



# ABSOLUTE SCOOP

## DID YOU KNOW?

1. Gabapentin was originally indicated for treatment of focal seizures.
2. Gabapentin is the 10th top drug prescribed in the United States. 49,961,066 prescriptions were dispensed representing 10,571,700 patients.
3. Gabapentin is a controlled medication in 8 states and 12 others states require stricter reporting on Gabapentin prescriptions.
4. The top adverse reactions are: ataxia, dizziness, and drowsiness!

## GABAPENTIN

*Written by Deanna Merrick, PharmD, BCGP, Consultant Pharmacist*

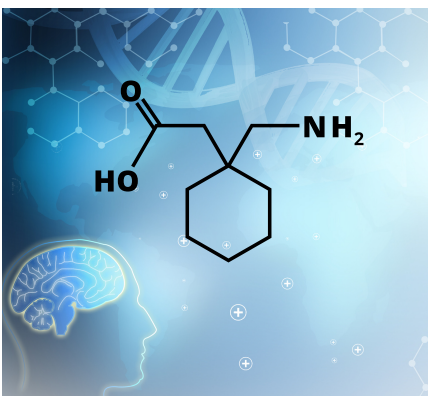
### Introduction:

Gabapentinoids (gabapentin, pregabalin) are a class of medications indicated for a variety of reasons from fibromyalgia, generalized anxiety disorder, restless legs syndrome to neuropathic pain. While these can be beneficial, they also pose a risk to elderly patients. The famous slogan, “start low and go slow,” is a mantra we all know very well; however, most often these medications are started prior to admission. Typically, the dosages have never been adjusted for decreasing organ function, functional ability, or the possibility of adverse effects.

Several academic societies, which specialize in geriatric care, have come out with their own warnings, precautions, and recommendations regarding use of gabapentinoids.

### Choosing Wisely Statements for the American Society of Consultant Pharmacists

1. Don't combined opioids with benzodiazepines or gabapentinoids to treat pain in older adults and reevaluate routinely for deprescribing during chronic use.
  - a. Coprescribing with opioids is increasingly used in the treatment of acute and chronic pain, despite limited evidence to support the effectiveness of this practice.
  - b. In 2019, the FDA required new warnings about the risk of serious breathing difficulties that can lead to death in patients who use gabapentinoids with opioids or other drugs that depress the CNS in patients who have underlying respiratory impairment, such as those with COPD, or the elderly.
  - c. Older adults may be particularly vulnerable because of age-related changes in pharmacokinetics, pharmacodynamics, and medical comorbidity.
  - d. Combination therapy should be AVOIDED whenever possible; older patients who require concurrent use should be closely monitored and periodically evaluated for deprescribing.



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### Screening Tool of Older Persons' Prescriptions (STOPP Version 3)

1. Do not start gabapentinoids (e.g.; gabapentin, pregabalin) for non-neuropathic pain (lack of evidence of efficacy).

### The American Geriatrics Society Beers Criteria

1. Avoid the use of Gabapentin/Pregabalin with opioids. Exceptions are when transitioning from opioid therapy to gabapentin/pregabalin, or when using gabapentinoids to reduce opioids dose.
2. Avoid combination of  $\geq$  CNS active-drugs (Antidepressants, Gabapentinoids, Z-drugs, Opioids, Skeletal Muscle Relaxants).
3. Reduce dose of Gabapentin when CrCl (ml/min)  $<$  60 due to increased CNS adverse effects.

### Don't just stop!!!

Gabapentinoids, while at risk for causing several adverse reactions in the elderly (such as CNS and respiratory depression) should never be stopped suddenly, no matter its indication! The goal for Gabapentin should be to reduce the dose to within range for their renal function, tolerability, and to the lowest effective dose for the resident. Work with your consultant pharmacist to help taper these residents to either a reasonable dose that works without causing adverse effects or taper to discontinuation.

**If you have any questions, please reach out to your Consultant Pharmacist.**

## About the Author

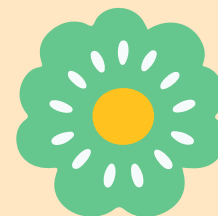


*Outside of work, Deanna enjoys traveling, spending time with her dog, Sloop and husband, Kyle while sipping tequila and supporting Inter Milan.*

Deanna Merrick, PharmD, BCGP, is a clinical consultant pharmacist. She started her Absolute career in operations in the spring of 2016. Her clinical knowledge quickly made her the best qualified candidate to be added to the consulting team in January 2019. She is passionate about appropriate diabetes management and medication optimization. She is currently working towards advanced credentialing in diabetes management which will impact Absolute pharmacy's consulting of the diabetics we serve. She is a graduate of The Ohio State University and a diehard Buckeye fan.

**When is it impossible to plant flowers?**

When you haven't botany.



**If April showers bring May flowers, what do May flowers bring?**

Pilgrims.