Gabapentinoids (gabapentin & pregabalin)

Licensed indications

- Gabapentin and pregabalin are licensed for the treatment of peripheral neuropathic pain e.g. painful diabetic neuropathy and post-herpetic neuralgia
- If used in chronic pain, they should only be used where someone presents with clear signs and symptoms of neuropathic pain

Do not prescribe

- Avoid prescribing gabapentinoids with opioids, benzodiazepines, Z-drugs or other CNS depressants
- Gabapentinoids should not be offered as a way of reducing opioid use
- Gabapentinoids should not be routinely offered for off-label conditions: they should not be used for non-neuropathic pain (e.g. chronic primary pain) or where the indication is low back pain (with or without sciatica)

Risks

- Gabapentinoids, in particular pregabalin, are associated with addiction, dependence, tolerance and misuse
- People misusing these medicines report improved sociability, euphoria and relaxation
- Systemic gabapentinoid levels can be increased by concurrent opioid use, increasing the risk of respiratory depression, overdose and toxicity
- Caution is needed in renal impairment, frailty and other significant co-morbidities
- Before starting, explain risks, agree functional goals (e.g. improved mobility), and document a review and exit plan

Good practice

- Initial prescribing should ONLY be offered as a trial, with gabapentin preferred because pregabalin has a higher misuse risk
- Doses should be increased weekly as tolerated, aim for lowest effective dose
- A stable therapeutic dose (usually gabapentin ≥ 1,200 mg/day or pregabalin ≥ 150 mg/day in divided doses) for 4-6 weeks is sufficient to determine benefit
- Benefit is determined as symptom reduction which allows improvements in function

Timely review

Anyone who has received a gabapentinoid for more than 1 year should have a review for efficacy and continued need. Check:

- ☑ Is it being taken regularly (daily)? With functional goals being met and the indication still valid? If not then offer reduction and cessation
- ☑ No clinically significant adverse effects (sedation, cognitive impairment or falls)
- ☑ If co-prescribed with opioids, benzodiazepines, Z-drugs or other CNS depressants, complete a documented risk–benefit review and consider dose reduction or cessation of one or more medicines
- ☑ Are doses appropriate for age, co-morbidities and renal function - consider reductions if cessation is not appropriate
- ☑ No evidence of dependence, misuse or diversion, with a clear plan for dose reduction or stopping if benefit no longer outweighs harm