

**Audit: Co prescribing of high dose Gabapentinoids (gabapentin and Pregabalin) plus opioids**

**What we would like you to do:**

Audit patients who are on a high dose gabapentinoid plus an opioid (that is 1.8g gabapentin per day or more; 300mg pregabalin per day or more) by downloading the searches at:

[https://www.prescqipp.info/our-resources/webkits/pain/high-dose-gabapentinoid-prescribing/](https://www.prescqipp.info/our-resources/webkits/pain/high-dose-gabapentinoid-prescribing/%22%20%5Ct%20%22_blank)

* Exclude patients on medication for palliative or end of life indications (you will have to do this manually)
* Select randomly 30 patients on gabapentin and 30 patients on pregabalin (if you have less than this, then just look at the ones you have and note this as your total)
* Fill in the on-line audit data returns form.

Pregabalin

<https://www.cognitoforms.com/PrescQIPPCIC/HighDosePregabalinPlusOpioidAuditReturnsForm>

Gabapentin

<https://www.cognitoforms.com/PrescQIPPCIC/HighDoseGabapentinPlusOpioidAuditReturnsForm>

This includes:

* + Questions about indication, licensed use or not, overuse, medication review, co prescribing and duration of prescribing which can be answered by non clinical staff
	+ Reflections – this part will need to be answered by the clinical team

**Rationale for this audit:**

* Gabapentin/pregabalin and opioids are both commonly prescribed for pain; the likelihood of co-prescribing of gabapentinoids and opioids is high.1
* Gabapentin and pregabalin are widely used for neuropathic pain. However, there is no good quality and reliable evidence for use in neuropathic pain other than in post herpetic neuralgia and diabetic neuropathy. 2,3
* Opioids have only a limited place in the management of chronic pain.4
* Concomitant treatment with gabapentin/pregabalin and opioids is associated with a substantial increase in the risk of opioid-related death. 5
* This effect is more pronounced the higher the dose of gabapentinoid (1.8g gabapentin per day or more; 300mg pregabalin per day or more. 6,7

**What should prescribers do?**

* Closely monitor patients receiving this combination of medications. Consider particularly in respiratory disease, renal disease and elderly/frail.
* Consider the necessity/effectiveness of the combined opioids/gabapentin prescribing. The risk to the patient increases with higher doses of gabapentin/pregabalin.6, 7
* Patients should be informed of the risks and benefits of taking gabapentin/pregabalin 8 both alone and in combination with other sedatives.
* Notice any signs of over ordering, increasing doses / extra requests. Misuse and dependence are increasingly recognized 9 and gabapentin and pregabalin have been re scheduled as a result. 10 Patients who have a history of substance misuse are particularly at risk of dependence with gabapentinoids. Ask about how the medications are being taken – any ‘extra’ doses for example.

**What will we do with this information?**

All data will be treated confidentially and use of anonymized collated data will support the CDAO team to work to promote safer practice and minimize risk of harm to patients. We will share our findings with you all and the wider health care community as we recognise this is a whole system issue.

**Here are the licensed indications for gabapentin and pregabalin:**

|  |  |  |
| --- | --- | --- |
| **Licensed indication** | **Pregabalin licensed?** | **Gabapentin licensed?** |
| Generalized anxiety disorder | Yes | No  |
| Peripheral and central neuropathic pain | Yes | No |
| Peripheral neuropathic pain | Yes | Yes |
| Adjunctive therapy for focal seizures with or without secondary generalization | Yes | Yes |
| Monotherapy for focal seizures with or without secondary generalization | No  | Yes |
| Migraine prophylaxis | No  | Unlicensed but BNF contains dosing information |
| Menopausal symptoms (in women with breast cancer) | No | Unlicensed but BNF contains dosing information |
| Fibromyalgia | No | No |

**Queries?**

If you have been asked to do these high dose gabapentinoid audits by your local CDAO network, please direct all questions you may have about the audits or deadlines for submission to your local CDAO office. PrescQIPP are unable to directly respond to these queries.

**Here are links to resources to assist with reflection:**

1. [François Montastruc, MD, PhD](https://jamanetwork.com/searchresults?author=Fran%c3%a7ois+Montastruc&q=Fran%c3%a7ois+Montastruc" \t "_blank)[1](https://jamanetwork.com/searchresults?author=Fran%c3%a7ois+Montastruc&q=Fran%c3%a7ois+Montastruc" \t "_blank); [Simone Y. Loo, MSc](https://jamanetwork.com/searchresults?author=Simone+Y.+Loo&q=Simone+Y.+Loo" \t "_blank)[2](https://jamanetwork.com/searchresults?author=Simone+Y.+Loo&q=Simone+Y.+Loo" \t "_blank); [Christel Renoux, MD, PhD](https://jamanetwork.com/searchresults?author=Christel+Renoux&q=Christel+Renoux" \t "_blank)[2](https://jamanetwork.com/searchresults?author=Christel+Renoux&q=Christel+Renoux" \t "_blank) Trends in First Gabapentin and Pregabalin Prescriptions in Primary Care in the United Kingdom, 1993-2017 JAMA. 2018;320(20):2149-2151. doi:10.1001/jama.2018.12358 <https://jamanetwork.com/journals/jama/article-abstract/2716548?resultClick=24>
2. Gabapentin for chronic neuropathic pain in adults <https://www.cochrane.org/CD007938/SYMPT_gabapentin-chronic-neuropathic-pain-adults>
3. Pregabalin for chronic neuropathic pain in adults <https://www.cochrane.org/CD007076/SYMPT_pregabalin-chronic-neuropathic-pain-adults>
4. Opioids aware <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>
5. Lyndon, A., Audrey, S., Wells, C. Et al Risk to heroin users of polydrug use of pregabalin or gabapentin. Addiction, 2017; 112: 1580–1589. doi: [10.1111/add.13843](http://dx.doi.org/10.1111/add.13843%22%20%5Ct%20%22_blank)
6. Gomes T, Greaves S, van dem Brink W et al. Pregabalin and the Risk for Opioid-Related Death: A Nested Case–Control Study Ann Int Med 2018; 169: 732-734 DOI: 10.7326/M18-1136 ​
7. Gomes T, Juurlink DN, Antoniou T et al Gabapentin, opioids, and the risk of opioid-related death: A population-based nested case–control study. 2017 PLoS Med 14(10): e1002396  https://doi.org/10.1371/journal.pmed.1002396[https://doi.org/10.1371/journal.pmed.1002396](https://doi.org/10.1371/journal.pmed.1002396%22%20%5Ct%20%22_blank)
8. <https://www.prescqipp.info/our-resources/bulletins/bulletin-119-pregabalin-in-neuropathic-pain>
9. **Parsons G. Guide to the management of gabapentinoid misuse. Prescriber April 2018** [https://www.prescriber.co.uk/article/guide-to-the-management-of-gabapentinoid-misuse/](https://www.prescriber.co.uk/article/guide-to-the-management-of-gabapentinoid-misuse/%22%20%5Ct%20%22_blank)
10. Re scheduling of gabapentin and pregabalin to schedule 3 controlled drugs from 1 April 2019 https://www.rpharms.com/about-us/news/details/Rescheduling-of-Gabapentin-and-Pregabalin-to-Schedule-3-Controlled-Drugs-from-1-April-2019