

Reducing your gabapentinoids

Information for you

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

What are gabapentinoids?

Gabapentin and pregabalin are known as gabapentinoids. 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”.

Why should I reduce my gabapentinoids?

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.

Guidelines currently recommend that patients suffering from pain conditions such as fibromyalgia no longer start on a gabapentinoids. This is because evidence has shown that gabapentinoids are less likely to help with this type of pain. If you are already taking a gabapentinoid for this, you should discuss the ongoing need for your medicines with your doctor, pharmacist or pain specialist.

A trial reduction of gabapentinoids should be considered every six to 12 months, when prescribed for persistent pain. A review and trial reduction can be useful to check:

- whether nerve pain is still a problem;
- whether you are still getting benefit; and
- if it is causing any side effects.

How to reduce

Following review with your doctor, pharmacist or pain specialist, you may decide together that you would like to reduce your dose. You should reduce gradually each week, as this will help to minimise withdrawal symptoms and will also allow you to check if there is any change in your pain. The amount and frequency of the reduction will depend on your current dose and how long you have been taking the medication. Often the dose can be reduced in reverse order to how it was increased, for example:

- Gabapentin reduced by 300mg per week
- Pregabalin reduced by 75mg per week



Always follow your individualised reduction plan agreed by your doctor, pharmacist or pain specialist.

Gabapentin and pregabalin are available in different strengths and you may require a new prescription to allow you to follow the reduction plan.

Do not try to reduce at stressful times or when your pain is flared up. Do not make more than one medication change at the same time.

What are withdrawal symptoms?

You may experience withdrawal symptoms when you have been taking a medicine for a long time and then stop it suddenly. These symptoms can occur within a day and last up to seven days. These can be reduced or stopped from happening by reducing the dose slowly.

The most common withdrawal effects are:

- anxiety;
- difficulty sleeping;
- nausea;
- pain; or
- sweating.

If you do get withdrawal symptoms, do not reduce the dose further. Wait for the withdrawal effects to stop, before reducing again. You may need to reduce more slowly or by smaller amounts to manage these symptoms.

If withdrawal symptoms continue to persist then speak to your doctor, pharmacist or pain specialist. Do not stop your medicines suddenly.

What if my pain increases?

If your pain increases, then do not reduce further.

If the increased pain does not settle within a few weeks, then you may increase your dose slowly again to the lowest dose that controls your pain. You should do this in reverse order to your reduction plan. This may be less than, but should not be more than, your original dose.

Let your doctor, pharmacist or pain specialist know that you have increased your dose in order for them to update your records and to ensure you have sufficient supplied of your medication. Please also inform them if your pain does not improve.

Understanding how your medications work may help you to get the best pain relief with the least side-effects.

The benefit from taking medication should always be more than any side-effects you may have. Only you:

- know how bad your pain is;
- are able to say if your medication is helping; and
- know what side-effects you have.

Getting the best effect from your medication may be a matter of trial and error. It may help to keep a diary of your pain, how you function day-to-day and any other symptoms. It may be several days or weeks before you notice that a new medicine is making a difference. Side-effects often reduce once you have been taking a medicine for a few days.

Please read the manufacturer's patient information leaflet supplied with your medication. It will give you more information about the medicine and any side effects.

Your doctor, pharmacist or pain specialist can give you advice on which pain medicines may help and they can help you find the best way to take them. They can advise you on increasing your dose safely if your pain is worse and on taking less medication safely when your pain is less.

Do not share or take other peoples' medication. Always advise your doctor, pharmacist or pain specialist about any other medication or products you are taking for persistent pain including things bought from the pharmacy, herbal supplements or non-prescribed medicines.

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. You can find

information about self-management on the pain management section of 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. Further information can be found at <https://painassociation.co.uk/meeting-locations>

Your plan for gabapentin or pregabalin reduction


You should complete this with your clinician.

If you experience withdrawal effects or your pain increases, see the advice in section "What if my pain increases?"

Week	Daily dose (optional)	Morning	Afternoon	Bedtime
Example	1800mg	600mg (2 x 300mg)	600mg (2 x 300mg)	600mg (2 x 300mg)
0	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
1	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
2	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
3	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
4	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
5	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
6	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
7	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)
8	_____mg	_____mg (_____)	_____mg (_____)	_____mg (_____)


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