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

Pharmacological 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reduction schedule</th>
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</thead>
<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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</tbody>
</table>

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: