

Misuse Potential with Pregabalin and Gabapentin

Pregabalin and gabapentin can be sought after, because of both their own inherent misuse potential and their use in enhancing the effects of other drugs¹. There are ongoing concerns that prescribers are unaware of their illicit value. Prescribing of pregabalin has increased by 350% and 150% for gabapentin in just five years².

The anxiolytic and sedative properties of pregabalin and gabapentin make them attractive to patients who have a history of illicit drug or alcohol misuse, or other patients who may wish to use medicines as a way of dealing with life events³. Hence use with caution in patients with a **history of substance / alcohol** misuse or drug alcohol misuse in the family (partner/parents etc.), patients with **mental health problems** and patients who have experienced a recent life event (including serious injury).

Recreational misuse of pregabalin or gabapentin has been identified as a risk factor for medicine related overdose, particularly if used in combination with other prescribed or illicit medicines such as opioids, other CNS depressant medicines⁴ or alcohol. **Pregabalin is to be classified as a class C controlled substance after it was linked to a growing number of UK deaths.** Pregabalin and gabapentin are now being detected in toxicology in autopsies after drug overdoses^{5, 2}.

Prescribing safely

1. Only prescribe for diagnosed neuropathic pain and not for other types of persistent pain. Prescribe in line with [APC Neuropathic Pain Guidance](#) or licensed indications. Note: Pregabalin for Generalised Anxiety Disorder is designated as specialist initiation only.
2. Agree clear treatment goals and regular review process before prescribing. Document treatment goals and ensure initial review after four to six weeks. If there is no benefit within this timescale it is unlikely to be effective. Taper and consider alternatives. Review treatment goals at each subsequent appointment. Stop if not making progress towards goals.
3. Prescribed doses should be within BNF range.
4. Potential for misuse should be discussed with all patients.
5. If misuse problems identified – prescribing should be managed by a single prescriber AND consider 7 day prescribing with support from community pharmacist.

Recognising problems

- Asking for earlier prescriptions or losing prescriptions
- Sharing medicines with friends / relatives
- Regularly accessing out of hours services
- Requesting to see different GPs
- Changes in mood / behaviours of the patient with practice staff

Support for prescribers

Addiction specialist (City) – [Nottingham Recovery Network](#) Tel: 0800 066 5362

Addiction specialist (County) – [Change Grow Live New Directions](#) Tel: 0115 8960798

Pain management specialist (City) – NUH 0115 8402652

Primary Integrated Care Services (South County) pics.nottinghampain@nhs.net Tel: 03000 830000

Support for patients

[British Pain Society](#) Resources for Patients to help patients manage pain more effectively.

[Self Help Groups](#) for patients to help manage recovery from any type of addictive behaviours in Nottingham – 0115 9111611

[Explore Family](#) (Family and carers support services) – 0115 978 7161

References

1. Advice for prescribers on the risk of the misuse of pregabalin and gabapentin, Public Health England December 2014
2. UK government to reclassify pregabalin and gabapentin after rise in deaths *BMJ* 2017;358:j4441
3. RRR Abuse & Misuse potential of Pregabalin: A review of the clinical evidence, CADTH, 2014.
4. Maskell PD. Gabapentin & pregabalin abuse by heroin users. [electronic response to Stannard C. Opioids in the UK: what's the problem?] *BMJ* 2013. www.bmj.com/content/347/bmj.f5108/rr/665800
5. Sweet AD (2013) Pregabalin Abuse and the Risks Associated for Patients with a Previous History of Substance Misuse. *J Addict Res Ther* 4: e116.