

PREGABALIN - SAFE PRESCRIBING - POTENTIAL FOR ABUSE

1

- ▶ UNDERSTAND THE IMPORTANCE OF INDIVIDUAL DOSE TITRATION
- ▶ CHECK AND MONITOR RENAL FUNCTION
- ▶ BE AWARE OF SUICIDAL BEHAVIOUR AND IDEATION
- ▶ BE AWARE OF POTENTIAL FOR ABUSE

Pregabalin is an analogue of gamma-aminobutyric acid (GABA) It is used for the treatment of neuropathic pain and as adjunctive therapy in adults with focal seizures with or without secondary generalisation. It is also used for generalised anxiety disorder, although this is an unapproved indication.

UNDERSTAND THE IMPORTANCE OF INDIVIDUAL DOSE TITRATION

The adult dose range is 150 to 600mg per day in two divided doses.

- **Neuropathic pain**
Initially 75mg twice daily, increased if necessary after 3-7 days to 150mg twice daily, increased if necessary after 7 days to maximum 300mg twice daily.
- **Focal seizures with or without secondary generalisation**
Initially 75mg twice daily, increased if necessary after 7 days to 150mg twice daily, then increasing further if necessary after 7 days to maximum 300mg twice daily.
- **Generalised anxiety disorder (unapproved)**

In patients like the frail elderly, who may be particularly susceptible to adverse effects, consider reducing the starting dose to 25mg twice daily and use a slower titration.

If pregabalin is discontinued, it is recommended to withdraw gradually over a minimum of one week.

Common adverse effects

Adverse effects increase in frequency as the dose increases. It may be necessary to titrate the dose up or down, to achieve the best dose that provides effective analgesia and minimises the adverse effects. The most commonly reported adverse effects of pregabalin are problems with balance and sedation. Cognitive issues are significant in the elderly but can occur in younger patients too. Please see Table 1 for common adverse effects.

Table 1 Common adverse effects of pregabalin

Adverse effect	Percentage of patients experiencing adverse effects
Dizziness/balance	19-31%
Sedation	14-29%
Dry mouth	15%
Weight gain	Up to 15% gain 5kg
Peripheral oedema	7%
Constipation	6%
Euphoria	6%
Abnormal thinking	6%

CHECK AND MONITOR RENAL FUNCTION

Renal impairment

Pregabalin clearance is directly proportional to creatinine clearance, therefore dosage reduction in renally impaired patients will be required. Refer to table 2 for dosing recommendations.

Table 2. Pregabalin dose based on renal function

Hepatic impairment

eGFR mL/minute/1.73m ²	Total daily dose	
	Starting dose (mg/day)	Maximum dose (mg/day)
≥ 60	150	600 (in two divided doses)
30 - 60	75	300 (daily or in two divided doses)
15 - 30	25 - 50	150 (daily or in two divided doses)
< 15	25	75 (daily)

→ continued

▶ PREGABALIN

2

Hepatic impairment

Pregabalin is excreted predominantly via renal clearance, so no dosage adjustment is required for patients with hepatic impairment.

Use in pregnancy

It is recommended that pregabalin should not be used in pregnancy unless the benefit to the mother outweighs the potential risk.

Use in women of child-bearing age

There is an increased risk of adverse events if used during pregnancy, so women of child bearing age should be advised of the potential risks.

Breastfeeding.

Pregabalin is contraindicated during breastfeeding.

BE AWARE OF SUICIDAL BEHAVIOUR AND IDEATION

There is an increased risk of suicidal thoughts and behaviour in patients taking pregabalin. Suicidality can occur at any point during treatment.

BE AWARE OF POTENTIAL FOR ABUSE

Pregabalin is an effective treatment for neuropathic pain. There is an awareness amongst primary care providers that pregabalin is increasingly implicated in drug misuse. It is often taken in combination with other medicines, particularly opioids, which potentiate its effect. It is more rapidly absorbed than gabapentin, which may contribute to its addiction potential.

When prescribing pregabalin, exercise caution in the same way as when prescribing any drug of misuse. Be aware of high risk populations, a history of substance use disorder and monitor for signs of abuse.

Advise to prescribers is :

- Do not prescribe to new or unknown patients,
- Do not prescribe in response to direct requests for it by name
- Supply in limited quantities
- Arrange regular review
- Consider gradually stopping treatment if lack of efficacy is seen
- Consider weekly prescribing

In patients who have been treated long term, a decision to discontinue should be accompanied by careful tapering and support to prevent unpleasant physiological and psychological withdrawal symptoms.

KEY REFERENCES

1. New Zealand data Sheet Version 10519
www.medsafe.govt.nz/Profs/datasheet//Lyricacaps.pdf
(Accessed June 2019)
2. New Zealand Formulary v84 2019 https://nzf.org.nz/nzf_2631
(Accessed June 2019)
3. Evoy K E, Morrison, MD, & Saklad SR. Abuse and Misuse of Pregabalin and Gabapentin , Drugs (2017) 77: 403. <https://doi.org/10.1007/s40265-017-0700-x> (Accessed June 2019)
4. Gabapentinoid misuse: an emerging problem, NPS MedicineWise, 2018 www.nps.org.au/news/gabapentinoid-misuse-an-emerging-problem (Accessed July 2019)

ACKNOWLEDGEMENTS

We wish to thank Michal Kluger, Pain Specialist, Pain Services, Waitematā District Health Board, Clara Dawkins, AOD Advisor for Waitematā and Jessica Nand, Pharmacist Team Leader, Surgical Services, Waitematā District Health Board, for their valuable contribution to this bulletin.

[CLICK HERE FOR FURTHER INFORMATION ON PREGABALIN AND A FULL REFERENCE LIST](#)

▶ For further information on other high-risk medicines visit our website at : www.saferx.co.nz