

WELSH HEALTH CIRCULAR



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Title: Advice for prescribers on the risk of the misuse of pregabalin and gabapentin

Date of Expiry / Review June 2018

For Action by:

- general practice
- pain medicine (acute and chronic)
- substance misuse treatment and recovery
- Prison Healthcare
- neurology and neurosurgery
- rheumatology
- orthopaedics

Action required by: N/A

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Enclosure(s): None

Background

The Advisory Committee for the Misuse of Drugs (ACMD) provided advice in January 2016 to the Minister for Preventing Abuse and Exploitation in the Home Office expressing concerns over the misuse of pregabalin and gabapentin.

The ACMD undertook a review of the potential harms associated with the misuse of pregabalin and gabapentin following representations received from stakeholders, most notably from Northern Ireland. In the UK, pregabalin and gabapentin prescribing has increased, respectively, by 350% and 150 % in just 5 years.

Initial concerns regarding the potential misuse of pregabalin were raised in 2014 by the Health and Social Care Board, who noted that the use of pregabalin in Northern Ireland was significantly higher than in the rest of the UK and highlighted growing misuse and abuse.

Purpose of this advice

This document has been produced by healthcare professionals with support from policy observers to provide:

- information regarding the potential for misuse of pregabalin and gabapentin
- suggestions for a balanced and rational use of these medications

Who should read this advice on risk of misuse?

The statement will be useful to medical and non-medical prescribers of pregabalin and gabapentin, and other healthcare professionals in primary and secondary care and in secure environments including those working in:

- general practice
- pain medicine (acute and chronic)
- substance misuse treatment and recovery
- Prison Healthcare
- neurology and neurosurgery
- rheumatology
- orthopaedics

Key messages

Professionals prescribing pregabalin and gabapentin should be aware not only of the potential benefits of these drugs to patients, but also that the drugs can lead to dependence and may be misused or diverted.

Pregabalin and gabapentin have a well-defined role in the management of a number of disabling long-term conditions, including epilepsy and neuropathic pain; and, for pregabalin, generalised anxiety disorder.

Practitioners should prescribe pregabalin and gabapentin appropriately to minimise the risks of misuse and dependence, and should be able to identify and manage problems of misuse if they arise.

Prescribing for patients with a known or suspected propensity to misuse, divert or become dependent on these drugs may place these people at greater risks from their use. Prescribers must make a careful assessment to balance the potential benefits against the risks. However, it should be noted that such patients may also have a higher prevalence of the indicated conditions for these drugs and some may benefit from their use.

Patients who are offered these drugs need to have sufficient information to consent to the treatment plan. Patients should be aware of the likely efficacy of the drugs for management of their symptoms and also about the risk of harms, including dependence.

While no patient should normally be excluded from access to medications that may help them simply because of a current or past problem with misuse or dependence (or because of concern about propensity to such risk), that concern is a proper and relevant consideration in how, and even whether to prescribe these drugs. Prescribing decisions should be discussed in full with patients and they should be made aware of the importance of their co-morbidities and context in making a safe prescribing decision.

Less harmful, alternative drugs can often be first-line treatments for the indicated conditions for which pregabalin and gabapentin are now used, and may be tried preferentially in higher risk settings or in patients who may be more likely to be harmed by the drugs.

Evidence for misuse of pregabalin and gabapentin

Misuse of gabapentin and pregabalin has been noted for some years in clients attending substance misuse treatment and recovery services, and within secure environment settings. Currently, pregabalin appears to be more sought after for misuse than gabapentin. There is a growing illegal market, and these drugs are also being bought through online pharmacies.

Both pregabalin and gabapentin are increasingly being reported as possessing a potential for misuse. When used in combination with other depressants, they can cause drowsiness, sedation, respiratory failure and death. Pregabalin may have a higher abuse potential than gabapentin due to its rapid absorption and faster onset of action and higher potency. Pregabalin causes a 'high' or elevated mood in users; the side effects may include chest pain, wheezing, vision changes and less commonly, hallucinations.

Gabapentin can produce feelings of relaxation, calmness and euphoria. Some users have reported that the 'high' from snorted gabapentin can be similar to taking a stimulant.

Since 2012 in Wales there has been a 20% year on year increase in prescribing rates in Wales

In February 2015, HMI Prisons reported that health staff in a significant number of establishments continued to report high numbers of prisoners being prescribed pregabalin and/or gabapentin, in a manner that does not meet best practice guidelines and addressing this effectively requires significant time and resource while the correct diagnosis and appropriate pain management plan are formulated.

Deaths

In October 2015, the National Programme for Substance Abuse Deaths (npSAD) provided the ACMD with a breakdown of deaths associated with pregabalin and gabapentin. In 2013, there were 19 deaths implicated with pregabalin and 17 deaths implicated with gabapentin in the UK.

In September 2015, the Office for National Statistics (ONS) released registrations information on deaths related to drug related poisoning. This data highlighted a significant increase in deaths from 2012 onwards. In 2014, there were:

- 38 deaths where pregabalin was mentioned on the deceased's death certificate; and,
- 26 deaths where gabapentin was mentioned on the deceased's death certificate.

In addition there have been drug related deaths reported in Wales where these medications were implicated as a contributory factor.

For further information please see

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf