

High Risk Pain Medicines abound!

Gabapentinoid Prescribing Review in a Palliative Care Caseload

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Background

- Cancer-related neuropathic pain is common in people referred to palliative care services and may be caused by cancers themselves or anti-cancer therapies
- Treatment of neuropathic pain can be challenging due to low drug efficacy, side effects, advancing age and comorbidities

Aims

- To review our gabapentinoid prescribing, including prevalence, dose titration and co-prescription with opioids, and consider findings in the context of patient safety

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 abuse and safety concerns (particularly respiratory depression) +/- concomitant opioid
- Prescribing rates (Figure 1) and drug-related deaths (DRDs) are increasing
- Fife had the highest involvement of gabapentinoids in DRDs in Scotland in 2021 (NRS figures)

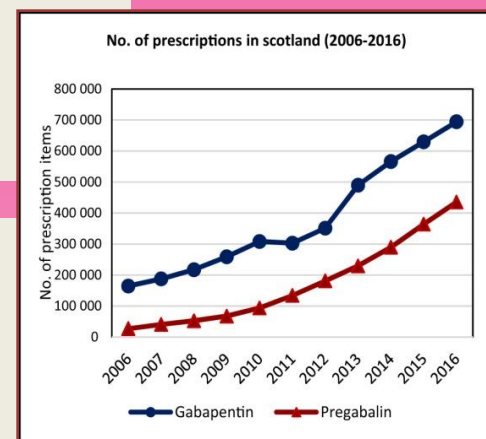


Figure 1 (1)

Results

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

- 28% (24/87) were prescribed a gabapentinoid (Figure 2)
- 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
- <5 patients were prescribed a gabapentinoid, an opioid and clonazepam
- Neuropathic pain was the clear indication in approximately 80% of patients (data incomplete)

Gabapentinoid prescriptions in Fife's SPC caseload

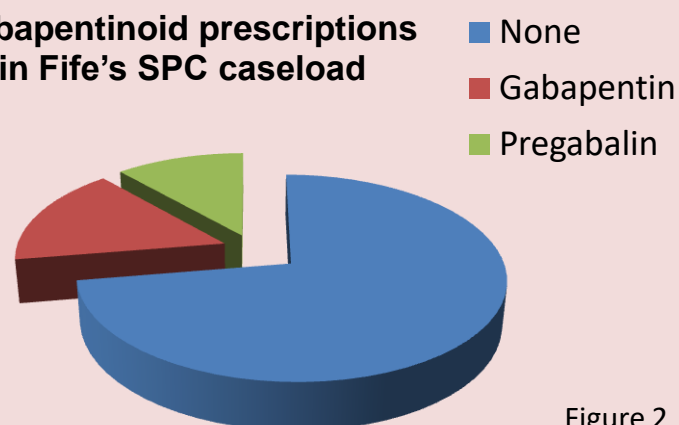


Figure 2

Conclusions and Recommendations

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

MHRA safety advice

- Gabapentinoids can cause CNS depression, resulting in drowsiness, sedation, and potentially fatal respiratory depression, particularly if used with opioids 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 QOL
- Review regularly for side effects, particularly in those also taking an opioid, ambulant patients and those who drive

1. 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