

Gabapentinoids

Information for you

This information leaflet is for patients starting gabapentinoids for the management of persistent pain only.

It includes information on the gabapentinoids called gabapentin and pregabalin. It contains information on what these are used for; how you take them; and the benefits and risks. This leaflet is not meant to replace discussion between you and your healthcare professional, but should be used as a guide alongside what has been discussed.

Why have I been prescribed a gabapentinoid?

Gabapentinoids are used to treat nerve (neuropathic) pain, a type of persistent pain.

Neuropathic pain is a type of pain related to an increase in the number of signals sent by the nerves. It may be caused by injury to the nerve but can also occur where there has been no injury. It is thought to result from a "rewiring" of the nerves of the spinal cord, causing you to feel pain.

Nerve pain may have symptoms such as a burning, shooting or stabbing pain. This can sometimes feel like numbness, electric shocks or "pins and needles".

By taking gabapentinoids, we aim to reduce your pain levels to allow you to function and take part in more physical and self-management based activities.

How do gabapentinoids work?

Gabapentin and pregabalin were initially developed to treat epilepsy and are part of a group of medicines called anticonvulsants. As well as working on the nerves in the brain that cause epilepsy, they also work on pain nerves by reducing the number of signals sent through the nerves.

Will gabapentinoids cure my pain?

If you have suffered your pain for longer than three months, this is normally classed as persistent or chronic pain. Persistent pain is a complex experience, which is influenced by physical, psychological and social factors. Medications are only one aspect of a pain management plan, and medicines alone are not the most effective way to treat persistent pain.

Gabapentin and pregabalin sometimes reduce the number of pain signals passed along your nerves from your brain. They do not stop these pain signals completely and at best medications may reduce pain by 30 per cent.

Gabapentin and pregabalin help some people with nerve pain, but not everyone. Some people feel no benefit from taking it and others may have side effects that make it difficult to use the medicine.

Only around one in seven people taking gabapentin or pregabalin for nerve pain see any significant improvement in their pain, with an improvement of 30 per cent at best. People treated for other pain conditions are even less likely to see benefit.



When and how should I take gabapentin or pregabalin?

- You should swallow tablets / capsules whole with a glass of water. You can take them on an empty or full stomach.
- You should take gabapentin or pregabalin at least two hours after any antacid medication.
- The starting dose is usually small and will be gradually increased. The dose needed to treat pain varies from person-to-person. We will tell you how much to start taking and how to increase or decrease the dose based on pain relief and side effects.
- You need to take gabapentin and pregabalin regularly. They are not like ordinary pain medicines, and do not work very well if you only take it when the pain is bad.
- If you forget a dose, take it as soon as you remember. If it is almost time for your next dose, skip the missed dose and take your next dose normally. Do not take two doses at once.
- You should not take this medication to help with sleep.

Are there any side effects?

The benefit of taking any medication should always be more than any side-effects you may have. It is important this medication is reviewed regularly to assess if it helps to improve your pain; allows you to do more; or to check if you are experiencing any side-effects.

Very common side effects (More than one in 10 people)	Common side effects (One in 10 people)
Drowsiness	Visual disturbance
Dizziness	Weight gain
Fatigue	Nausea/vomiting
Muscle tremor	Diarrhoea
	Memory loss
	Problems with balance, co-ordination and speech
	Mood changes

Please note that side effects may be worse when starting medication and improve with time.

Please read the manufacturers Patient Information Leaflet (PIL) for further information and contact your doctor, pharmacist or pain specialist if you think you are experiencing side-effects.

Gabapentinoids mixed with alcohol can cause significant sedation. You should avoid alcohol when taking these medicines. If you do drink alcohol, it is important to minimise consumption as much as possible and be aware it may increase drowsiness.

If gabapentin or pregabalin cause drowsiness, you should not drive or operate machinery.

Taking gabapentin or pregabalin with some other pain medicines such as morphine, oxycodone or fentanyl can sometimes cause breathing problems, increased drowsiness and can also increase the risk of accidental overdose. Please talk to your doctor, pharmacist or pain specialist to review the continued need for both of these medications.

There is potential for gabapentinoid medications to lead to drug abuse or dependence, although this is rare when taken as prescribed for persistent pain.

Other information

Your doctor may request a blood test while taking gabapentin or pregabalin. The doses of these medicines may have to be reduced in people with kidney problems.

How long should I take gabapentin or pregabalin for?

These medicines should be tried for eight to 12 weeks. This is so that we can assess whether it improves your pain levels and/or function. If the medication is not effective, you should gradually reduce the dose each week until it is stopped.

If it does help with nerve pain it can be taken longer term. However, the need for ongoing treatment should be reviewed every six to 12 months. If possible, your dose should be slowly reduced to check if the pain that your medication is helpful for is still an issue.

Gabapentin or pregabalin should **never** be stopped suddenly. This must be done gradually. This is to minimise withdrawal effects and should be done in conjunction with your doctor or pharmacist who can discuss a reduction plan with you.

What else can I do to help manage my pain aside from medication?


Supported self-management has been shown to improve quality of life with people experiencing long term pain.

Information about self-management can be found on the NHS Ayrshire & Arran website: <https://www.nhsaaa.net/pain-management-service/>

Pain Association Scotland run group sessions to support patients to learn more about self-management. You can find further information at: <https://painassociation.co.uk/meeting-locations>





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