London Procurement Partnership

Advice on prescribing pain medications with a higher risk of inappropriate use and harm — gabapentinoids

Responsible Pain Prescribing Bulletin

NHS LPP Medicines Optimisation Workstream

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Action: Practitioners should prescribe pregabalin and gabapentin appropriately to minimise the risks of inappropriate use and dependence, and should be able to identify and manage problems of inappropriate use if they arise[1].

Background

In regards to the management of pain, the risk of inappropriate use and harm with opioids is well documented. Over recent years, the level of risk associated with gabapentinoids has also become increasingly apparent. This has resulted in a recent consultation from the Home Office[2] considering the potential scheduling of these under The Misuse of Drugs Regulations 2001. A recommendation for the control of these medicines was first made by the Advisory Council on the Misuse of Drugs (AMCD) in January 2016. The Home Office consultation opened on 13 November 2017 and closed on 22 January 2018 and a decision is expected imminently.

These drugs are licensed in the UK for both treating focal seizures and managing neuropathic pain (pregabalin is also licensed for treating generalised anxiety disorder) but the large increase in prescribing suggests their use in pain has become more prevalent; in 2013 the total use in England of these medicines was 8.2 million prescriptions, representing a 46% rise in the prescribing of gabapentin and a 53% rise in pregabalin prescribing in comparison to primary care prescribing data from 2011[1].

Subsequent acknowledgement of their potential for inappropriate use has been noted (and in some cases controls put in place) in other parts of Europe and the USA. Within the UK anecdotal reports, prescribing trends and information on illegal medication use suggests an increase in the illicit use of these items, particularly pregabalin[1].

In addition to inappropriate use, these drugs have a higher risk of causing harm to the patient than some other prescribed medications. A document from the Office for National Statistics (ONS) (2016) reported there were 111 deaths with pregabalin mentioned on the drug certificate and 59 with a mention of gabapentin in England and Wales between 2012 and 2016[3]. Associated harms include mortalities, physical dependency and the propensity to cause central nervous depression.

Irrespective of the outcome of the Home Office consultation, it is clear that individual prescribing decisions should be carefully deliberated and discussed, and regular review and monitoring undertaken to consider the continuation of these items.

The purpose of this bulletin is to provide prescribers with key information and advice on their responsibilities when prescribing these medications and the additional considerations needed due to the associated higher risks with these.

Considerations when prescribing gabapentinoids

The "Drug misuse and dependence: UK guidelines on clinical management" highlights that "there is only limited evidence to inform the management of misuse of or dependence on gabapentinoids"[4]. However, prescribers need to be aware of the risk that some patients may wish to accumulate supplies with a view to taking excessive doses for a psychoactive effect[4]. Prescriptions may also be obtained to supply onwards (diversion). Prescribers should be alert to signs of dependence or inappropriate use – which may be intentional or unintentional – in all patients prescribed these medications.

The BNF lists three main responsibilities for prescribers when prescribing medicines likely to cause dependence or harm[5], which have been summarised below:

- To avoid creating dependence by introducing drugs to patients without sufficient reason. Ensure an informative and open discussion takes place regarding the effectiveness of the medication and also the potential adverse effects and risks for dependence and harm.
- To see that the patient does not gradually increase the dose of a drug, given for good medical reasons, to the point where dependence becomes more likely. Monitor the amount being prescribed (ideally one named prescriber) and supply only minimal amounts initially.
- To avoid being used as an unwitting source of supply for addicts and being vigilant to methods for obtaining medicines. Methods include visiting more than one doctor, fabricating stories, and forging prescriptions.

Regular consultations and reinforcements of these principles are encouraged to enable open dialogue and continuous and active review of the treatment.

Identifying those at higher risk

Public Health England and NHS England released advice to prescribers in 2014 regarding the potential inappropriate use and harm associated with gabapentinoids. They highlighted that although this should not necessarily preclude appropriate treatment, prescribers should be aware that those with a previous history of inappropriate use, dependence or diversion (for example with opioids or benzodiazepines) may be more at risk than others of developing similar behaviour with gabapentinoids[1]. This is also supported by a recent systematic review, where noted non-medical use of these medications was commonly associated with participation in opioid substitution programmes or a noted dependence on opioids[6]. Their use has been frequently and increasingly noted in secure environment settings (e.g. prisons) and associated risks on exit into the community should be mitigated[4].

On a day-to-day basis, prescriptions for gabapentinoids may need to be reviewed with the patient if any of the following are observed:

- Irregular prescribing or accessing prescriptions via a variety of routes.
- Frequent requests or increasingly higher doses. Doses should not be above the BNF maximum stated doses
- Concurrent medications that increase the risk of harm (e.g. benzodiazepines and opioids).
- Changes in behaviour or mood of the patient.

Action: Regularly review prescriptions for gabapentinoids with the patient; discuss efficacy, tolerability and potential for harm.

Next steps if inappropriate use is suspected

The UK guideline for "Drug misuse and dependence" recommends that patients presenting to services with possible dependence on pregabalin or gabapentin should be assessed for evidence of psychological and physical features of dependence and for any withdrawal symptoms or signs that have been experienced and for any relevant comorbid health problems (such a neuropathic pain or anxiety disorder)[4].

Currently in London, treatment of gabapentinoid dependence is not commonly dealt with under local substance misuse services, but if primary care practitioners require support or advice they are encouraged to contact these or local pain services (depending on local resources). Other services that may be able to help include Improving Access to Psychological Therapies (IAPT) teams.

Strategies which may be adopted to reduce risk before or after inappropriate use is identified

- Use of patient-prescriber contracts – clear treatment goals and the expected review process should be agreed prior to initiation.
- Regular review and reinforcement of treatment goals and risks between the patient and the prescriber.
- Shorter prescriptions (e.g. weekly), with support from community pharmacy.
- Exploration of alternative options for pain relief with the patient.

If withdrawal of the gabapentinoid is agreed, it is advised that both gabapentin and pregabalin can be discontinued over one week but a more gradual dose taper allows observation of emergent symptoms that may have been controlled by the drug, particularly at high doses[4]. The document from PHE and NHSE gives some advice on recommended reduction schedules[1]. These medications should not be stopped suddenly.

References

1. PHE and NHS England, Advice for prescribers on the risk of the misuse of gabapentin and pregabalin, December 2014, https://www.gov.uk/government/publications/pregabalin-and-gabapentin-advice-for-prescribers-on-the-risk-of-misuse

2. Pregabalin and gabapentin: proposal to schedule under the Misuse of Drugs Regulations 2001 (Consultation closed 22nd January 2018) https://www.gov.uk/government/consultations/pregabalin-and-gabapentin-proposal-to-schedule-under-the-misuse-of-drugs-regulations-2001

3. ONS Deaths related to drug poisoning in England and Wales: 2016 registrations, August 2017, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations

4. Department of Health, Drug misuse and dependence UK guidelines on clinical management, July 2017 (minor revisions November 2017), https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

5. BNF Medicines Guidance – Controlled drugs and dependence, accessed May 2018, https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html

6. How addictive are gabapentin and pregabalin? A systematic review. Bonnet U. and Scherbaum N. European Neuropsychopharmacology (2017), http://dx.doi.org/10.1016/j.euroneuro.2017.08.430