

All Wales Medicines Strategy Group

Treatment agreement plan – Gabapentin or pregabalin

Patient name: _____ Date: _____

Medicine: Gabapentin Pregabalin

Why this medicine is being considered?

Gabapentin or pregabalin may be used for nerve (neuropathic) pain, but they do not help everyone and can cause harm. Only about 1 in 9 people experience improvement. For this reason, treatment is started as a trial and will only be continued if there is clear functional benefit.

Possible risks and side effects

I understand that gabapentin or pregabalin can cause:

- Sleepiness, dizziness, poor concentration or balance problems;
- Dependence, where the body gets used to the medicine at prescribed doses, which can make it hard to stop taking it;
- Addiction, which can develop gradually and means feeling a strong urge to take the medicine or finding it hard to control how much you use it;
- Increased risk of serious harm, including breathing problems especially if taken with opioids (such as morphine, codeine), benzodiazepines (such as diazepam), Z-drugs (such as zopiclone), or other medicines that act on the central nervous system.

Agreed functional goals (what success looks like, agree 2 or 3 specific goals)

1. _____
2. _____
3. _____

Non-pharmacological management

Medication is only **one part** of pain management. We have discussed and agreed:

- Physical activity or physiotherapy
- Pacing or activity management
- Psychological support
- Sleep support
- Supported self-management
- Education and advice
- Other: _____

All Wales gabapentinoid resources for chronic pain**Review and stopping plan**

- Planned medicine review date: _____
- Treatment will only be continued if there is clear functional benefit in line with the agreed goals.
- Treatment will be reduced and stopped if:
 - agreed functional goals are not achieved or maintained, or
 - side effects, safety concerns, misuse or dependence arise.

This agreement plan will be kept in your records and referred to during treatment.

Please tick each box to confirm understanding:

- I understand this medicine may not help my pain.
- I understand the potential risks and side effects.
- I understand treatment will only continue if there is clear functional benefit.
- I understand the medicine will be stopped if it does not help or causes harm.
- I agree to attend reviews and follow the agreed treatment plan.

Patient signature: _____

Prescriber name & signature: _____