NHS South Yorkshire Integrated Care Board

South Yorkshire Gabapentinoid (Pregabalin and Gabapentin): De-prescribing Guidance for Non-Cancer Pain in Adults in Primary Care

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, e.g. physical rehabilitation for back pain.
2. **Consider co-morbidities and risks:**
   - See South Yorkshire ICB Position Statement on the Prescribing of Gabapentinoids: Avoid long-term (greater than 3 months) co-prescribing of opioids and gabapentinoids for non-cancer pain. Patients prescribed both should be carefully observed for signs of CNS depression, such as somnolence, sedation, and respiratory depression, and the dose of either gabapentin or the opioid should be reduced appropriately.[4,5]
   - **MHRA drug safety update:** Improving Information Supplied with Gabapentinoids, Benzodiazepines and Z-Drugs (PDF)[6] (Jan 26). Strengthened warnings to better communicate risks of addiction, dependency, withdrawal, and tolerance. See advice for healthcare professionals; and advice for healthcare professionals to provide to patients (Patient Information).
   - **MHRA drug safety update**: Pregabalin, gabapentin and risk of abuse and dependence (Apr 19). Be aware not only of potential benefits of gabapentinoids but can lead to dependence and may be misused or diverted.[7,8]
   - **MHRA drug safety update:** Reports of severe respiratory depression Pregabalin[4] (Jan 21) and Gabapentin[5] (Oct 17).
   - **MHRA Drug Safety Update:** Pregabalin: findings of safety study on risks during pregnancy and MHRA PIL.[9]
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).[10,11]
4. **Support patients with self-management** Patient resources and local services for chronic pain.

Frequency of clinical review

- **Prior to starting treatment,** discuss with patient, and put in place a strategy for reducing or ending treatment.
- 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 and 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)**.**[7]
3. Treatment is no-longer benefiting the person[12] e.g. ineffective, causing side-effects or is now contraindicated. If treatment has become less effective with chronic use, it could be a sign of tolerance. The risks of developing tolerance should be explained to the patient.[6]
4. The harms outweigh the benefits.[12]
5. The condition for which the medicine was prescribed has resolved,[12] or the indication is not documented or valid.
6. On request of patient[12] e.g. intolerable side effects or to reduce medicine burden.
7. Not engaging with clinical review or problems associated with dependence have developed[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.[4,5]
9. Patient is pregnant, breastfeeding or planning to conceive. Avoid use in pregnancy unless clearly necessary.[9.] See SPS for breast feeding recommendations (and BNF).

Note: lower dose required in renal impairment – see manufacturer's information.[13]

Withdrawal symptoms

- After discontinuation of short-term and long-term treatment with pregabalin or gabapentin, withdrawal symptoms have been observed. The occurrence of withdrawal symptoms following discontinuation of either drug may indicate drug dependence. The patient should be informed about this at the start of the treatment.[6,12]
- Factors that may increase the person's risk of problems during withdrawal includes long duration of use, high dose, history of withdrawal symptoms or problems associated with dependence.[11]
- Withdrawal symptoms include insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, nervousness, depression, suicidal ideation, pain, convulsions, hyperhidrosis and dizziness.[13]

How to taper and withdraw pregabalin or gabapentin

Do not stop pregabalin or gabapentin suddenly as it may precipitate withdrawal symptoms or even seizures (see SmPC for possible withdrawal symptoms). See NICE NG215 for more information on withdrawing a dependence-forming medicine and involving patient in decision on tapering plan.

The manufacturers recommend pregabalin and gabapentin are discontinued gradually, over at least one week.[13] A more gradual dose taper allows observation of emergent symptoms that may have been controlled by the drug[7] and is likely to be better tolerated by the patient. Tailor the reduction schedule to the patient; to accommodate their preferences and response to dose reductions.[6] Tapering from a high dose may take in excess of weeks or months.

Drug – Explain to patient how pregabalin or gabapentin taper will be carried out.[12]	**Reduction schedule – Appendix 1** has prepopulated dose reduction schedules; and **Appendix 2:** can be adapted for patient's needs.
Pregabalin (PIL for discontinuing)	Reduce the daily dose at a **maximum** rate of 50-100 mg/week.[7] In practice smaller reductions are likely to be better tolerated and acceptable to the patient e.g reduce by 25 mg every 4-7 days (Table 1).
Gabapentin (PIL for discontinuing)	Reduce the daily dose at a maximum rate of 300 mg every four days.[7] In practice smaller reductions are likely to be better tolerated and acceptable to the patient e.g. reduce by 100 mg every 4-7 days (Table 3).
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 stopping pregabalin or gabapentin:
  - 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)
  - MHRA Drug Safety Update Patient Information: Gabapentinoid (pregabalin/gabapentin) medicines and the risks of addiction, dependence and withdrawal.
- NICE Visual summaries:
  - Before starting medicines associated with dependence or withdrawal symptoms
  - Reviewing medicines associated with dependence or withdrawal symptoms
- Advice on switching between gabapentin and pregabalin, and vice versa: SPS (log-in required)

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, Dec 2020.
3. NICE, NG193: Chronic pain (primary and secondary) in over 16s, Apr 2021.
4. MHRA drug safety update. Pregabalin (Lyrica): reports of severe respiratory depression. Feb 2021.
5. MHRA drug safety update. Gabapentin: reports of severe respiratory depression. Oct 2017.
6. MHRA drug safety update: Improving Information Supplied with Gabapentinoids, Benzodiazepines and Z-Drugs. Jan 2026
7. NHSE and PHE. Advice for prescribers on the risk of the misuse of pregabalin and gabapentin.. Dec 2014.
8. MHRA drug safety update: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements from 1 April. April 2019.
9. MHRA drug safety update: Pregabalin (Lyrica): findings of safety study on risks during pregnancy. Apr 2022.
10. Cochrane. Gabapentin for chronic neuropathic pain in adults. Jun 2017.
11. Cochrane. Pregabalin for chronic neuropathic pain in adults. Jan 2019.
12. NICE, NG215: https://www.nice.org.uk/guidance/ng215/chapter/Recommendations. Apr 2022.
13. Summary of product Characteristics. https://www.medicines.org.uk/emc accessed 23.02.2026

Authors:
Helen Taylor, Lead Pharmacist, Medicines Optimisation Team South Yorkshire ICB
Dr Richard Wassall, Consultant in Anaesthetics and Pain Medicine, Clinical Lead for Acute Pain STHFT
Supported by: Dr Tom Bendinger, Consultant in Pain Medicine and Anaesthesia, Clinical Lead for Chronic Pain Service STHFT

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

Table 1: Below is an example of a '**slower'** dose reduction plan which may be better tolerated and acceptable to a patient. This is from a dose of 300 mg twice daily (**reducing by 25 mg daily every 4-7 days**); start at the level where the patient is at.

If tolerated or more urgent tapering is required, consider increasing reductions to 50 mg steps as per **Table 2.**

Reduce every 4-7 days	Morning dose	Evening dose
Level 1	275 mg	300 mg
Level 2	275 mg	275 mg
Level 3	250 mg	275 mg
Level 4	250 mg	250 mg
Level 5	225 mg	250 mg
Level 6	225 mg	225 mg
Level 7	200 mg	225 mg
Level 8	200 mg	200 mg
Level 9	175 mg	200mg
Level 10	175 mg	175 mg
Level 11	150 mg	175 mg
Level 12	150 mg	150 mg
Level 13	125 mg	150 mg
Level 14	125 mg	125 mg
Level 15	100 mg	125 mg
Level 16	100 mg	100 mg
Level 17	75 mg	100 mg
Level 18	75 mg	75 mg
Level 19	50 mg	75 mg
Level 20	50 mg	50 mg
Level 21	25 mg	50 mg
Level 22	25 mg	25 mg
Level 23	STOP	25 mg
Level 24	STOP	STOP

Warn patient that stopping Pregabalin may take several months.

If taking Pregabalin 300 mg BD; stopping may take around 24 weeks (6 months) if reducing by 25 mg weekly or 12 weeks (3 months) if reducing more frequently every 4 days.

Table 2: Below is an example of a dose reduction plan from a dose of 300 mg twice daily (**reducing by 50 mg daily once a week**) provided patient can tolerate this or if there is a more urgent need for tapering e.g. intolerable side effects or causing harm.

Level (every 4-7 days)	Morning dose	Evening dose
1	250 mg	300 mg
2	250 mg	250 mg
3	200 mg	250 mg
4	200 mg	200 mg
5	150 mg	200 mg
6	150 mg	150 mg
7	100 mg	150 mg
8	100 mg	100 mg
9	50 mg	100 mg
10	50 mg	50 mg
11	25 mg	25 mg
12	STOP	

Gabapentin

Table 3: Below is an example of a '**slower**' dose reduction based which may be better tolerated and acceptable to a patient. This is from a dose of 900 mg three times daily (**reducing by 100 mg daily every 4-7 days**); start at the level where the patient is at. If tolerated or more urgent tapering is required, consider increasing reductions to 300 mg steps as per **Table 4**.

Current Total Daily Dose (TDD): 900 mg Three Times Daily (2700 mg)	**Morning 900 mg (3x 300 mg)**	**Afternoon 900 mg (3x 300 mg)**	**Bedtime 900 mg (3x 300 mg)**
Level 1: TDD 2600 mg	**900 mg** (3x 300 mg)	**800 mg** (2x 300 mg and 2x 100 mg)	**900 mg** (3x 300 mg)
Level 2: TDD 2500 mg	**800 mg** (2x 300 mg and 2x 100 mg)	**800 mg** (2x 300 mg and 2x 100 mg)	**900 mg** (3x 300 mg)
Level 3: TDD 2400 mg	**800 mg** (2x 300 mg and 2x 100 mg)	**800 mg** (2x 300 mg and 2x 100 mg)	**800 mg** (2x 300 mg and 2 x 100 mg)
Level 4: TDD 2300 mg	**800 mg** (2x 300 mg and 2x 100 mg)	**700 mg** (2x 300 mg and 1x 100 mg)	**800 mg** (2x 300 mg and 2 x 100 mg)
Level 5: TDD 2200 mg	**700 mg** (2x 300 mg and 1x 100 mg)	**700 mg** (2x 300 mg and 1x 100 mg)	**800 mg** (2x 300 mg and 2x 100 mg)
Level 6: TDD 2100 mg	**700 mg** (2x 300 mg and 1x 100 mg)	**700 mg** (2x 300 mg and 1x 100 mg)	**700 mg** (2x 300 mg and 1x 100 mg)
Level 7: TDD 2000 mg	**700 mg** (2x 300 mg and 1x 100 mg)	**600 mg** (2x 300 mg)	**700 mg** (2x 300 mg and 1x 100 mg)
Level 8: TDD 1900 mg	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)	**700 mg** (2x 300 mg and 1x 100 mg)
Level 9: TDD 1800 mg	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)
Level 10: TDD 1700 mg	**600 mg** (2x 300 mg)	**500 mg** (1x 300 mg and 2x 100 mg)	**600 mg** (2x 300 mg)
Level 11: TDD 1600 mg	**500 mg** (1x 300 mg and 2x 100 mg)	**500 mg** (1x 300 mg and 2x 100 mg)	**600 mg** (2x 300 mg)
Level 12: TDD 1500 mg	**500 mg** (1x 300 mg and 2x 100 mg)	**500 mg** (1x 300 mg and 2x 100 mg)	**500 mg** (1x 300 mg and 2x 100 mg)
Level 13: TDD 1400 mg	**500 mg** (1x 300 mg and 2x 100 mg)	**400 mg** (1x 300 mg and 1x 100 mg)	**500 mg** (1x 300 mg and 2x 100 mg)
Level 14: TDD 1300 mg	**400 mg** (1x 300 mg and 1x 100 mg)	**400 mg** (1x 300 mg and 1x 100 mg)	**500 mg** (1x 300 mg and 2x 100 mg)
Level 15: TDD 1200 mg	**400 mg** (1x 300 mg and 1x 100 mg)	**400 mg** (1x300mg and 1x100mg)	**400 mg** (1x 300 mg and 1x 100 mg)
Level 16: TDD 1100 mg	**400 mg** (1x 300 mg)	**300 mg** (1x 300 mg)	**400 mg** (1x 300 mg and 1x 100 mg)
Level 17: TDD 1000 mg	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)	**400 mg** (1x 300 mg and 1x 100 mg)
Level 18: TDD 900 mg	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)
Level 19: TDD 800 mg	**300 mg** (1x 300 mg)	**200 mg** (2x 100 mg)	**300 mg** (1x 300 mg)
Level 20: TDD 700 mg	**200 mg** (2x 100 mg)	**200 mg** (2x 100 mg)	**300 mg** (1x 300 mg)
Level 21: TDD 600 mg	**200 mg** (2x 100 mg)	**200 mg** (2x 100 mg)	**200 mg** (2x 100 mg)
Level 22: TDD 500 mg	**200 mg** (2x 100 mg)	**100 mg** (1x 100 mg)	**200 mg** (2x 100 mg)
Level 23: TDD 400 mg	**100 mg** (1x 100 mg)	**100 mg** (1x 100 mg)	**200 mg** (2x 100 mg)
Level 24: TDD 300 mg	**100 mg** (1x 100 mg)	**100 mg** (1x 100 mg)	**100 mg** (1x 100 mg)
Level 25: TDD 200 mg	**100 mg** (1x 100 mg)	**STOP**	**100 mg** (1x 100 mg)
Level 26: TDD 100 mg	**STOP**	**STOP**	**100 mg** (1x 100 mg)
STOP	**STOP**	**STOP**	**STOP**

Warn patient that stopping Gabapentin may take several months.

If taking Gabapentin 900 mg TDS; stopping may take around 26 weeks (6½ months) if reducing by 100 mg weekly or 13 weeks (3 months) if reducing by 100 mg more frequently every 4 days.

Gabapentin

Table 4: Below is an example of a dose reduction plan from a dose of 900 mg three times daily (**reducing by 300 mg every 4-7 days**) provided patient can tolerate this, or if there is a more urgent need for tapering e.g. intolerable side effects or causing harm. See **Table 3** for example of slower reduction in 100 mg steps.			
Current Total Daily Dose (TDD 2700 mg): 900 mg Three Times Daily	**Morning** **900 mg** (3x 300 mg)	**Afternoon** **900 mg** (3x 300 mg)	**Bedtime** **900 mg** (3x 300 mg)
Level 1: TDD 2400 mg	**900 mg** (3x 300 mg)	**600 mg** (2x 300 mg)	**900 mg** (3x 300 mg)
Level 2: TDD 2100 mg	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)	**900 mg** (3x 300 mg)
Level 3: TDD 1800 mg	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)	**600 mg** (2x 300 mg)
Level 4: TDD 1500 mg	**600 mg** (2x 300 mg)	**300 mg** (1x 300 mg)	**600 mg** (2x 300 mg)
Level 5: TDD 1200 mg	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)	**600 mg** (2x 300 mg)
Level 6: TDD 900 mg	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)	**300 mg** (1x 300 mg)
Level 7: TDD 600 mg	**300 mg** (1x 300 mg)	**STOP**	**300 mg** (1x 300 mg)
Level 8: TDD 300 mg	**STOP**	**STOP**	**300 mg** (1x 300 mg)
Week 9:	**STOP**	**STOP**	**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 significant risk of overdose or death in this circumstance.

Dose reduction instructions for patient (please delete as necessary):

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

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