

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

- 8 weeks after initiation¹
- At least every 3 months if co-prescribed with opioids
- Very regularly, as an absolute priority, for patients with a history of misuse or if recently released from prison¹
- Every 3-6 months for all other patients²

[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.	
Gabapentin (total daily dose > 900 mg)	Reduce total daily dose by 300 mg every 10 days (range 7-14 days) ³
Gabapentin (total daily dose ≤ 900 mg)	Reduce total daily dose by 100 mg every 10 days (range 7-14 days)
Pregabalin	Reduce total daily dose by 50-100 mg every 10 days (range 7-14 days) ³
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. Available via WSCCG website: [Formularies and Guidelines](#) page.
- Clinical advice via: West Suffolk Integrated Pain Management Service. Tel: 01284 712528 or 0845 241) 3313 (option 6)

References and resources:

1. PrescQIPP. 2016. [Bulletin 119. Neuropathic pain. Pregabalin and gabapentin prescribing.](#) January 2016
2. WSCCG. 2017. [Pain ladder-chronic pain. Pain treatment pathway for non-cancer chronic pain ≥3 months duration in adults in primary care. 2017.](#)
3. NHS England recommendations. 2014. [Advice for prescribers on the risk of misuse of pregabalin and gabapentin.](#) Dec 2014
- CKS. 2018. [Neuropathic pain – drug treatment.](#) (Last revised November 2018)
- NHS Scotland. 2018. [Gabapentinoid prescribing for chronic pain in primary care. Quick reference guide.](#)
- NHS Scotland. 2018. [Gabapentinoid prescribing for chronic pain in primary care. Resources for clinicians and boards.](#) Scottish Government and NHS. 2018.
- [Quality prescribing for chronic pain. A guide for improvement 2018-2021.](#)