

KISS

Keep It Simple and Straightforward

Pregabalin for neuropathic pain

Bottom line	<p>Pregabalin is:</p> <ul style="list-style-type: none">• Hazardous (1)• Has no particular advantage over gabapentin for neuropathic pain (2)• There are emerging problems with addiction (3)• It has limited therapeutic effect (4)• Expensive (5)
Make it happen	<p>Look for:</p> <ul style="list-style-type: none">• Intermittent usage – therapeutically useless, stop the pregabalin.• Over usage – challenge/control; reduce/?stop• Over BNF maximum dose per day (600mg) - review, reduce.• Ineffective/very limited effect – review/? Stop (NB gradual withdrawal).• Off license (e.g. non neuropathic pain)- review/?stop.• Substance misuse/alcohol problem/- special consideration, risk assess, avoid.• Recent release from prison -verify the prescribing - special consideration, risk assess, avoid.• Co prescribing with opioids- review indication carefully, risk assess (may have to reduce/stop), avoid re CNS depression.
The detail	<p>Patients whose neuropathic pain is already effectively managed with pregabalin should <i>usually</i> have existing treatment continued but be regularly clinically reviewed for safety, continuing need, efficacy and dose optimisation.</p> <ol style="list-style-type: none">1. Hazards: known psychiatric side effects, including euphoria; drowsiness, sedation, also note respiratory depression. Effects are additive with other centrally acting drugs, note especially Opioids. Emerging evidence re loss of opiate tolerance, especially as this relates to respiratory depression. Great care with co prescribing of respiratory depressants especially opioids.2. Pregabalin has no particular advantage over gabapentin (though note gabapentin also causes respiratory depression both on its own and in combination with opioids); efficacy and tolerability is similar. For neuropathic pain, use Amitriptyline. For diabetic neuropathy, Duloxetine is preferred 3rd line.3. Emerging problems with addiction; rising problem, well recognised withdrawal syndrome, so if stopping, do so gradually. Certain populations, such as secure environments, substance misuse problems, abuse is common.4. Chronic pain is a complex bio psycho social phenomenon and any therapeutic intervention will be of limited value. At the most, patients should expect about a 30% improvement in symptoms with any one drug. If no benefit after 8 weeks on maximum tolerated dose, stop. Care with combinations with other analgesics, other centrally acting drugs; there is considerable potential for adverse effects and interactions.5. Cost: £256 million per year in England (ePACT July 2015), >17% increase over 2 years. 'Poor value for money'. Where prescribing cannot be avoided, pregabalin as TWICE daily dose reduces cost.
Links	<p>https://www.prescqipp.info/pregabalin-in-neuropathic-pain/category/80-pregabalin-in-neuropathic-pain Hazards with of combining pregabalin and opioids: http://www.bristol.ac.uk/news/2017/may/heroinpainkillers.html Hazards of Combination of opioids and gabapentin: Gabapentin, opioids, and the risk of opioid-related death: A population-based nested case–control study Tara Gomes ,David N. Juurlink, Published: October 3, 2017</p>
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