

Information & Med Sheet for Vagally-Mediated Neurogenic Symptoms

While there are many vagally-mediated neurogenic symptoms, this medication schedule is suggested for the three most common symptoms: voice-use pain, chronic sore (burning) throat, and neurogenic cough. Gabapentin comes in 100 mg., 300 mg., 400 mg., 600 mg., and 800 mg. doses. By itself this suggests that there may be a great variation in effective dose from patient to patient. *Disclaimer: The recommendations, suggestions for possible treatment, provided here absolutely require the approval of your personal physician; and s/he will write your prescriptions; the author takes no responsibility for your treatment as she is not your physician.*

Notes

For a small number of patients (particularly the elderly), 5-10 mg. of amitriptylene alone before bed is sufficient to stop neurogenic cough. That's one reason that I start with amitriptylene before adding gabapentin; the other reason is to be sure that the amitriptylene has no side effect at the 10 mg. dose. That's why I recommend breaking the 10 mg oils to start with 5 mg. at bedtime for the first few days.

Amitriptyline and gabapentin seem to work better together than either one separately; amitriptyline even in small doses seems to make gabapentin work better at lower dose.

By escalating the gabapentin in this way, side effects are almost always avoided. BTW: A few years back, I started all patients on gabapentin 300 mg. four times a day; so the lower starting dose is usually not "enough": however, I will help the clinician find the lowest effective dose. And effective means eradication of the symptom, not just improvement. NB: Once that dose is achieved, I recommend maintaining the medication for 12 months; and when finally tapered, it should be one dose a month.

Always instruct the patient, "Every time you change dose of your medicine, ask yourself, are my symptoms better, worse, or the same *and* am I having any side effects?"

Amitriptyline (Elavil) 10 mg. (Prescription: amitriptyline 5-10 mg. p.o. q.h.s #90)

Take ½ tab at bed time for three days then increase to 1 tab (10 mg.) at bed time going forward.

Gabapentin (Neurontin) 100mg. (Prescription: gabapentin 100-200 mg. p.o. q.i.d #360)

After a week of amitriptyline, add 100 mg. cap of gabapentin before breakfast, and then increase the dose by 100 mg every three days as shown by the schedule below until you are taking up to two caps four times a day; see schedule below:

	Titration of Gabapentin					
	Breakfast	Lunch	Dinner	Bed	(Total)	
Start day	100				(100)	
Day 3	100	100			(200)	
Day 6	100	100	100		(300)	
Day 9	100	100	100	100	(400)	
Day 12	100	100	100	200	(500)	
Day 15	100	100	200	200	(600)	
Day 18	100	200	200	200	(700)	
Day 21	200	200	200	200	(800)	

For most people, 800 mg. per day (total) is not a high enough dose of gabapentin to be therapeutic; so when 800 mg. per day is reached as above, the next dose suggested would be 300 mg. four times a day for 2-4 weeks. After that, the next dose would be escalated to 400 mg. four time a day... and then 600 mg. four times a day ... and then, if needed, 800 mg. four times a day. Note: I have had neurogenic patients respond to a daily dose as low as 300 mg. and as high as 8,000 mg.