



# ATLANTIS

*Investigating amitriptyline as  
second-line treatment for IBS*

## **Amitriptyline for Irritable Bowel Syndrome Dose Adjustment Information**

# Introduction

During the first month or so of your treatment, you will need to work out the daily dose of amitriptyline that suits you best. This process is called 'dose titration.'

Initially, you should start on one 10mg amitriptyline tablet each day in the evening for the first week. After this you will decide whether to stay on one tablet or increase to two tablets at night for the second week. You will do this by considering whether your IBS symptoms have stayed the same, improved, or worsened on the medication and whether you are experiencing any side effects.

The medication can be further increased to three tablets at night in the third week. This will again depend on your response to the tablets.

If you forget to take a dose at any point, you should miss this dose and continue as normal the next day.

This booklet should be used for guidance during the dose titration period. You can contact your GP if you have any questions or concerns about taking your amitriptyline medication. Amitriptyline should only be used under the care of a responsible qualified prescribing clinician.

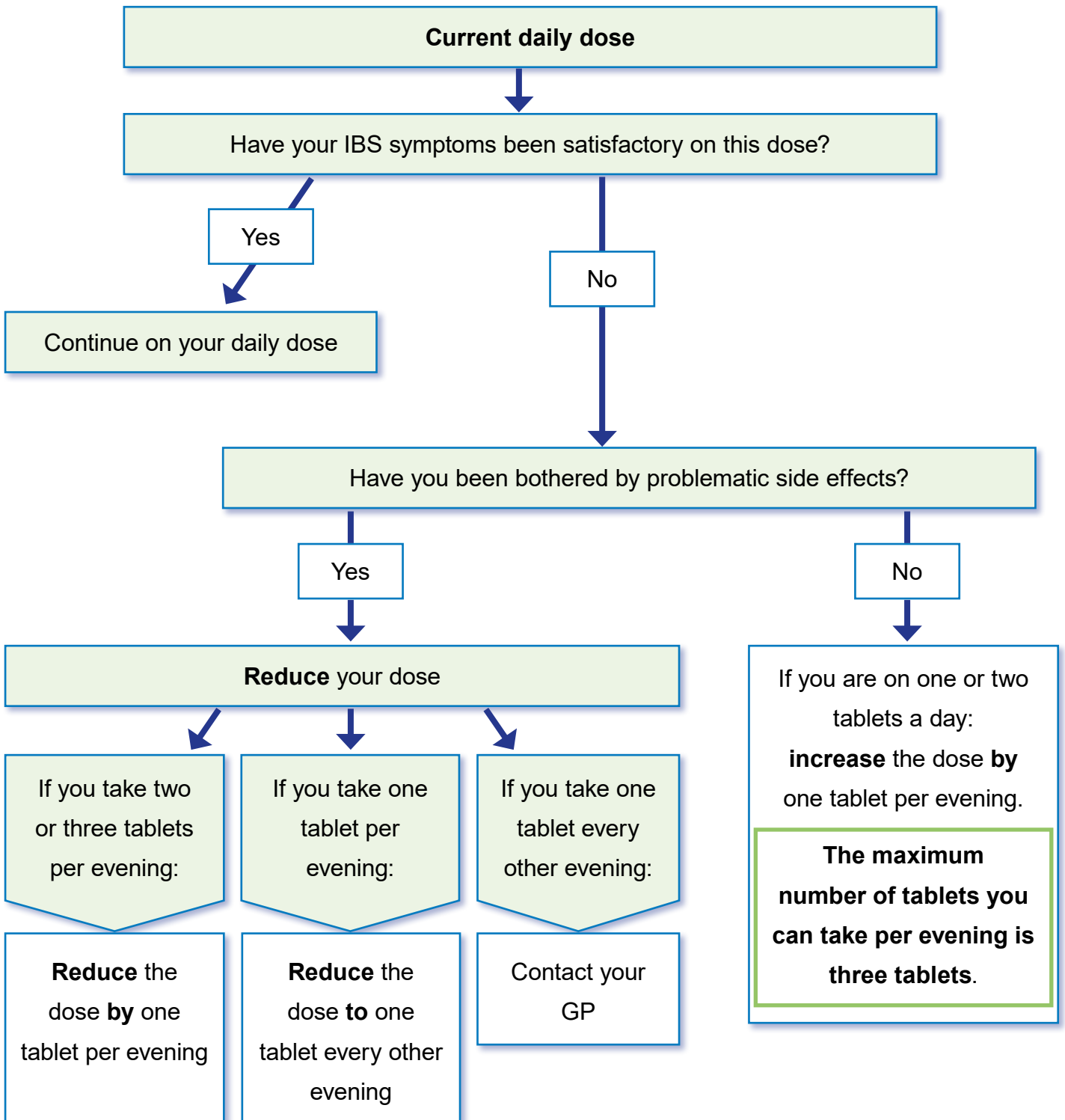
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**This dose titration document is based on the one developed for the NIHR-funded ATLANTIS trial of low-dose amitriptyline for IBS. See Ford et al. Lancet 2023; [https://doi.org/10.1016/S0140-6736\(23\)01523-4](https://doi.org/10.1016/S0140-6736(23)01523-4)**

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# Guidance Flowchart



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# Treatment Guidance

Please contact your GP at any point if you experience any problems.

Amitriptyline can be taken with or without food.

Swallow the tablets with a drink of water. Do not chew them.

Amitriptyline may increase the sedative effect of alcohol – so avoiding alcohol is recommended.

Amitriptyline may cause drowsiness and dizziness, especially at the beginning of the treatment. Do not drive or work with tools or machinery if you are affected.

## Day 1:

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- Take **one** tablet in the evening. Most people find that taking the tablet mid-evening suits them best (e.g., 7–8 pm) as this can reduce any side effects the next morning, but you can take the tablet any time before bedtime.
- We advise to take amitriptyline at night as drowsiness may be a side effect. If you are a night shift worker, then it is best to take your amitriptyline prior to sleep – if you are unsure regarding timings, please discuss with your GP.

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## Days 2–7:

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- As you did on day 1, take **one** tablet in the evening.
- All medications potentially have side effects. These tend to occur when you first start a new medication and often settle after the first week or two if you persist with taking your medication. The most common side effect for amitriptyline is a dry mouth in the morning. This can be helped by taking the tablets mid evening rather than just before bedtime, and by taking sips of water as needed. If you are worried or concerned about any possible side effects and would like to discuss them, you can contact your GP for advice.

## Days 8–14:

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- You will decide, based on your response to the medication so far, whether you would like to increase your dose to take two tablets each evening, or stay on one tablet.
  - If you feel that you have had a good response to amitriptyline and that your IBS symptoms are well-controlled, you can opt to stay on one tablet.
  - If you feel that you have had a little or no improvement in your IBS symptoms, then you can opt to increase to two tablets each evening.
  - If you are unsure, or if you have some side effects from the tablets and want to see if these will settle, you have the choice to stay on one or increase to two tablets.
- If you chose to increase your tablets to two each evening but then feel that this increased dose doesn't suit you – you can choose to reduce back to one tablet each evening.

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- We know that IBS symptoms can vary from day to day – so it might take a week or longer to know if increasing the dose has had an effect on your IBS symptoms.
- If you have mild side effects from the amitriptyline tablets (e.g., a dry mouth), but these are not troublesome, then it is fine to continue with amitriptyline.

## Day 15 onwards:

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- On day 15, you have the option to increase your medication to three tablets in the evening if you would like to.
- You will decide based on your response to amitriptyline so far whether you would like to increase your dose to take three tablets each evening or stay on one or two tablets.
  - If you feel that you have had a good response to amitriptyline and that your IBS symptoms are well-controlled, you can opt to stay on your current dose of tablets.
  - If you feel that you have had a little or no improvement in your IBS symptoms, then you can opt to increase your dose to three tablets each evening.
  - If you are unsure, or if you have some side effects from the tablets and want to see if these will settle, you have the choice to stay on one or two tablets or increase to three tablets.
- If you chose to increase your tablets to three each evening but then feel that this increased dose doesn't suit you – you can choose to reduce back to two tablets each evening.
- We know that IBS symptoms can vary from day to day – so it might take a week or longer to know if increasing the dose has had an effect on your IBS symptoms.

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- If you are unsure what to do, use the flowchart on page 3 of this booklet to guide you as to what dose you should take.
- Hopefully, you will find the most suitable number of tablets (one, two, or three) to help your IBS symptoms, which you will continue to take for as long as you feel they are needed. However, if your IBS symptoms fluctuate, you can increase or decrease your dose to reflect this at any time, but you must **not take more than three tablets** per evening. The flowchart on page 3 is there to help you with this. We do not recommend very frequent changes in medication dose; try at least 1 week on a new dose before changing again.
- You must **not take more than three amitriptyline 10mg tablets** per evening – if you accidentally do this, please contact your GP to inform them.
- You should plan to have a routine follow-up telephone call at around 3 to 4 weeks with your GP to answer any queries that you have and to order a further supply of amitriptyline as needed.
- It is worth trying amitriptyline for 3 to 6 months to see if it helps your symptoms.

**Please refer to Page 3 of this booklet for guidance on how to adjust your dose.**

**If at any point you have questions about what dose you should take, or any concerns surrounding side effects of the treatment, please contact your GP.**

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For more information about this research, visit: <https://ctr.u.leeds.ac.uk/atlantis/>

If you have questions about your own health or care, please contact your GP.

This trial is registered with the ISRCTN (ISRCTN48075063).

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If you would like this document in large print or electronic format, please visit the ATLANTIS trial website:

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