

## Structured consultation when considering gabapentin or pregabalin

### 1. What else can help with pain?

Before considering gabapentinoids or any medication for pain, it's important to explore non-pharmacological options. These approaches can often provide significant benefit without the potential risks of medications.

Discuss and offer alternatives such as:

- physical therapies (e.g. physiotherapy),
- psychological approaches where available (e.g. ACT, CBT),
- watchful waiting,
- lifestyle interventions,
- self-care: Live Well with Pain has produced [Ten footsteps to living well with pain](#) which can be used to encourage engagement in non-medical management.<sup>36</sup> Self-management can also be encouraged through structured pain management programmes and recognised self-education resources (for example [Live Well with Pain](#), [Pain Concern information](#), the [Pain Toolkit](#), and [EPP Cymru](#)).

Reinforce that combining non-drug approaches with medication often leads to better outcomes.

#### Ask the person:

*“Other than medication, what have you tried or considered to help with your pain?”*

### 2. Are gabapentinoids suitable for your type of pain?

Gabapentinoids are not appropriate for all pain conditions; prescribe only when the indication is licensed.

#### Explain to the person:

*“We’ve found that your pain is being caused by a problem with the nerves at the site of your pain, they have become irritated or over-sensitive and are sending stronger pain signals than they should. This is called neuropathic pain. Medicines called gabapentinoids (gabapentin or pregabalin) can sometimes help with this type of pain. Let’s talk about whether a gabapentinoid might be suitable for you.”*

*If the pain is low back pain with or without sciatica:*

*“The pain you’re experiencing is due to irritation or pressure on a nerve in your lower back. Although it involves a nerve, gabapentinoids have not been shown to be effective for this type of pain and can cause harm through side effects. The most effective approach is self-management, staying active and doing simple back exercises. Leaflets such as [Sciatica and Referred Pain](#) and [Exercises for a Better Back](#) from Backcare provide practical advice.”*

*Alternative (when not neuropathic):*

*“Your pain is not being caused by a problem with the nerves. This means gabapentinoids are unlikely to help. Other treatments, such as exercise or physiotherapy, are usually more effective for this type of pain.”*

### 3. How well do gabapentinoids work for neuropathic pain?

Neuropathic pain is often chronic and difficult to treat. Only a small proportion of people, around one in nine people taking gabapentin or pregabalin for nerve pain, see any meaningful improvement in their pain.<sup>38</sup>

If treatment does not lead to a clear improvement in what the person can do (e.g. activities of daily life, hobbies and social activities), it should be stopped. Being clear about this from the start helps manage expectations and reduces pressure to continue prescribing.

#### Ask the person:

*“What are you hoping this medication will do for you?”*

*“Are you comfortable trying a medication that may not work for you?”*

### 4. How will gabapentin or pregabalin be started?

Treatment with gabapentin or pregabalin is started as a trial which can last up to 3 months. It's important that the person understands what to expect.

- Treatment starts at a low dose, which is increased slowly, usually each week, to reduce side effects such as dizziness, drowsiness, or unsteadiness.
- The aim is to find the lowest dose that gives a clear improvement in pain and day-to-day function.
- For gabapentin, dose increases can take up to 8 weeks, followed by about 4 weeks at a stable dose.
- For pregabalin, dose increases can take up to 4–6 weeks, followed by about 4 weeks at a stable dose.

A review after the trial period will determine whether to continue or stop treatment.

#### Ask the person:

*“Are you comfortable with a trial period? After that, we can look together at how things are going. If the medicine isn't providing enough benefit, we can agree to stop it.”*

### 5. How will we know if the medication is working?

Before starting a gabapentinoid, agree with the person the goals of treatment and the types of functional improvement that they are hoping for and that could be used to assess whether the medicine is working. Emphasise that the aim is not to remove pain entirely, but to improve function and quality of life. Examples of functional goals include:

- being able to walk to the shops,
- returning to a hobby or social activities,
- sleeping better at night so daily activities can be managed more easily,
- being more independent with daily tasks

#### Ask the person:

*“What activities or aspects of daily life would you like to see improve with treatment?”*

### 6. What if the medication doesn't work?

It's essential that the person understands that:

- if there is no or minimal improvement in functioning after an adequate trial period, the treatment will be discontinued
- absence of pain is not a realistic outcome of treatment
- ongoing reviews will assess whether the medication is still needed.

Discussion should help the person understand that stopping treatment is a responsible and supportive decision when the medication is not effective.

#### Ask the person:

*“Stopping medicines that aren't helping is an important part of managing your pain – do you have any questions about that?”*

### 7. What are the adverse effects and risks?

Gabapentinoids are linked to a range of side effects, and some people are at higher risk of serious harm. As part of shared decision-making, people should be fully informed about the possible risks before starting treatment. Some people may have no side effects at all, while others may experience several side effects at the same time. It's important that people know what to look out for and when to seek review.

Key points to discuss include:

- **Common adverse effects:** dizziness, drowsiness, fatigue and unsteadiness; headache; gastrointestinal symptoms (dry mouth, diarrhoea or constipation); blurred vision; and weight gain or increased appetite. These are frequently reported and are more likely to occur when starting treatment or increasing the dose.
- **Other important adverse effects:** cognitive problems (e.g. confusion or memory difficulties), erectile dysfunction, and mood or behavioural changes. These can affect quality of life and treatment adherence.
- **Long-term risks:** dependence, withdrawal, respiratory depression. The risk of respiratory depression or reduced respiratory drive (e.g. episodes of breath-holding or feeling unable to take a breath without effort) is higher in older people, people with respiratory or neurological conditions, those who are overweight or may have undiagnosed sleep apnoea, and those taking opioids or other CNS depressants.

Use the discussion to emphasise that these medicines carry potential risks and are not without harm.

#### Ask the person:

*“Are you concerned about potential adverse effects or long-term risks?”*

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### 8. What should be known about using gabapentinoids safely?

Gabapentinoids are classed as controlled drugs due to their potential for misuse and dependence. It's important to agree from the outset that:

- Gabapentinoids will not be continued if there are concerns about [misuse](#), [diversion](#), or signs of [dependence](#).
- Treatment may be reduced or stopped if the medicine is not providing meaningful benefit or is causing harm.

Key points to highlight:

- Gabapentinoids should never be shared with others.
- They should not be taken in combination with other CNS depressants (e.g. opioids) unless prescribed by a healthcare provider.

Emphasise the importance of using these medicines safely and as agreed.

#### Ask the person:

*"Is there anything you'd like to ask about how to use these medicines safely, or how we might pause or stop them if they aren't helping or are causing harm?"*

*"Do you understand the importance of not sharing your medication with others?"*