

USE WITH CAUTION.

Risks: Amitriptyline undergoes extensive first-pass hepatic metabolism, forming several active metabolites before excretion in the urine. Between 12% and 80% of the dose is eliminated renally, primarily as metabolites. It is not a nephrotoxic drug, but urinary retention, orthostatic hypotension, and other cardiovascular adverse effects may secondarily contribute to renal impairment.

Risk monitoring: Monitor renal function (urea, creatinine) and watch for signs of fluid retention, hypotension, or cardiovascular toxicity. Consider CYP2D6 genotyping.

Dose adjustment: For patients with mild to severe renal impairment, including those on haemodialysis, dose adjustments are generally not required; however, caution is advised.

Recommendation:

Use with caution in patients with renal impairment. Regularly monitor sodium and renal function parameters, particularly in older adults or in patients receiving interacting medications.