

Guidance for gabapentinoid misuse

While gabapentinoids have licensed indications they also have a potential for misuse.

For patients with a previous / current substance misuse problem, prescribers should make a careful and thorough assessment balancing potential benefits with risks.

Prescribers should regularly review patients prescribed gabapentinoids to ensure continued therapy is appropriate. Prescribers should be alert to the potential for misuse of gabapentinoids and be aware that the patients may be accessing additional supplies or diverting their prescribed medication. Patients may use these medications as an alternative to benzodiazepines; therefore there is a “street” value for diverted gabapentin or pregabalin. Please remember, gabapentinoids can cause central nervous system depression causing drowsiness, sedation, respiratory depression and, at the extreme, death.

Reasons for potential misuse

The potential for misuse is a result of the effects that gabapentinoids can cause when consumed. These effects include:

- Relaxation, lowered inhibitions, improved sociability
- Sedation
- Visual distortions, vivid imagination
- Euphoria, mood elevation
- Enhanced effects of opioids – e.g. Morphine can increase the bioavailability of gabapentin. Caution is needed when these drugs are co prescribed and the dose of both drugs modified .Pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone

As with all medications, the effects experienced will vary from individual to individual, but it is important to note that tolerance can develop and individuals may need to increase the doses to maintain the effects experienced. Prescribers should be aware of patients suspected of misuse requesting increasing doses or early prescription supply.

Prescribing arrangements for patients suspected of misuse / potential misuse

New Patients

- Consider alternative treatment
- Consider risk: benefit ratio for the individual patient
- Acute prescribing only ensuring regular review
- Consider instalment dispensing from a community pharmacy

Existing patient

- If suspected of diversion consider stopping prescription
- If clear evidence of diversion, rapid reduction is justified

- If suspected of misuse, change to acute prescribing only and / or change to instalment dispensing and initiate reduction regimen

Dose Reduction

The reductions and interval of the reductions are patient centred and will vary from individual to individual. The length of time needed for detoxification will require to take into account the complexity of the case, clinical risk factors, or the chronicity of the problem – although the focus should still be maintained on the eventual goal of discontinuation.

A guideline for the reduction has been recommended in literature as follows:

- Gabapentin – can be reduced by 300mg every week
- Pregabalin – can be reduced by 50 -100mg every week

The rate should be discussed with the patient and can be adjusted in respect to the response as the doses are reduced. If a patient is struggling with symptoms as the dose is reduced, it may be necessary to extend the length of time between dose reductions or temporarily pause reduction.

Withdrawal symptoms

See Appendix 1 (can be printed and given to patients)

For some individuals the withdrawal symptoms will clear up after a week for others it may take months. To speed up the process it is recommended to engage in healthy activities e.g. light exercise, socialising, staying productive. Additionally, eating a healthy diet, reducing caffeine and getting plenty of rest will also be helpful.

Acknowledgement

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References

Health and Social Care Board (Northern Ireland) (2015) Advice for prescribers on the risk of the misuse of pregabalin and gabapentin

<http://niformulary.hscni.net/Formulary/Adult/PDF/PregabalinAndGabapentinRiskOfMisuseAdviceHSCBWebVersion.pdf>

Department of Health and devolved governments (2017) Chapter 7.4 Misuse of or dependence on gabpentinoids. Drug misuse and dependence. UK Guidelines on clinical management Pages 208 -09

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf

Public Health England and NHS England (2014) Advice for prescribers on the risk of the misuse of gabapentin and pregabalin. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf

BNF

Nice Guidelines

Mental Health Daily

HMP Sussex protocol

Gabapentin and Pregabalin guidelines
NHS Lanarkshire

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Appendix 1: List of possible withdrawal symptoms and advice for patients

(Not exclusive and everybody is different)

(N.B. Can be printed and given to patients)

Anger - this can be a natural consequence of withdrawal from a drug which has a calming effect and will fade over time.

Anxiety - this may spike, try to avoid caffeine containing drinks which may aggravate this symptom. Increase fluid intake and do more exercise.

Body aches - this may worsen for a while after you stop this drug. Try to exercise to help stimulate your body's natural anti-inflammatories which will help redevelop your normal pain response.

Chills - this should only last for a couple of weeks. It is the central nervous system readjusting.

Crying spells - this is because the drug acts on neurotransmitters in the brain which are altered during withdrawal. This improves over time and is helped by exercise.

Depersonalisation - it is due to brain chemical alterations and improves with time.

Depression - withdrawal can lead to a temporary chemical imbalance. It will gradually get better and exercise can help to improve mood.

Diarrhoea - this shouldn't last longer than a week or two. Loperamide can help.

Dizziness - this symptom is common but less likely if the taper is done slowly and will fade over time.

Fatigue - this is a common side effect. Keep pushing through the fatigue and it will improve.

Flu-like symptoms - this is less likely when the tapering is done slowly.

Headaches - common symptom, simple treatment such as head strips and fluids help.

Hot flashes - these are common and fade over time.

Insomnia - if this symptom becomes bad, you may want to consider some relaxation exercises.

Irritability - this is temporary as your brain readjusts.

Itching - this is less common but caused by sensitive nerve endings as a result of stopping the drug - an antihistamine may help

Joint pain - this is common but will improve over time and is helped by exercise

Mood swings - these will stabilise and improve over time- especially if healthy life style is achieved

Muscle spasms - this is just the way your body is reacting following withdrawal and will settle.

Nausea - it usually settles in first 2 weeks

Panic attacks - it is recommended to use relaxation techniques such as deep breathing to help.

Poor concentration - is common but will improve over time

Restlessness - exercise or relaxation is recommended

Seizures - if you had seizures prior to taking the drug it is important to discuss this with your doctor

Stomach pains - this usually improves within a couple of weeks, hyoscine may help.

Suicidal thinking - it is important to recognise that the brain is temporarily chemically imbalanced during withdrawal. As the brain recovers, the chemicals in the brain (neurotransmitters) will be restored, this is a gradual process. If you cannot cope with this feeling be sure to speak to your health care professional.

Vision changes - blurred vision is common and improves over time.