Resource pack 3: Reviewing gabapentinoid use

Summary guide – Resource pack 3: Reviewing gabapentinoid use

1. Identifying people for review

- Prioritise people at higher risk: high or escalating doses, long-term use without recent review, co-prescribed opioids/CNS depressants, older or frail adults, renal impairment, multiple comorbidities, or history of substance use/alcohol dependence.
- Review off-label use: non-neuropathic pain or undocumented indications.
- Support engagement by sending letters, adding leaflets or messages to repeat prescriptions, and reinforcing key safety messages in routine consultations.

2. Planning reviews

- Incorporate analgesic reviews into annual medication reviews, hospital discharge reconciliations and opportunistic contacts.
- Use codes (e.g. Chronic Pain Review) to record next review dates and document plans clearly in the GP prescribing system.
- Set expectations at initiation or dose change, prepare people before inviting them, and advise pre-operative people that analgesics will be reassessed after surgery.

3. Conducting reviews

- Reassess the original indication and confirm it remains appropriate.
- Evaluate effectiveness (pain relief, functional outcomes, sleep, wellbeing) and review adverse effects, renal function and co-prescribed opioids/CNS depressants.
- Check adherence and patterns of use, signs of dependence, misuse or diversion.
- Engage in shared decision-making to determine continuation, reduction or stopping; consider shorter prescribing intervals with brief check-ins for people at higher risk.

4. Whole-practice approaches

- Use treatment agreements for new patients and provide locums with concise guidance on practice expectations and when to seek senior input.
- Apply simple system measures such as removing items from repeat list that haven't been ordered for several months, shortening reauthorisation intervals, using electronic prompts or templates to support safe review, and avoiding repeat prescriptions until benefit is confirmed.
- Nominate a lead prescriber for initiation and review and discuss complex or higher-risk cases collectively to maintain shared standards.
- Feedback concerns about inappropriate recommendations to secondary care providers where appropriate.

5. Non-drug and supported self-management options

- Discuss non-pharmacological options such as physiotherapy, exercise-based rehabilitation, and pain-management programmes where available.
- Where suitable, consider referral to social prescribing services, which can link people with wellbeing support, community groups, physical-activity programmes, and advice services.
- Ensure people understand that non-drug interventions support but do not replace medical care.

3.0 Reviewing gabapentinoid use

Treatment should be reviewed regularly to assess effectiveness, safety and adherence. Early review should assess pain, function and tolerability. Longer-term reviews should occur every six to twelve months.

3.1 Rationale for review

Early improvement during a gabapentinoid trial does not mean the treatment will remain helpful over time. With continued use, gabapentinoids can cause problems such as sedation, dizziness, falls, cognitive effects, respiratory depression, misuse, dependence and withdrawal. Regular review is needed to confirm that benefit is maintained and to identify emerging harm and to determine whether treatment remains appropriate. Where benefit is unclear or adverse effects increase, dose reduction or discontinuation should be considered. Non-pharmacological approaches should also be reviewed, as these may improve function and reduce reliance on long-term medication.

Supporting tools for review:

- Appendix 3a: Patient information leaflet – Reviewing your gabapentin or pregabalin for pain can be shared with the person to support understanding and engagement ahead of review.
- Appendix 3b: Patient medication questionnaire – Pregabalin or gabapentin can be completed by the person before each review appointment to capture their current experience, helping to structure a focused, person-centred review.
- Appendix 3c: Medication review template – Gabapentin and pregabalin can be used to guide and record the clinical review, ensuring all relevant safety and effectiveness aspects are considered.

Audit tools for prescribing reviews are provided in Section 5.0 to support safe and appropriate prescribing practices. These include adaptable templates, letters and patient-facing messages to facilitate both routine medication reviews and targeted audits, such as those for people at higher risk or with renal impairment.

3.2 Identifying people for review

All people prescribed gabapentinoids should be reviewed at least annually; however, priority should be given to people at higher risk, including those listed below:

Higher priority for review

Higher-risk prescribing:

- High doses or rapid dose escalation
- Co-prescribing with opioids or other CNS depressants (e.g. benzodiazepines, Z-drugs)
- Older or frail people, or those at increased risk of falls
- Renal impairment or other relevant comorbidities
- History of substance use or alcohol dependence

Concerning prescribing patterns:

- Infrequent ordering despite being on repeat prescription
- Reports of lost medication or repeated urgent requests
- Long-term use without recent review

Unclear or off-label indications:

- Use for non-neuropathic pain
- Uncertain or undocumented original diagnosis

3.3 Planning reviews

Practical approaches to reviews

Integrating reviews into routine processes

- Annual medication reviews
- Hospital discharge medicine reconciliation
- Opportunistic reviews during routine appointments

Coding

- Use of consistent codes (e.g. Chronic Pain Review) to ensure follow-up
- Documentation of review dates within the prescribing system
- Recording agreed plans on prescription notes or repeat slips

Setting expectations early

- Agree a review date at initiation or dose change.
- Ensure people understand that ongoing treatment depends on demonstrable improvement.
- Where possible avoid “cold calling” people for review by preparing them in advance.
- Advise pre-operative people that analgesics will be reviewed after surgery.

In people receiving palliative care, reviews should focus on functional benefit, safety and harms, and advice should be sought from specialist services where appropriate.

3.4 Review during the trial period

3.4.1 Early treatment and stabilisation

During the initial trial period, people prescribed gabapentinoids should be reviewed during dose titration and after a stable dose is reached to assess tolerability and benefit. Reviews may be undertaken by telephone or other remote methods where appropriate.

Review frequency (guide):

- during titration, any increases resulting in doses of gabapentin ≥ 600 mg three times daily or a pregabalin dose of ≥ 150 mg twice daily should only occur following review and where functional benefit has been demonstrated;
- 4–6 weeks after a stable dose is achieved, to determine whether treatment should continue.

At each review assess:

- adverse effects, tolerability, and adherence,
- benefit against agreed functional goals (e.g. daily activities, mobility, or sleep where this supports daytime function).

3.4.2 Evaluating outcomes of the trial

After a stable dose is reached, a review should be carried out to decide whether treatment should continue. At review, prescribers should:

- Confirm whether the agreed functional goals have been achieved.
- Continue treatment only where functional improvement is demonstrated and prescribe the lowest dose at which benefit is achieved.
- Only consider dose increases where some functional improvement has been demonstrated and the treatment is well tolerated; maximum doses are not a target, do not improve outcomes and may increase the risk of misuse.
- Consider dose reduction where benefit is limited or unclear.
- Where treatment continues, consider short-duration prescriptions to support monitoring and reduce the risk of misuse or diversion.
- Avoid adding gabapentinoids prescribed for pain on repeat prescription without planned review.

Lack of benefit during trial

If improvement in pain and function is not seen within the trial period, ongoing benefit is unlikely and the potential for harm increases; **treatment should be gradually reduced and stopped**.

3.4.3 Switching between gabapentin and pregabalin

Gabapentin and pregabalin act in similar ways therefore switching between them is unlikely to provide additional benefit if one has been ineffective. Both medicines carry a risk of misuse and dependence, with pregabalin associated with a higher risk of harm at high doses. These risks should be carefully considered before any switch is undertaken. In some cases, it may be more appropriate to discontinue therapy and consider alternative pain management strategies.

If switching between gabapentinoids is considered appropriate (for example, because of intolerable adverse effects rather than lack of efficacy), guidance is available from the Specialist Pharmacy Service (SPS): Switching between gabapentin and pregabalin for neuropathic pain.

3.5 Review of long-term use

People established on a gabapentinoid should be reviewed regularly to check whether the benefits previously experienced are maintained and whether harms are emerging, and to decide if treatment should continue. Table 10 provides a suggested frequency for review.

Table 10. Suggested review frequency based on individual risk

Patient group	Suggested review frequency
Stable patients	Every 6–12 months
Concurrent opioids	Every 3–6 months
People at high risk (e.g. with substance use, mental health conditions)	Every 2–4 weeks
Off-label use: non-neuropathic conditions (e.g. non-specific back pain)	Prioritise reviews and aim to reduce and stop where appropriate.

Structured review: key elements

Preparation

- Provide the person with information beforehand to support shared decision-making (use Appendix 3a: Patient Information Leaflet: Reviewing your gabapentin or pregabalin for pain).

Clinical assessment

- Assess whether the treatment is providing benefit against the agreed functional goals.
- Check the original reason for prescribing remains appropriate.
- Ask the person about problems they are experiencing (e.g. weight gain, sedation, cognitive or balance issues) and consider whether these may be related to long-term gabapentinoid use, as people may not recognise them as adverse effects.
- Review renal function and adjust dose if required.
- Assess risk of respiratory depression, particularly in people with respiratory disease (e.g. COPD, sleep apnoea) and in those prescribed opioids or other CNS depressants.
- Check for concurrent use of opioids or other sedative medicines, reduce doses and discontinue where appropriate.
- Check for patterns suggesting misuse or diversion.
- Consider wider concerns including polypharmacy.

Consideration of patient factors

- Explore expectations and what matters most to the person at this stage of treatment.
- Revisit the agreed functional goals and whether these are still relevant.

Consideration of changes where appropriate

- Where benefit is uncertain consider a planned trial dose reduction to assess ongoing need.
- Many people with stable symptoms can reduce their dose without worsening pain or function.
- Where appropriate, aim to trial dose reduction or stopping every 6–12 months.

Explore alternatives

- Discuss non-pharmacological approaches already in use and any additional support that may be helpful.
- Where switching between gabapentinoids is considered appropriate, guidance is available from the SPS: Switching between gabapentin and pregabalin for neuropathic pain.

3.6 Criteria for continuing or discontinuing treatment

A decision to continue or discontinue treatment should be based on thorough assessment of risks and benefits. Table 11 outlines the main criteria for decision making.

Table 11. Criteria for continuing or discontinuing treatment

Criteria for continuing gabapentinoid treatment All the following criteria must be met:	**Criteria for discontinuing gabapentinoid treatment** Any of the following are met:
A current, appropriate indication remains e.g. confirmed neuropathic pain.	There is no appropriate indication for continued gabapentinoid use.
There is benefit against agreed functional outcomes, such as improved ability to carry out daily activities or improved mobility.	Agreed functional outcomes have not been met
Adverse effects are absent or acceptable.	Adverse effects have developed, including sedation, falls or weight gain.
There are no contraindications or cautions related to other medicines or comorbidities.	Co-prescribing with opioids, benzodiazepines, Z-drugs or other CNS depressants raises safety concerns.
There are no concerns about dependence, misuse or diversion.	There are concerns about dependence, misuse or diversion.

3.7 Documentation at review

At each review, record:

- The current dose, response to treatment, adverse effects, goal-based assessment, and whether treatment is to continue or be reduced.
- The planned date for the next review.
- The agreed functional outcomes used to support the decision, including reasons for continuation or discontinuation (see Resource pack 4 for reducing treatment).

3.8 System measures to support reviews

Whole-practice approaches to support gabapentinoid deprescribing

Electronic support tools

- Prescribing decision prompts that highlight key safety considerations and risks, such as concurrent opioid, benzodiazepine, Z-drug or other CNS depressant use, renal impairment, or high doses.
- Alerts for overdue reviews, escalating doses or frequent early requests.

Repeat prescription management

- Shortened reauthorisation intervals (24–25 days) to reduce early ordering or excessive ordering.
- Removal of repeat items not requested for several months to prevent unintentional continuation or stockpiling.
- Safety messages on repeat slips reminding people of review requirements.
- Where possible use of digital platforms such as the NHS App to share similar prompts or reminders.

Team-based governance

- A nominated lead prescriber overseeing initiation, titration and complex reviews.
- Partner/senior sign-off for dose increases beyond agreed thresholds.
- Multidisciplinary team discussion of complex cases or people at higher risk.

- Communication with secondary care where prescribing recommendations raise safety concerns.

Locum and new-starter support

- A concise practice prescribing guide describing practice expectations for initiation, titration and review.
- Clear expectations on avoiding new initiations or escalations without review.