Appendix 5a: Audit template – General review of gabapentin and pregabalin prescribing

Background

Gabapentinoids (gabapentin and pregabalin) are widely prescribed for a range of indications. While they may provide benefit for some people, prescribing is often continued long term despite limited evidence for sustained effectiveness. Both medicines are associated with recognised risks, including adverse effects, dependence, and misuse.

Objective

To assess the appropriateness, safety, and adherence of gabapentin and pregabalin prescribing in adults.

Inclusion

- Adults (≥ 18 years) prescribed gabapentin or pregabalin for any indication.

Exclusion

- Under 18 years
- People with epilepsy

Audit period

Previous 6 months of prescribing activity

Scope

This audit involves evaluating indications for prescribing, duration of use, safety, monitoring, co-prescribing of opioids/CNS depressants and patient adherence.

Audit methodology

1. Identify all adults prescribed gabapentin or pregabalin (including branded products) within the past six months.
2. For each person, extract the information in Section 1 from the medical record:
   - Treatment details (medication, dose, start date, and duration).
   - Indication and prescribing source (recorded indication and initiating prescriber, any previous trial, and any non-pharmacological measures).
   - Safety considerations (most recent renal function (CrCl/eGFR), whether the dose is appropriate for renal status, whether any opioids or other CNS depressants are co-prescribed, and whether a dose reduction has been attempted).
   - Monitoring information by recording the date of the last review and any indication of functional improvement or overall benefit; a review may be taken from a medication review entry, annual review, or any clinical note where ongoing treatment is considered.
   - Assess adherence by reviewing ordering patterns and any clinician comments, classifying people as adherent, non-adherent, or unable to determine where documentation is insufficient.
   - Record planned next steps (continue/reduce/ stop/unclear)
3. Record findings for each selected person using Section 1: Patient data collection table, available below or as an Excel template [URL to be included].
4. Summarise data using Section 2: Summary table.
5. Reflect on results and document lessons learned, planned activities, and agreed changes in Section 3: Review and action plan.
6. If possible, please consider sharing your audit findings with AWTTC.

Section 1: Patient data collection table (an Excel template is also available [URL to be included])

A. Patient and treatment details			
Patient ID	**Medication (name/strength)**	**Current daily dose (mg)**	**Duration on treatment**
B. Indication and prescribing source			
Indication	**Initiating prescriber (GP/Mental health/Pain/Hosp)**	**Previous trial of neuropathic agent (Yes/No)**	**Non-pharmacological measures**
C. Safety considerations			
Renal function (CrCl/eGFR)	**Dose appropriate for renal function (Yes/No)**	**Co-prescribed opioids/CNS depressants (Yes/No)**	**Reduction attempted? (Yes/No)**
D. Monitoring and adherence			
Date of last review	**Functional improvement/ benefit (Yes/No/unclear)**	**Adherence (adherent /non-adherent/unable to determine)**	**Plan recorded (continue/reduce/ stop/unclear)**

Section 2: Summary table

Metric	Number of patients	Percentage (%)
Total patients reviewed		
Indication: Neuropathic pain		
Indication: Other		
Prescribing initiated by GP		
Prescribing initiated by Mental Health Team		
Prescribing initiated by Pain Clinic		
Prescribing initiated during hospital admission		
Trial of neuropathic agent documented		
Dose adjusted for renal function		
Co-prescribed with opioids or CNS depressants		
Functional improvement/benefit reviewed		
Adherent to prescribed regimen		

Section 3: Review and action plan

3.1 Lessons learned

What did the practice learn from carrying out this audit?

3.2 Planned activities

Tick and describe activities the practice intends to undertake as a result of this audit:

- Review people co-prescribed opioids or CNS depressants ☐
- Review long-term therapy with unclear ongoing benefit ☐
- Standardise prescribing and review protocols ☐
- Provide clinical education to prescribers ☐

Details of planned activities:

3.3 Agreed changes

What specific changes will be made in response to the audit findings?
