

Resource pack 5: Auditing gabapentinoid prescribing and supporting tools

5.0 Auditing gabapentinoid prescribing and supporting tools

Audit tools are provided 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.

- [Appendix 5a: Audit template – General review of gabapentin and pregabalin prescribing](#)
- [Appendix 5b: Example letter – Invitation for general gabapentinoid review](#)
- [Appendix 5c: Example text message – Invitation for general gabapentinoid review](#)
- [Appendix 5d: Audit template – Gabapentin and pregabalin prescribing in adults with renal impairment](#)
- [Appendix 5e: Example letter – Invitation to review \(high dose/renal function\)](#)
- [Appendix 5f: Example letter – Invitation to review \(co-prescribed gabapentin or pregabalin with an opioid, benzodiazepine or Z-drug\)](#)
- [Appendix 5g: Social media – patient messages](#) designed to help raise awareness among patients of the need for review.

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 AWTTTC.

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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?

Appendix 5b: Example letter – Invitation for general gabapentinoid review

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname]

The Surgery are carrying out a review of all our patients' prescriptions for gabapentin and pregabalin. We are doing this in response to recent medical research that has looked at the long-term benefits and risks of these medicines.

Your medical records show that you are taking one of these medications for pain. We know that for some people they can be helpful, but also that they can sometimes be addictive and cause significant side effects.

Many people start taking these medications because they have pain that is difficult to manage and may continue to take them even though they are not helping very much. Sometimes people find them helpful when they start but continue to take them even though they are no longer working as well, or for some people the reason they started them has gone away but the medication has not been reduced or stopped. We are very keen to help support people who would like to reduce their dose, or stop these medications, or to look at alternative ways of managing their pain.

We have made sure that there are telephone appointments available with the practice pharmacists for you and other people in your position. Please contact the surgery and ask for a 'gabapentin or pregabalin review' to discuss this further.

You may also benefit from the information about pain management on www.paintoolkit.org/ or www.livewellwithpain.co.uk or the online Education Programmes for Patients available via [EPP Cymru](#)

Yours sincerely

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Appendix 5c: Example text message – Invitation for general gabapentinoid review

Dear [insert patient name]

We are conducting a review of all our patients' prescriptions for gabapentin/pregabalin (delete as appropriate) This is to assess the long-term benefits and risks of this medication for you.

Please contact the surgery and ask for a 'gabapentin or pregabalin review' to discuss this further.

You may also find the following pain management resources helpful:
www.pain toolkit.org/ or www.livewellwithpain.co.uk or the online Education Programmes for Patients available via [EPP Cymru](#)

Thank you [Enter practice name]

Appendix 5d: 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/1.73m².
- Run a search to identify people who are currently receiving prescriptions for pregabalin with an $eGFR < 60$ ml/min/1.73m².
- 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 [URL to be included].
- 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 AWTTTC.

Dose adjustment

For renal dose adjustments see [section 2.7.1](#).

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

(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?

Appendix 5e: Example letter – Invitation to review (high dose/renal function)

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname]

We are reviewing people who take gabapentin or pregabalin to check that their dose is still right for them.

Recent evidence has highlighted safety concerns at higher doses and in certain clinical situations, including reduced kidney function. Our records show that you are currently prescribed one of these medicines at a dose that may require review.

We would like to discuss your medication with you before your next prescription is due to make sure it is safe and appropriate for you. You should continue taking your medication as prescribed until we have spoken with you.

Please contact the surgery to arrange a telephone appointment for a gabapentin or pregabalin review.

You may also find the following pain management resources helpful:
www.pain toolkit.org/ or www.livewellwithpain.co.uk or the online Education Programmes for Patients available via [EPP Cymru](#)

Yours sincerely

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Appendix 5f: Example letter – Invitation to review (co-prescribed gabapentin or pregabalin with an opioid, benzodiazepine or Z-drug)

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname]

We are reviewing people who take gabapentin or pregabalin to make sure their medicines are safe and still right for them.

Our records show that you are taking gabapentin or pregabalin together with an opioid (a strong painkiller), a benzodiazepine (often used for anxiety), or a sleeping tablet known as a Z-drug. Taking these medicines together can increase the chance of side effects, so we would like to review your treatment.

This does not mean you need to stop any of your medicines. Please continue taking them as prescribed until we have spoken with you.

Please contact the surgery to arrange a telephone appointment for a gabapentin or pregabalin review.

You may also find the following pain management resources helpful:
www.paintoolkit.org/ or www.livewellwithpain.co.uk or the online Education Programmes for Patients available via [EPP Cymru](#)

Yours sincerely

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Appendix 5g: Social media – Patient messages

These example posts are designed for use on social media channels such as X, Facebook or LinkedIn. Health boards can adapt them for local use.

Post 1 – Not seeing improvement? Time for a review

Taking gabapentin or pregabalin?

If it's not clearly helping your day-to-day life, it may be time for a review. Regular checks help make sure your medicine is still right for you.

→ Ask your GP practice if you're due a review. #SaferMedicines
#YourMedicineYourHealth

Post 2 – Medicines aren't the only answer

Medicines are just one part of managing pain. Things like keeping active, sleeping well, and taking things at your own pace can help too.

→ Speak to your GP or pharmacist about support options. #LiveWellWithPain

Post 3 – Side effects getting in the way?

Feeling sleepy, dizzy or unsteady on gabapentin or pregabalin? Side effects can affect your safety and daily life – don't ignore them.

→ Talk to your GP or pharmacist for advice. #SaferMedicines
#YourMedicineYourHealth

Post 4 – When your medicine isn't helping

If your medicine isn't helping you do the things that matter, it may not be the right option anymore. There may be safer or more effective ways to manage your pain.

→ Speak to your GP or pharmacist. #PainManagement #SaferMedicines

Post 5 – Taking other strong painkillers too?

Taking gabapentin or pregabalin with medicines like codeine, tramadol or morphine can make you sleepy and can slow your breathing.

If you're taking these together, it's important to get them checked.

→ Speak to your GP or pharmacist. #MedicationSafety #YourHealthMatters

Post 6 – Thinking about cutting down?

Some people choose to reduce or stop their medicine if it's not helping. This should be done slowly and with support.

→ Speak to your GP or pharmacist before making changes. #PainSupport
#SaferMedicines