

High Risk Pain Medicines abound! Gabapentinoid Prescribing Review in a Palliative Care Caseload

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Abbreviated abstract: The gabapentinoids are a class of medicines commonly prescribed in palliative care, primarily for cancer-related neuropathic pain. Across Scotland gabapentinoid prescribing is increasing for a wide range of indications. A new High Risk Pain Medicines Patient Safety Programme initiative in NHS Fife, where prescribing of pain medicines is higher than the Scottish average, prompted our team to review its prescribing of gabapentinoids and consider the findings in the context of patient safety.

Related publication:

Torrance N. et al (2020). Trends in gabapentinoid prescribing, co-prescribing of opioids and benzodiazepines, and associated deaths in Scotland. *British Journal of Anaesthesia*, 125(2), pp.159-167

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Background and challenge

- Cancer-related neuropathic pain is common in people referred to palliative care services and can be caused by cancers themselves or anti-cancer treatments e.g. peripheral neuropathy
- Treatment can be challenging due to low efficacy, side effects, advancing age and comorbidities
- Rates of cancer-related neuropathic pain could rise as cancer survival rates improve

Gabapentinoids are High Risk Pain Medicines

- Licensed for neuropathic pain, amongst other less common indications
- Similar and also different side effects compared with opioids
- Reclassified in April 2019 as Schedule 3 Controlled Drugs due to safety and abuse concerns (particularly the risk of respiratory depression, with or without concomitant opioid)
- A national concern: prescribing rates are increasing (Figure1), as are drug-related deaths (DRDs)
 - Fife had the highest involvement of gabapentinoids in local DRDs in Scotland in 2021 (NRS figures)

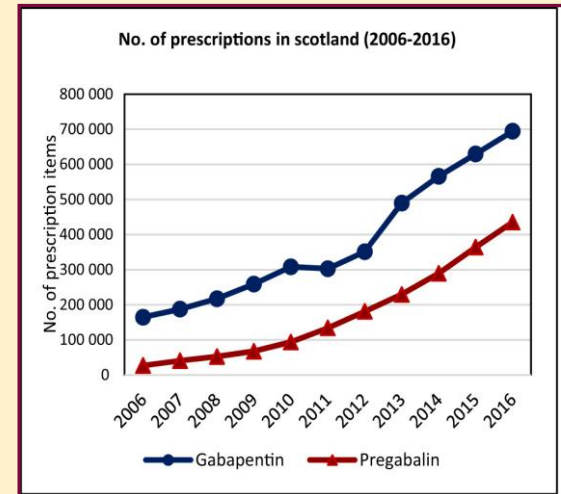


Figure 1

Snapshot review of gabapentinoids in our caseload

Data was collected as at 22nd June 2022 (87 patients) using the Emergency Care Summary:

- 28% (24/87) were prescribed a gabapentinoid
- The prescriptions were commenced by:
 - Specialist Palliative Care 25%
 - GP 33%
 - Other Specialty 13%
 - Not clear 29%
- 96% of these patients were also prescribed an opioid, with oral morphine equivalent (OME) of:
 - Gabapentin group 151mg
 - Pregabalin group 352mg
- <5 patients were prescribed a gabapentinoid, an opioid and clonazepam
- Neuropathic pain was the clear indication in approximately 80% of patients (data incomplete)

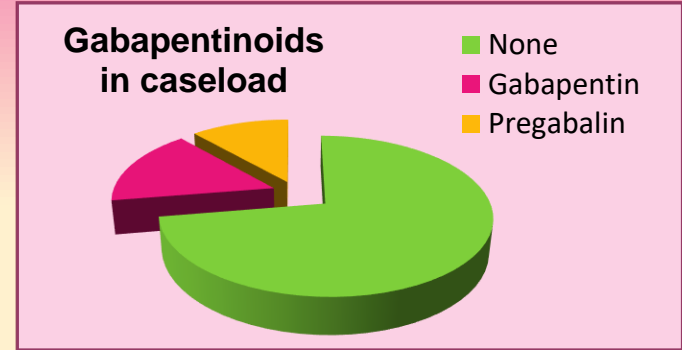


Figure 2

Conclusions and recommendations

Combinations of High Risk Pain Medicines are commonly required for complex symptom control in Palliative Care and present challenges to patients and prescribers

MHRA safety advice

- Gabapentinoids can cause depression of the CNS, resulting in drowsiness, sedation, and potentially fatal respiratory depression, particularly if used with opioid medicines and alcohol
- Observe patients for possible signs of abuse and dependence e.g. drug-seeking behaviour, dose escalation, and development of tolerance

Patient and prescriber education

- Prescribers require an awareness of wider drug safety concerns and sound knowledge on the side effects of the gabapentinoids
- Clear guidance is available on dose adjustments in renal impairment
- Alternative medicines for neuropathic pain should be considered
- Prescribers should communicate medication risks to patients and families to optimise both medicines safety and quality of life
- Review regularly for side effects, particularly in those also taking an opioid, ambulant patients and those who drive