tendencies* | Adjust dosing if renal impairment  
• Potential for drug dependency |
<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose/Batch Details</th>
<th>Effect/Mode of Action</th>
<th>Side Effects</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
| Pregabalin | 25-150 mg / day (divided doses) | Binds voltage gated calcium channels which may modulate excitatory neurotransmission | • CNS and respiratory depression  
• Rare hypersensitivity reactions (delayed)  
• Psychiatric symptoms including increased risk suicidal ideation / tendencies  
• Peripheral edema  
• Angioedema  
• Psychiatric symptoms  
• Visual symptoms  
• Weight gain | • Adjust dosing if renal impairment  
• Potential for drug dependency |
| Lamotrigine | 25 mg daily with gradual titration | Inhibits release of glutamate and inhibits voltage-sensitive sodium channels | • CNS depression  
• Serious skin rashes including Stevens-Johnson Syndrome  
• Blood dyscrasias  
• Aseptic meningitis  
• Hemophagocytic lymphohistiocytosis  
• Suicidal ideation / tendencies | • Class Ib antiarrhythmic activity; relevant medication interactions and considerations for cardiac monitoring  
• Adjust dosing for renal and hepatic impairment |
| Carbamazepine | 200-400 mg daily in 2-4 doses | Modulates voltage-gated sodium channels, decreases neuronal activity; structurally similar to TCAs | • CNS depression  
• Serious skin rashes including Stevens-Johnson Syndrome (increased risk with variant HLA-B*1502 allele)  
• Blood dyscrasias  
• Cardiac effects including arrhythmia  
• Hepatotoxicity  
• Hypersensitivity reactions  
• Hyponatremia (SIADH)  
• Neuropsychiatric effects including ataxia  
• Suicidal ideation / tendencies | • Mildly anticholinergic  
• Use with caution if renal or hepatic impairment  
• Genetic screening for variant HLA-B*1502 allele if at risk  
• Potentially inappropriate / use with caution in age > 65 per BEERS criteria  
• Possibly associated with teratogenic effects  
• CYP interactions |
| Tramadol | 25-50 mg Q4-6 hours PRN | Binds μ-opiate receptors in the CNS; also blocks serotonin and norepinephrine reuptake | • CNS depression  
• Respiratory depression  
• Constipation  
• Hyponatremia  
• Seizures  
• Serotonin syndrome  
• Hypotension | • Risk for addiction, abuse, and misuse  
• CYP interactions  
• Adjust dosing if renal or hepatic impairment  
• Long term use associated with suppression of hypothalamic-pituitary-adrenal axis  
• Pharmacogenetic considerations (CYP2D6 genotype)  
• Potentially inappropriate / use |
* Note that TCAs, SSRIs, and SNRIs may increase bleeding risk due to inhibition of serotonin-mediated platelet function.

† All anticonvulsants carry a warning for increased suicidal ideation and tendencies based on a meta-analysis.