Review of Gabapentinoid use in pain management

- **Review co-prescribing of gabapentinoids with opioids +/- benzodiazepines as a priority**
- **Review prescribing of pregabalin and gabapentin beyond their licensed indications**
- **Ensure ongoing use when not effective is stepped down and/or stopped.**

Background
Pregabalin and gabapentin are indicated for the treatment of epilepsy, peripheral and neuropathic pain, and generalised anxiety disorder in adults. For managing neuropathic pain, the NICE guideline on pharmacological management of neuropathic pain in adults in non-specialist settings recommends offering a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia).

Evidence suggests that prescribers may be advocating the use of these medicines off-label to avoid prescribing opioid analgesics. The evidence to support gabapentin and pregabalin use in non-neuropathic pain disorders indicates they are less effective than several other licensed non-opioid analgesics. Notably, patients may not benefit from gabapentin and pregabalin but remain at risk of adverse drug reactions. [1]

Risk of abuse and dependence
The Advisory Council on the Misuse of Drugs recommended the reclassification in 2016 because of concerns about medical misuse, illegal diversion, and addiction.

Gabapentin and pregabalin can cause depression of the central nervous system, resulting in drowsiness, sedation, and potentially fatal respiratory depression, particularly if used concomitantly with opioid medicines and alcohol.

Deaths involving gabapentinoids continue to increase, from 4 deaths in 2012 to 136 in 2017,[2] and those linked to gabapentin rose from eight in 2012 to 59 in 2017.[3]

New legal requirements for pregabalin and gabapentin
As of 1 April 2019, pregabalin and gabapentin are controlled under the Misuse of Drugs Act 1971 as Class C substances and scheduled under the Misuse of Drugs Regulations 2001 as Schedule 3. Following these changes, it is illegal for people to possess pregabalin and gabapentin without a prescription and illegal for a patient to supply or sell them to others (see NHS England patient leaflet).

Prescribers need to adhere to guidance for prescribing of medicines of this Class and Schedule (see NHS England guidance document).

Appropriate use of gabapentinoids
Although analgesics can sometimes work effectively to relieve chronic pain, this is only achieved in a small percentage of people: it is unusual for any analgesic to completely eliminate chronic pain. So, the focus of treatment should be on reducing a person's pain with a view to improving their quality of life.

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Key Principles

Through consideration of non-pharmaceutical management of persistent pain, there is the potential to reduce medication burden on patients and the risk of adverse effects, as well as better outcome overall. There are a number of principles which should be considered;

- Chronic pain is a condition which is individual to the patient and any therapeutic management plan needs to place the patient at the centre. The approach should be based on assisting the patient to achieve goals which have been identified in partnership with the prescriber.
- Prescribers should help patients to develop their understanding of the value of self-management and non-pharmaceutical approaches, and support people to access the tools, resources and support available to put these approaches in to practice.
- Prescribers should work with patients to develop their understanding of chronic pain, how it differs from acute pain and the impact this may have on goals of therapy. Difficult and honest conversations may be required to establish an understanding with the patient that it is highly unlikely that the therapeutic management plan will result in full resolution of their pain symptoms (>30%), but it may assist them with coping. Patient information leaflets are available to support this.
- Patients should be aware that non-pharmaceutical options or those offered along with prescribed medicines, may result in better achievement of goals and result in less harm than medicines alone. This may include referral to physiotherapy, mental health or occupational therapy services.
- Careful management at the start of gabapentinoid treatment, including regular review, can help identify and resolve any issues early. A robust plan for ongoing review should be at the centre of care for every patient.
- As for all medicines, patients should be given information on the expected benefits and potential risks of pregabalin and gabapentin, including through provision of the Patient Information Leaflet at dispensing. Ensure patients are aware of the risk of potentially fatal interactions with other medicines that cause CNS depression, particularly opioid medicines, and with alcohol.
- Prescribers should be aware of all medicines (including any over-the-counter products or illicit drugs) patients are taking to minimise or avoid drug interactions.
- Patients should be carefully evaluated for a history of drug abuse and observed for possible signs of misuse, abuse, or dependence.
- Observe patients on pregabalin and gabapentin for possible signs of abuse and dependence, for example, drug-seeking behaviour, dose escalation, and development of tolerance.
- Ideally, pregabalin and gabapentin should only be prescribed for their licensed indications. Where pregabalin and gabapentin are being prescribed outside their licensed indication for indications other than neuropathic pain, review the need to continue treatment. Ensure that patients understand where treatments are unlicensed and that informed consent is given. Review treatment eight weeks after initiation and discontinue if ineffective (withdrawal from treatment should be gradual).
- Ensure prescribed (and taken) doses of pregabalin and gabapentin are not outside the therapeutic dose.

NICE have produced a resource document that collates all the current evidence and guidelines on the management of chronic pain - Medicines Optimisation in Chronic Pain

NECS Medicines Optimisation website – opioid resources: include system searches, patient letters and information to support dose rationalisation for practices who undertake this work.

https://medicines.necsu.nhs.uk/opioidresources/