**Taking gabapentinoids for pain – Patient information leaflet**

**Why have I been prescribed gabapentin or pregabalin?**

Gabapentinoids (gabapentin and pregabalin) are used to treat some types of persistent pain.

They can be effective in some people to treat nerve pain, which feels like a burning, stabbing or

shooting sensation. This type of pain can be felt if you have painful diabetic neuropathy or after

shingles. Sometimes pregabalin and gabapentin are used to treat other types of pain but there is limited evidence to demonstrate benefits. Gabapentin and pregabalin belong to the group of

medications called anticonvulsants and so are also used to treat epilepsy.

**How do gabapentinoids work?**

Gabapentin and pregabalin work by changing the way that nerves send messages to your brain.

If the messages are reduced, then the pain will be reduced. Gabapentinoids can manage some

but not all types of pain.

**What dose of gabapentinoid should I take?**

The correct dose of any painkiller is the lowest dose that produces a noticeable benefit. People

do not usually get complete relief of pain from gabapentinoids.

You usually start gabapentinoids at a low dose and increase it slowly to find the right dose for

you. You and your doctor, nurse or pharmacist will decide together how quickly you increase

your dose.

**How long will it take to work?**

It may take 2 - 4 weeks before you feel pain relief. It may take longer (up to 2 months) to get to

the right dose for you and to allow the medicine to build up in your body.

Gabapentinoids do not work for everyone. If you do not feel any improvement in your pain relief

after 6 – 8 weeks of taking your gabapentinoid then this medicine may not be the right one for

you. If this occurs do not suddenly stop taking the capsules but speak to your doctor, where a

dose reduction plan will likely be agreed.

**What about addiction to gabapentinoids?**

It is rare but possible for people in pain to become addicted to gabapentinoids. People who are addicted to gabapentinoids can:

• feel out of control about how much medicine they take or how often they take it

• crave the drug

• continue to take the drug even when it has a negative effect on their physical or mental health

We do not know exactly how many people get addicted when they are taking gabapentinoids for

pain relief, but it is very uncommon. It is more common if you have been addicted to opioids

(including heroin) or to other drugs (or alcohol) before. Addiction may also be more common in

people with severe depression or anxiety. This does not mean that if you have had an addiction

problem before or you are very depressed and anxious you will become addicted, it only means

that you are more likely to become addicted than someone who has not had these problems.

Therefore, if you have had a problem with drug or alcohol addiction in the past your healthcare

team will need to know about this, so that they are able to prescribe gabapentinoids safely and to

help you watch out for warning signs.

**What are the possible side effects?**

When you first start taking gabapentinoids you can get some side effects, which usually stop after

a few days. The most common side effects, that can affect more than 1 in 10 people taking

gabapentinoids, include drowsiness, dizziness and headache. Drowsiness is usually temporary

and is most likely to occur as your dose is increased. If you feel drowsy, you should not drive or

operate machinery. If you feel especially drowsy in the morning it may help to take your nighttime dose earlier in the evening. The risk of drowsiness may be increased if you are taking other

medicines for pain such as other anticonvulsant medication, antidepressants or opioids.

Please see the product information leaflet supplied with your medicine for a list of less common side effects.

If side effects are severe, or last for more than a few days, or if you experience blurred vision,

trembling, irregular heartbeat, difficulty passing urine or a reaction to this medication you should

get advice from your GP, community pharmacy or NHS111.

**Can I drive when I’m taking gabapentinoids?**

Please see note above; if you experience drowsiness you should not drive. Please remember,

you are responsible for making sure you are safe on each occasion that you drive. You should

never drive if you feel unsafe. Your ability to drive may be affected by other medicines you are

taking in addition to gabapentinoids, whether you feel tired and by your pain.

**What if I forget or miss a dose?**

Take it as soon as you remember. However, if it is almost time for your next dose, skip the missed

dose and take your medication as normal. Do not take two doses together.

**Can I drink alcohol?**

Alcohol and gabapentinoids can together cause sleepiness and poor concentration. You should

avoid alcohol completely when you first start on gabapentinoid or when your dose has just been

increased. If you are taking gabapentinoids, you should avoid alcohol if you are going to drive or

use tools or machines.

When you get on a steady dose of gabapentinoid, you should be able to drink modest amounts

of alcohol without getting any extra unusual effects, but only if the drowsiness has stopped.

**When should I take my gabapentinoid medicine?**

At the start of treatment, you may be taking your gabapentinoids between one and three times a

day, but once you are on a stable dose you will be taking your capsules twice a day (morning

and night) or three times a day (morning, afternoon and night).

It is important to take your gabapentinoid medication as prescribed by your GP for it to work

properly. It is not a medication that you should use on an ‘as required’ basis.

**What if I want to stop taking a gabapentinoid?**

Do not stop taking your gabapentinoid suddenly as you might experience withdrawal symptoms.

Speak to your healthcare professional (doctor, nurse, or pharmacist) who will be able to

supervise a gradual reduction.