

Gabapentin

Patient Information

Chronic Pain Service



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

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Why am I on anti-epileptic treatment when I came to see you about my pain?

The doctor in the pain clinic has suggested that some of the pain you are experiencing might be due to excess electrical activity within your pain transmitting nerves. It therefore may be helped by giving you a medicine that suppresses this excess electrical activity.

Epilepsy is also a medical condition in which there is excess electrical activity within the nerves, and this is treated with drugs that suppress this electrical activity. Therefore it is possible that drugs that suppress epilepsy may also suppress some of the pain that you are experiencing.

Which anti-epileptic drug will I receive?

There are many anti-epileptic drugs around, several of them have been used for many years but they have several well-known side effects that have sometimes made them unpopular with patients. Furthermore, they can upset the body's biochemistry, and this may require monitoring with blood tests. Only one of these older anti-epileptic drugs is licensed for a particular type of chronic pain – this drug is called carbamazepine and it is licensed for use in a painful condition called trigeminal neuralgia.

In the last 2 decades some newer anti-epileptic drugs have come out, and on the face it, one of these, gabapentin (Neurontin), does not seem to have as many side effects.

Gabapentin has had a license for the treatment of epilepsy for several years. It received its license for use in neuropathic pain at the beginning of April 2000.

How do I take Gabapentin?

Gabapentin 300mg comes in yellow capsules. The capsules are taken as follows:

DAY		Morning	Noon	Night
Day 1	1 Capsule	✓	-	-
Day 2	2 Capsules 1 in the morning, 1 at night	✓	-	✓
Day 3	3 Capsules 1 in the morning, 1 at noon, 1 at night	✓	✓	✓
Day 4	4 Capsules 2 in the morning, 1 at noon, 1 at night	✓ ✓	✓	✓
Day 5	5 Capsules 2 in the morning, 1 at noon, 2 at night	✓ ✓	✓	✓ ✓
Day 6	6 Capsules 2 in the morning, 2 at noon, 2 at night	✓ ✓	✓ ✓	✓ ✓
Day 7	6 Capsules 2 in the morning, 2 at noon, 2 at night	✓ ✓	✓ ✓	✓ ✓

If you have side effects that you can't tolerate by Day 3, then obviously you will have to stop taking the medicines. If you have no side effects or the medicine doesn't seem to be working, then carry on increasing the dose as directed until you get to 2 capsules three times per day. If this gives you side effects, and you were better on the lower dose of one capsule three times per day, then you can go back to the lower dose. If after four weeks of treatment you don't notice any difference, then it may be reasonable to stop taking the medicine.

Benefits

Unfortunately we cannot guarantee you will gain benefit from this drug.

Alternatives

Your pain specialist will have discussed alternatives with you in your consultation; these could be either medicines, injections, or physical therapies. Every patient is unique and therefore specific alternatives cannot be given on an information leaflet as not all treatments are suitable for everyone.

What are the common side effects of Gabapentin?

The common side effects are drowsiness, unsteadiness, and giddiness.

Some patients may tire more easily, or suffer from visual side-effects, weight gain or memory loss, nausea, and vomiting

It is important to give this medicine a fair trial, and to give your body a chance to get used to the side effects. You have had your pain for quite some time, and it is unfair to expect the pain to disappear straight away with the treatment.

A period of four weeks of treatment will allow you to judge whether the medicine has helped your pain. If it has helped your pain to some extent, and the side effects have not been too troublesome, then we can leave you taking the drug indefinitely.

What shouldn't I do?

Avoid taking Gabapentin at the same time as antacid medicines like Gaviscon as it may affect how much drug is taken up by your body. (Gaviscon stops your body absorbing the drug).

Please be careful with taking alcohol and Gabapentin together as you may become drowsier than expected.

Avoid operating heavy machinery or driving a car when you first start taking these capsules or if at any time you feel the medicine is making you unfit to do either.

Is Gabapentin addictive?

Gabapentin is not addictive. A recent publication from Public Health England (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf) suggests that there may

be risks of misuse and dependence in some patients. However, your body will not start craving more and more gabapentin. If you are taking high doses of Gabapentin, it is possible that what may happen if you stop the treatment suddenly after several months of treatment is that you may get symptoms of nausea and anxiety. We would normally suggest that your medicine be decreased slowly over a period of time so that this is less likely to happen.

Is Gabapentin a Controlled Drug?

In April 2019 Gabapentin was classified as a controlled drug. This is because there were concerns about its potential misuse and abuse. This reclassification has meant that there are now additional requirements are needed on the prescription and that any issued prescription is only valid for 28 days.

Where can I get more information?

The Faculty of Pain Medicine of the Royal College of Anaesthetists has published an alternative patient information leaflet on Gabapentin on its website. The leaflet on Gabapentin is available at <https://fpm.ac.uk/sites/fpm/files/documents/2021-04/Gabapentin%202021.pdf>

Contact information

If you are a patient under the current care of Wrightington Wigan and Leigh NHS Foundation Trust Pain Service and have any questions, please contact the Pain Management Team on Telephone: 01942 773099.

It is very important that you attend any appointments made for you with either, the Doctor; Nurse; Physiotherapist; Occupational therapist or the Psychologist. If you cannot attend, please cancel the appointment and re-arrange, failure to cancel will result in discharge from the pain service and you will need to be re referred by your GP if you wish to be seen again.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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