NHS South Yorkshire Integrated Care Board

Sheffield Gabapentinoid (pregabalin and gabapentin): De-prescribing guidance for non-cancer pain in adults in primary care

local neuropathic pain guidance. – includes link to screening tools.

Carry out regular clinical reviews to assess and monitor effectiveness of treatment[1]

1. **Check appropriate indication for gabapentin or pregabalin: They are not licensed for non-neuropathic pain.** NICE advises against the use of gabapentinoids for managing low back pain or sciatica[2] or chronic primary pain[3] e.g., fibromyalgia**.** Consider interventions more likely to help such as physical rehabilitation for back pain.
2. **Consider co-morbidities and risks:**
   - **MHRA drug safety update**. Pregabalin and Gabapentin**: Reports of severe respiratory depression.**[7,8] Patients at higher risk of experiencing severe respiratory depression may need an adjustment in dose or dosing regimen.[7,8]
   - Caution when prescribing a gabapentinoid with an opioid due to the risk of CNS depression.[9]
   - **MHRA drug safety update**: Pregabalin, gabapentin and risk of abuse and dependence. Be aware not only of potential benefits of gabapentinoids, but also that they can lead to dependence and may be misused or diverted.[4,10]
3. **Assess benefit, adverse effects and continued need (medication is unlikely to stop pain completely):**
   - Around 3 or 4 in every 10 people treated with gabapentin or pregabalin for pain from shingles or diabetic neuropathy will have their pain reduced by at least 50%. This means over half of patients won't have worthwhile pain relief but may experience adverse events (there is less evidence for other types of neuropathic pain).[5,6]
4. **Support patient with self-management** Patient resources chronic pain.

Frequency of clinical review

- Early clinical review[1] **(local guidance recommends by 8 weeks)** after starting or changing treatment; and regular review[1] thereafter.
- **At least every 12 months for patients on stable treatment.**
- **Consider more frequent reviews if there are additional concerns / risks** e.g., co-prescription of opioid, history of substance misuse, co-morbidities, elderly.

Indications for a trial reduction/ withdrawal

1. Following a period of stability e.g., after 2-3 months.
2. At annual review (i.e. an attempt to reduce the dose has not been made in the last 12 months)**.**[4,11]
3. Treatment is no-longer benefiting the person[12] e.g., ineffective, causing side-effects or is now contraindicated.
4. The harms outweigh the benefits.[12]
5. The condition for which is it prescribed has resolved[11,12], or the indication is not documented or valid.
6. On request of patient[11,12] e.g., intolerable side effects or to reduce medicine burden.
7. Not engaging with clinical review or problems associated with dependence have developed[11,12] e.g., evidence of diversion, over-ordering, or non-adherence to treatment.
8. Co-prescribing e.g., opioids or co-morbidities which may cause problems with therapy.[11 ,12]
9. Patient is pregnant, breastfeeding or planning to conceive. Avoid use in pregnancy unless clearly necessary.[13] **MHRA Drug Safety Update:** Pregabalin: findings of safety study on risks during pregnancy and MHRA PIL.

Do not stop pregabalin or gabapentin suddenly as it may precipitate withdrawal symptoms or even seizures. (see SmPC for possible withdrawal symptoms). The manufacturers recommend pregabalin and gabapentin are discontinued gradually, over at least one week.[9] A more gradual dose taper allows observation of emergent symptoms that may have been controlled by the dug[4] and is likely to be better tolerated by the patient.

Drug – provide information to patient on how withdrawal from pregabalin or gabapentin will be carried out.[12]	**Reduction schedule – Appendix 1** has prepopulated dose reduction schedules for pregabalin and gabapentin; and **Appendix 2:** For patient use.
Pregabalin (PIL for discontinuing)	Reduce the daily dose at a maximum rate of 50-100mg/week.[4]
Gabapentin (PIL for discontinuing)	Reduce the daily dose at a maximum rate of 300mg every four days.[4] (note appendix 1 and 2 suggests weekly reduction).

Warn patients of risk of overdose or death if a higher dose is taken following tapering as tolerance is reduced.

Unsuccessful withdrawal

If complete withdrawal of treatment is not successful, continue on the last dose at which pain was tolerable and discuss long term goals and non-pharmacological management. Re-attempt tapering in 6-12 months as dictated by patient and clinical factors. **If dependence on prescribed medication is suspected or confirmed, the problem may require specialist advice**. **Consider referral to specialist e.g. Pain Specialist**.

Further resources:

Patient information leaflets:

- How to stop pregabalin safely when used for treating nerve pain (includes blank table for dose reduction instructions to be added)

- How to stop gabapentin safely when used for treating nerve pain (includes blank table for dose reduction instructions to be added)

Pain Patient record: This diary is usually used when starting new medication but could be used as people reduce doses as well.

Appendix 1:

- For clinician use - prepopulated tables for dose reduction instructions for pregabalin or gabapentin when used for the treatment of neuropathic (nerve) pain

Appendix 2:

- Blank tables for dose reduction instructions for pregabalin or gabapentin when used for the treatment of neuropathic (nerve) pain

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults NICE guideline [NG215]
https://www.nice.org.uk/guidance/ng215/chapter/Recommendations

Visual summaries:
Recommendations for discussing starting a medicine and making a management plan
Reviewing medicines

References:

1. NICE CG173. Neuropathic pain in adults: pharmacological management in non-specialist settings. Sept 2020.
2. NICE, NG59: Low back pain and sciatica in over 16s: assessment and management, last updated December 2020
3. NICE, NG193: Chronic pain (primary and secondary) in over 16s:., April 2021
4. NHSE and PHE. Advice for prescribers on the risk of the misuse of pregabalin and gabapentin.. 2014.
5. Cochrane. Gabapentin for chronic neuropathic pain in adults. Published 9.6.2017.
6. Cochrane. Pregabalin for chronic neuropathic pain in adults. Published 23.1.2019.
7. MHRA drug safety update. Pregabalin (Lyrica): reports of severe respiratory depression. February 2021.
8. MHRA drug safety update. Gabapentin: reports of severe respiratory depression. October 2017.
9. Summary of product Characteristics for pregabalin and gabapentin accessed via: https://www.medicines.org.uk accessed 25.5.2022
10. MHRA drug safety update: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements from 1 April. April 2019.
11. PrescQIPP. Bulletin 216i. Neuropathic pain and treatment pathway. March 2021.
12. NICE, NG215: https://www.nice.org.uk/guidance/ng215/chapter/Recommendations. Accessed 9.9.22
13. MHRA drug safety update: Pregabalin (Lyrica): findings of safety study on risks during pregnancy. 19.04.2022

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Appendix 1: **For clinician use** - prepopulated tables for dose reduction instructions for pregabalin or gabapentin when used for the treatment of neuropathic (nerve) pain

Pregabalin

Below is an example of a dose reduction plan from a dose of 300mg twice daily (reducing by 50mg daily once a week).

Week	Morning dose	Evening dose
1	250mg	300mg
2	250mg	250mg
3	200mg	250mg
4	200mg	200mg
5	150mg	200mg
6	150mg	150mg
7	100mg	150mg
8	100mg	100mg
9	50mg	100mg
10	50mg	50mg
11	25mg	25mg
12	STOP	

Gabapentin

Below is an example of a dose reduction plan from a dose of 900mg three times daily (reducing by 300mg daily once a week).

Current total daily dosage: 900mg Three Times daily (2700mg)	**Morning** 900mg (3x300mg)	**Afternoon** 900mg (3x300mg)	**Bedtime** 900mg (3x300mg)
Week 1: Reduce by 300mg (2400mg)	**900mg** (3x300mg)	**600mg** (2x300mg)	**900mg** (3x300mg)
Week 2: Reduce by 300mg (2100mg)	**600mg** (2x300mg)	**600mg** (2x300mg)	**900mg** (3x300mg)
Week 3: Reduce by 300mg (1800mg)	**600mg** (2x300mg)	**600mg** (2x300mg)	**600mg** (2x300mg)
Week 4: Reduce by 300mg (1500mg)	**600mg** (2x300mg)	**300mg** (1x300mg)	**600mg** (2x300mg)
Week 5: Reduce by 300mg (1200mg)	**300mg** (1x300mg)	**300mg** (1x300mg)	**600mg** (2x300mg)
Week 6: Reduce by 300mg (900mg)	**300mg** (1x300mg)	**300mg** (1x300mg)	**300mg** (1x300mg)
Week 7: Reduce by 300mg (600mg)	**300mg** (1x300mg)		**300mg** (1x300mg)
Week 8: Reduce by 300mg (300mg)			**300mg** (1x300mg)
Week 9	**STOP**		

Appendix 2: Patient Name: ……

Dose reduction instructions for pregabalin or gabapentin when used for the treatment of neuropathic (nerve) pain

Please attend the GP practice for a review after the dosage reduction is complete, or sooner if you experience any problems or worsening pain.

Warning: It is important to reduce the dose of pregabalin or gabapentin gradually to avoid withdrawal symptoms**. If you experience any problems as you reduce your dose do not reduce further**. Keep on the dose that you have reduced to. Once the symptoms have eased you can try again to reduce the dose. If symptoms continue, please contact the GP practice.

Warning: After you start to reduce your dose of pregabalin or gabapentin it is important not to increase the dose without talking to your doctor, nurse, or pharmacist. Your body will soon get used to the lower dose of pregabalin or gabapentin and it can be dangerous to take a higher dose. There is a risk of overdose or death.

Pregabalin – dose reduction instructions for patient

Week	Morning dose	Evening dose
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Gabapentin – dose reduction instructions for patient

Week	Morning dose	Afternoon dose	Bedtime dose
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			