Gabapentin and Pregabalin

**Gabapentin** and **Pregabalin** are drugs which have a place in the treatment of certain disorders but are increasingly being used illicitly. Emerging evidence shows them to have abuse potential, particularly in the substance misuse patient population.

In Lothian, people seen in drug treatment services are regularly reporting misuse of gabapentinoids, both prescribed and illicitly sourced. GPs are reporting increasing pressure from patients to prescribe it as an analgesic for chronic-type pain.

Gabapentin abuse has been identified as being prevalent in the local prison population.

**Background**

For several years now there have been reports of these drugs being misused. The first account was published in 1997. A woman who had a crack cocaine habit began substituting her husband’s gabapentin and found it reduced her cravings and relaxed her. (Markowitz JS, Finkenbine R, Myrick H, King L, Carson WM. ‘Gabapentin abuse in a cocaine user: implications for treatment?’ *J Clin Psychopharmacol.* 1997;17:423-4).

In 2004, a report was published about the diversion of gabapentin in a Florida prison. Prisoners reported a cocaine-like effect. Only 19 of 96 prescriptions for gabapentin were found to be in the possession of the intended recipient. (Del Paggio D. ‘Psychotropic medication abuse in correctional facilities’. *Bay Area Psychopharmacology Newsletter.* 2005;8(2):1-5).

The drug information site Erowid (www.erowid.org) contains accounts of recreational use of gabapentinoids.

**Gabapentin**

The Lothian Joint Formulary (LJF) lists gabapentin as a second choice adjuvant therapy for neuropathic pain (after amitriptyline) in a dose of 300 to 3600mg daily. Gabapentin is also used as an anti-epileptic in focal seizures and (unlicensed) for migraine prophylaxis. In recent years there has been a surge in its use. It was initially thought attractive as adjuvant analgesia treatment for drug users as it is a non-opioid. It was presumed safer in overdose than amitriptyline.

Taking gabapentin can give people a feeling of relaxation and euphoria. People describe an increased sense of touch. It can also cause a large number of negative symptoms including diarrhoea, blurred vision and loss of balance so that users have difficulty walking. It is reported to potentiate the effect of methadone.

**Pregabalin**

Pregabalin is used for peripheral and central neuropathic pain; adjunctive therapy for focal seizures with or without secondary generalisation and generalised anxiety disorder in a dose up to 600mg. It has only been recommended by the Scottish Medicines Consortium for restricted use for seizures and neuropathic pain if alternative therapies have failed (i.e. not for general anxiety disorder since there has been no submission for this indication) and is not included in the LJF.

Pregabalin is reported as having alcohol-like effects mixed with euphoria, and it seems easier to achieve a recreational high with it than with gabapentin.

The Canadian Agency for Drugs and Technologies in Health (CADTH) carried out a review of the evidence for pregabalin misuse in April 2012. They concluded that pregabalin was not liable to abuse in non-drug-misusing populations but it has a potential for euphorogenic activity in groups with a history of illicit drug use and may be associated with an abuse liability:  [http://www.cadth.ca/media/pdf/htis/april-2012/RC0348%20Pregabalin%20draft%20report%20Final.pdf](http://www.cadth.ca/media/pdf/htis/april-2012/RC0348%20Pregabalin%20draft%20report%20Final.pdf)

In 2012 Gabapentinoids were implicated in seven drug-related deaths (all involving multiple substances) occurring in NHS Lothian (out of a total 84 drug-related deaths in 2012). (Personal communication L. Cockayne). The potential contribution to drug-related deaths has not been researched, but has been noted to be an increasing trend within NHS Lothian.

**Advice**

- If gabapentin is prescribed, be particularly cautious if the patient already has substance misuse problems. Review all gabapentin prescriptions regularly and arrange instalment dispensing if there are any concerns
- Be aware that there is also the potential for non-drug users to sell prescribed drugs on. The current street value is at least about £1 per tablet
- If prescribing for neuropathic pain, use LJF first line therapies initially
- Only prescribe gabapentin if there is a clear diagnosis of neuropathic pain
- Patients with substance misuse should be advised of the increased risk of toxicity when taken with other substances of abuse
- For patients with complex pain and addiction co-morbidity consider referral to the joint pain and dependency (PAD) clinic at the Western General Hospital
- For those reporting street use of gabapentin, offer support to reduce illicit use and/or signpost to the local substance misuse service. Suggest a gradual self-reduction, guided by any symptoms
- For patients currently prescribed gabapentin, where the indication is reviewed and found to be inappropriate, consider reducing and then stopping prescribing this drug.
- Consider Yellow Card reporting for dependence

**Conclusion**

Gabapentin and pregabalin can be valuable drugs in the treatment of certain conditions. Only gabapentin is included in the Lothian Joint Formulary. It should be remembered that both have abuse potential, especially in those who already have a history of substance misuse.