Editorial

Misuse of gabapentin and pregabalin

Sri Lanka Journal of Neurology, 2013, **2**, 1

Neuropathic pain affects up to 8% of the population, causing significant distress and morbidity. Good evidence-based treatment is available, so early diagnosis is important. Recent publicity and guidelines, and increasing prevalences of age-related causes of neuropathic pain (including postherpetic neuralgia and diabetic neuropathy), have led to increasing rates of diagnosis and treatment at secondary and primary level of care. Gabapentin and pregabalin are the recommended mainstays of evidence-based treatment. Unfortunately, experience in US and UK suggests that gabapentin and pregabalin are now prevalent as drugs of abuse. The drug's effects vary with the user, dosage, past experience, psychiatric history, and expectations. Individuals describe varying experiences with gabapentin abuse, including: euphoria, improved sociability, a marijuana-like 'high', relaxation, and sense of calm, although not all reports are positive (for example, 'zombie-like' effects). Gabapentin is easily prescribed without restriction, and escalating doses are recommended. It is therefore easy to facilitate any misuse and addiction potential, and to stock the black market. Like opiates, gabapentin is fatal in overdose; unlike opiates, there is no antidote and the long half-life instills the need for prolonged, intensive management of overdose.

Pregabalin is licensed for neuropathic pain and also for general anxiety disorder. Pregabalin prescribing in the West has increased by 350% and gabapentin by 150% in last five years. This is big business. This trend is seen even in Sri Lanka evidenced by the large number of different generic brands being available in the country. A new name appears in the market almost every month. The use of these drugs is heavily promoted amongst the general practitioners as well. Pain is the commonest symptom known and is very subjective. Diagnosing a neuropathic pain needs special training and when to use these drugs has to be decided with extreme care. But what is seen now is even musculoskeletal pains like back ache, and headaches are being sometimes treated with these specific drugs by GPs, Rheumatologists and Orthopaedic surgeons. In some diabetic clinics use of gabapentin and pregabalin have become routine. The slightest complaint of numbness of a toe is treated.

Whether pregabalin and gabapentin are abused as recreational drugs in Sri Lanka is not known. But its free availability and widespread prescribing will lead to their abuse and we have to be cautious. Some form of control is required in the use of these drugs. Should we restrict their use to only hospital pharmacies?

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