Pregabalin and Gabapentin: Withdrawal Summary Guidance for NON-CANCER pain in adults in primary care

Pharmacologic therapy should not be considered a long term management strategy

How often to review
• At least monthly, as an absolute priority, for patients with a history of misuse or if recently released from prison
• 8 weeks after initiation
• At least every 3 months if co-prescribed with opioids
• Every 3-6 months for all other patients

Assess effectiveness, tolerability, adverse effects and adherence

Indications for trial withdrawal
• After two months of relative improvement in pain following stabilisation on treatment
• Every 6 months for patients on long term treatment
• If poor response to treatment
• Where gabapentinoids are being prescribed for pain outside their licensed indication, e.g. for non-neuropathic pain (unless recommended by the West Suffolk Integrated Pain Management Service)
• On request of patient
• If side effects are intolerable
• If there is evidence of diversion or non-adherence to treatment
• If patient is pregnant, breastfeeding or planning to conceive (unless the benefits to the mother outweigh the potential risk to the foetus or baby)

Drug Reduction schedule
Gradual dose taper allows observation of emergent symptoms that may have been controlled by the drug.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reduction schedule</th>
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<tbody>
<tr>
<td>Gabapentin (total daily dose &gt; 900 mg)</td>
<td>Reduce total daily dose by 300 mg every 10 days (range 7-14 days)³</td>
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<tr>
<td>Gabapentin (total daily dose ≤ 900 mg)</td>
<td>Reduce total daily dose by 100 mg every 10 days (range 7-14 days)</td>
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<tr>
<td>Pregabalin</td>
<td>Reduce total daily dose by 50-100 mg every 10 days (range 7-14 days)³</td>
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Warn patients of risk of overdose or death if a higher dose of pregabalin or gabapentin is taken following tapering as tolerance is reduced

Unsuccessful withdrawal
• If complete withdrawal of treatment is not successful, continue on the last dose in the reduction regimen at which pain was tolerable and discuss long term goals and non-pharmacological management. Consider referral to West Suffolk Integrated Pain Management Service and/or condition specific service. Re-attempt tapering in 3-6 months as dictated by patient and clinical factors.

Patient Support Available
• Patient Information Leaflet: Gabapentinoid Reduction
• Clinical advice via: West Suffolk Integrated Pain Management Service. Tel: 01284 712528 or 0845 241) 3313 (option 6)

References and resources: