Appendix 2d: Medicine initiation template – Gabapentin or pregabalin *

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

*An electronic template is currently being developed to allow access to this form via GP system Optum (previously 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	☐ No concerns ☐ Depression ☐ Suicidal ideation ☐ Other	Screen for mood disorders and suicidal thoughts. If active risk, avoid or liaise with mental health team.
Substance use/ misuse risk	☐ No ☐ 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	☐ No ☐ Yes	Increased risk of sedation, confusion and falls. Review polypharmacy (particularly CNS depressants and anticholinergics). Start at low dose, titrate slowly.
Respiratory disease	☐ No ☐ 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	☐ No ☐ 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	☐ No ☐ Yes	Includes benzodiazepines, Z-drugs. Additive sedation and respiratory depression risk. Reduce where possible; advise avoiding alcohol.
Older people/ frailty	☐ No ☐ Yes	Higher risk of adverse effects (sedation, cognitive impairment, falls). Use lower doses and slower titration.
Driving	☐ No ☐ Yes	Warn that gabapentinoids can impair reaction times. People should not drive if drowsy. Follow DVLA guidance.
Pregnancy/ contraception	☐ No ☐ 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**
☐ Gabapentin		Weekly titration preferred in divided doses (e.g. TDS)	Typically, ≥ 1,200 mg/day (in divided doses)	First-line gabapentin
☐ Pregabalin		Weekly titration preferred in divided doses (BD/TDS)	Typically, ≥ 150 mg/day (in divided doses)	Use if gabapentin unsuitable

Prescribing Notes:

- Initiate at a low dose and titrate weekly to minimise adverse effects
- Adjust for renal function (CrCl)
- Consider lower doses and slower titration in older people, frailty, renal impairment, polypharmacy, or known susceptibility to adverse effects
- Consider higher doses (e.g. gabapentin ≥ 600 mg TDS or pregabalin ≥ 150 mg BD) only after review and where some benefit demonstrated
- Maximum doses are not treatment targets – aim for the lowest effective dose
- Do NOT add to repeat until benefit confirmed

E. Counselling and advice (tick all completed)

☐ Purpose and expectations explained
☐ Trial period agreed (up to 3 months, including 4–6 weeks at a stable dose)
☐ Weekly titration schedule discussed
☐ Adverse effects explained
☐ Warned not to stop abruptly (withdrawal risk)
☐ Driving/work safety discussed
☐ Controlled drug responsibilities explained
☐ Importance of non-pharmacological management reinforced
☐ Review and stopping plan agreed

F. Follow-up plan	
Review	Due in _____ weeks
At review assess:	Primary outcome: ☐ Functional improvement (based on agreed goals) Secondary outcomes: ☐ Pain relief Safety: ☐ Adverse effects ☐ Signs of misuse, dependence or diversion
Decision (based on benefit vs harm):	☐ Continue (ONLY if functional improvement demonstrated) ☐ Maintain lowest effective dose ☐ Taper and stop (if no meaningful benefit after trial) ☐ Refer to musculoskeletal/pain specialist if complex case