Audit template – Gabapentin and pregabalin prescribing in adults with renal impairment

Background

Gabapentin and pregabalin are eliminated almost entirely by the kidneys. Impaired renal function leads to higher plasma concentrations and prolonged elimination, increasing the risk of adverse effects such as dizziness, drowsiness, cognitive impairment, headache, blurred vision, and hallucinations. This audit aims to ensure that doses of gabapentin and pregabalin are prescribed appropriately according to renal function, in line with the SmPC, AWMSG, and local guidance.

Aim

To ensure that the dose of gabapentin or pregabalin prescribed in adults is appropriate for the degree of their renal function as per SmPC.

Inclusion

- Adults (≥ 18 years) prescribed gabapentin with eGFR < 80 ml/min/1.73m²
- Adults (≥ 18 years) prescribed pregabalin with eGFR < 60 ml/min/1.73m²

Exclusion

- Under 18 years
- People with epilepsy

Method

- Run a search to identify people who are currently receiving prescriptions for gabapentin with an eGFR < 80 ml/min/1.73m^2.
- Run a search to identify people who are currently receiving prescriptions for pregabalin with an eGFR < 60 ml/min/1.73m^2.
- Ensure U&Es (within 12 months, or 3–6 months if acute kidney injury [AKI]/unstable) and weight (within 12 months) are up to date.
- Calculate CrCl.
- Complete the data collection form (Section 1) with patient details, monitoring, and dosing assessment, available below or as an Excel template.
- Compare current doses with the recommended maximums (see Reference tables).
- Record any discrepancies, agree changes with the GP, and document outcomes.
- Summarise data using Section 2: Summary table.
- Reflect on results and document lessons learned and agreed changes in Section 3: Review and action plan.
- If possible, please consider sharing your audit findings with AWTTC.

Dose adjustment

For renal dose adjustments see section 2.7.1.

Section 1: Patient data collection table (an Excel template is also available)

(Excel data collection templates will be developed to accompany this section.)

A. Patient and treatment details				
Patient ID	**Medication (name/strength)**	**Current daily dose (mg)**	**Indication**	**Duration on treatment**
B. Clinical information				
Date of last U&Es	**Date of last weight**	**CrCl (ml/min)**	**Max recommended daily dose for CrCl**	
C. Dose review				
Dose appropriate for renal function? (Yes/No)	**If not, recommended adjusted dose**	**Reduction attempted? (Yes/No)**	**Additional comments (optional)**	

Section 2: Summary table

Metric	Number of patients	Percentage (%)
Total patients reviewed		
U&Es up to date (≤ 12 months/≤ 6 months if unstable)		
Weight up to date (≤ 12 months)		
CrCl documented		
Current dose appropriate for renal function		
Dose reduction required		

Section 3: Review and action plan

3.1 Lessons learned
What did the practice learn from carrying out this audit?

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

3.3 Maintaining the changes
How will these changes be maintained?