

Gabapentin and pregabalin use, misuse and associated risks in the palliative care setting

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Background

- Gabapentin and pregabalin are licensed for the treatment of neuropathic pain.
- In June 2016, the Early Warning and Emerging Trends (EWET) subcommittee highlighted the need for vigilance when prescribing pregabalin and gabapentin due to their increasing misuse in the community and associated risks: dependency, CNS depression (drowsiness, sedation, respiratory depression), seizure activity and mortality¹.
- The Health Products Regulatory Authority (HPRA) advised in August 2017 that gabapentin is associated with respiratory depression in the absence of opioids².
- Due to withdrawal symptoms, the manufacturers have recommended that pregabalin should be weaned gradually over a minimum of one week.

Aims

To assess prescribing practices, frequency of misuse and frequency of serious adverse events in relation to gabapentin and pregabalin use in the palliative care setting.

Methods

- An anonymous survey was designed using *SurveyMonkey* in September 2017.
- The survey was distributed by email link and subsequently by the Irish Association for Palliative Medicine to 355 palliative medicine physicians and palliative care nurses.
- Results were collected and analysed at the end of December 2017.

Results

- 81 responses were received - 48 from palliative medicine physicians, 33 from palliative care nurses

Chart 1: Reported frequency of advising or prescribing of gabapentin and pregabalin

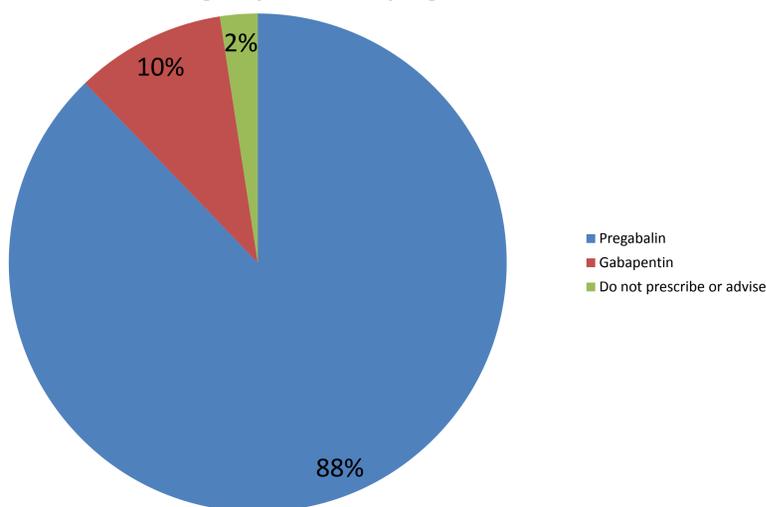
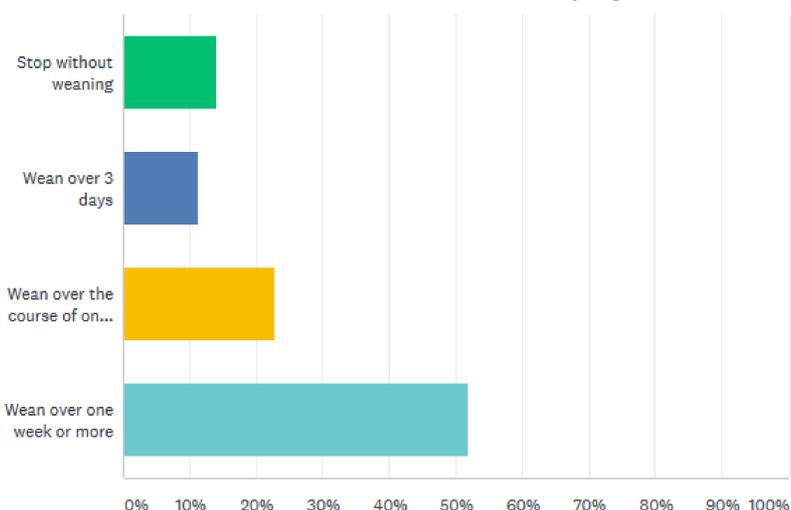
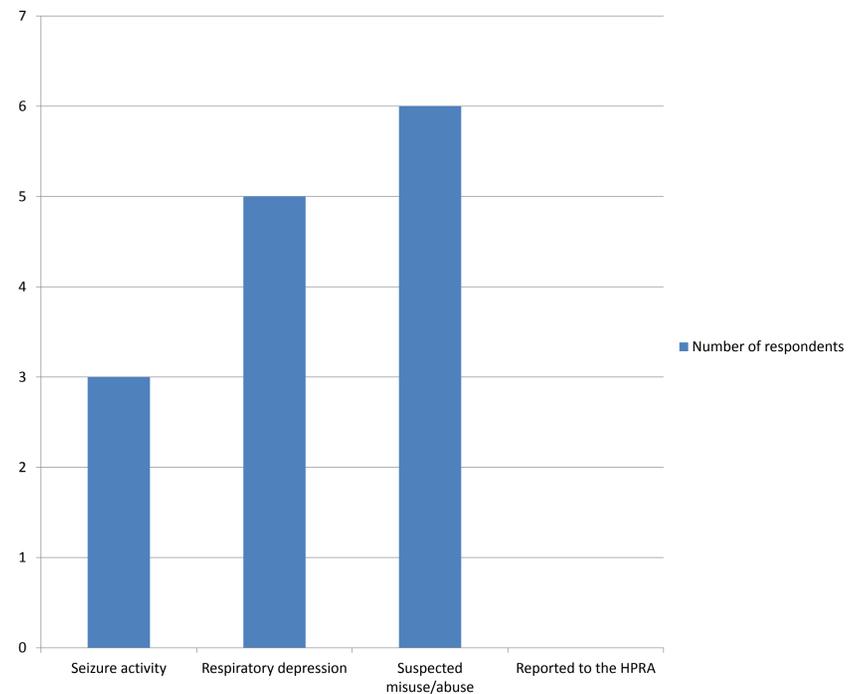


Chart 2: Methods of discontinuation of pregabalin



Results (continued)

Chart 3: Numbers reporting seizure activity, respiratory depression and misuse of pregabalin and gabapentin



Free-text Comments:

29 respondents commented about these medications - 4 statements were positive, 18 were negative, and 7 were neutral.

Positive:

'Find pregabalin a great neuropathic agent when used at appropriate doses and titrated appropriately.'

'Generally well tolerated, find them very useful adjuvant drugs.'

Negative:

1. Side effects

'patient had respiratory depression suspected to be secondary to pregabalin.'

'Have noted significant cognitive changes/drowsiness at higher doses. Needs careful titration. Significant accumulation in renal impairment.'

'I don't titrate pregabalin beyond 150mgs bd; I am increasingly switching to gabapentin due to sedating 'clouding of thinking' that pregabalin causes them. Gabapentin doesn't seem to do so to the same degree.'

2. Withdrawal effects/Weaning

'I have noted withdrawal symptoms when either are stopped too quickly.'

'I have observed significant withdrawal side effects if a dose is inadvertently omitted. I tend to reduce high doses over weeks for this reason.'

'weaning time is dependent on dose and duration on med'

3. Abuse

'Given the profile pregabalin has locally in terms of a drug of abuse I now avoid using it in patients in whom there is a history of substance abuse'

'pregabalin...a commonly abused prescription medicine in Ireland'

Conclusions

- Gabapentin and pregabalin are commonly prescribed in palliative care.
- Practices vary with regard to weaning these medications.
- Serious adverse events and misuse are occurring but are not being reported.
- Respondents displayed an awareness of the side effects and abuse potential of these medications in the comments section of the survey and report having modified their prescribing practices to account for this.

References

1. The Early Warning Emerging Trends Subcommittee of the National Advisory Committee (2016) *Medicines containing pregabalin and gabapentin: being used abused and misused recreationally.*
2. HPRA Drug Safety Newsletter Edition 82