

**Medicine initiation template – Gabapentin or pregabalin\***

Patient details	
Name:	
DOB:	
NHS No.:	
Date:	
Clinician:	
A. Clinical summary	
Diagnosis:	<input type="checkbox"/> Neuropathic pain <input type="checkbox"/> Other: _____
Assessment:	LANSS score: ____ / 24 ( $\geq 12$ = likely neuropathic pain) <input type="checkbox"/> Clinical assessment
Pain description:	<input type="checkbox"/> Burning <input type="checkbox"/> Shooting <input type="checkbox"/> Tingling <input type="checkbox"/> Numbness <input type="checkbox"/> Electric shock <input type="checkbox"/> Other: _____
Duration:	
Functional impact (baseline – tick all that apply):	<input type="checkbox"/> Sleep disturbance affecting daytime function <input type="checkbox"/> Low mood/distress affecting function <input type="checkbox"/> Reduced mobility (e.g. walking distance, difficulty standing) <input type="checkbox"/> Work/education impact (e.g. off work, reduced hours) <input type="checkbox"/> Social participation (e.g. reduced engagement, isolation) <input type="checkbox"/> Other: _____
Agreed functional goals (required)	1) _____ 2) _____ 3) _____
B. Previous management	
Medications tried:	<input type="checkbox"/> Amitriptyline <input type="checkbox"/> Duloxetine <input type="checkbox"/> NSAIDs <input type="checkbox"/> Paracetamol <input type="checkbox"/> Opioids (Type/Dose: _____) <input type="checkbox"/> Other: _____
Response:	_____ (e.g. ineffective, not tolerated)
Non-pharmacological tried:	<input type="checkbox"/> Physical activity/exercise <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Pacing <input type="checkbox"/> Pain education programmes <input type="checkbox"/> Psychological support (e.g. CBT where available) <input type="checkbox"/> Social prescribing (where available)  Wellbeing/Self-help resources: <input type="checkbox"/> <a href="#">Live Well with Pain</a> <input type="checkbox"/> <a href="#">Pain Concern information</a> <input type="checkbox"/> <input type="checkbox"/> <a href="#">Pain Toolkit</a> <input type="checkbox"/> <a href="#">EPP Cymru</a> <input type="checkbox"/> Other: _____

\*An electronic template is currently being developed to allow access to this form via GP system EMIS.

C. Safety checks (pre-initiation)		
Safety check	Findings	Action/Notes
Renal function (CrCl)	_____ ml/min	Required before initiation. Adjust dose in renal impairment (risk of accumulation and toxicity). Dose adjustment required if CrCl < 60 ml/min (pregabalin) or < 80 ml/min (gabapentin).
Mental health	<input type="checkbox"/> No concerns <input type="checkbox"/> Depression <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Other	Screen for mood disorders and suicidal thoughts. If active risk, avoid or liaise with mental health team.
Substance use/ misuse risk	<input type="checkbox"/> No <input type="checkbox"/> Yes	If there is a history of alcohol dependence, prescription medicine misuse, or substance use, avoid prescribing. Where treatment is considered essential, safeguards must be in place (e.g. limited supply intervals, regular review, and pharmacy support).
Cognitive impairment/falls risk	<input type="checkbox"/> No <input type="checkbox"/> Yes	Increased risk of sedation, confusion and falls. Review polypharmacy (particularly CNS depressants and anticholinergics). Start at low dose, titrate slowly.
Respiratory disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Increased risk of respiratory depression (even without opioids). Higher risk in COPD, sleep apnoea and with CNS depressants. Avoid co-prescribing where possible, start low dose and monitor closely.
Opioid use	<input type="checkbox"/> No <input type="checkbox"/> Yes	Avoid co-prescribing where possible (increased risk of sedation, respiratory depression and death). Consider dose reduction/taper. Counsel on risks.
Other CNS depressants/ alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes	Includes benzodiazepines, Z-drugs. Additive sedation and respiratory depression risk. Reduce where possible; advise avoiding alcohol.
Older people/ frailty	<input type="checkbox"/> No <input type="checkbox"/> Yes	Higher risk of adverse effects (sedation, cognitive impairment, falls). Use lower doses and slower titration.
Driving	<input type="checkbox"/> No <input type="checkbox"/> Yes	Warn that gabapentinoids can impair reaction times. People should not drive if drowsy. Follow DVLA guidance.
Pregnancy/ contraception	<input type="checkbox"/> No <input type="checkbox"/> Yes	Advise contraception in women of childbearing potential. Avoid use in pregnancy unless specialist advice.

D. Medication initiated				
Drug	Starting dose	Titration plan	Therapeutic dose range	Reason for choice
<input type="checkbox"/> Gabapentin		Weekly titration preferred in divided doses (e.g. TDS)	Typically, $\geq 1,200$ mg/day (in divided doses)	First-line gabapentin
<input type="checkbox"/> Pregabalin		Weekly titration preferred in divided doses (BD/TDS)	Typically, $\geq 150$ mg/day (in divided doses)	Use if gabapentin unsuitable
<p><b>Prescribing Notes:</b></p> <ul style="list-style-type: none"> <li>• Initiate at a low dose and titrate weekly to minimise adverse effects</li> <li>• Adjust for renal function (CrCl)</li> <li>• Consider lower doses and slower titration in older people, frailty, renal impairment, polypharmacy, or known susceptibility to adverse effects</li> <li>• Consider higher doses (e.g. gabapentin <math>\geq 600</math> mg TDS or pregabalin <math>\geq 150</math> mg BD) only after review and where some benefit demonstrated</li> <li>• Maximum doses are not treatment targets – aim for the lowest effective dose</li> <li>• Do NOT add to repeat until benefit confirmed</li> </ul>				
E. Counselling and advice (tick all completed)				
<input type="checkbox"/> Purpose and expectations explained <input type="checkbox"/> <a href="#">Trial</a> period agreed (up to 3 months, including 4–6 weeks at a stable dose) <input type="checkbox"/> Weekly <a href="#">titration</a> schedule discussed <input type="checkbox"/> <a href="#">Adverse effects</a> explained <input type="checkbox"/> Warned not to stop abruptly ( <a href="#">withdrawal</a> risk) <input type="checkbox"/> <a href="#">Driving</a> /work safety discussed <input type="checkbox"/> <a href="#">Controlled drug</a> responsibilities explained <input type="checkbox"/> Importance of <a href="#">non-pharmacological management</a> reinforced <input type="checkbox"/> <a href="#">Review</a> and <a href="#">stopping</a> plan agreed				
F. Follow-up plan				
Review	Due in _____ weeks			
At review assess:	<p><u>Primary outcome:</u></p> <input type="checkbox"/> Functional improvement (based on agreed goals) <p><u>Secondary outcomes:</u></p> <input type="checkbox"/> Pain relief <p><u>Safety:</u></p> <input type="checkbox"/> Adverse effects <input type="checkbox"/> Signs of misuse, dependence or diversion			
Decision (based on benefit vs harm):	<input type="checkbox"/> Continue (ONLY if functional improvement demonstrated) <input type="checkbox"/> Maintain lowest effective dose <input type="checkbox"/> Taper and stop (if no meaningful benefit after trial) <input type="checkbox"/> Refer to musculoskeletal/pain specialist if complex case			