

What's All the "GABA" 'Bout? Pregabalin and Gabapentin Abuse

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Disclosures

- Honoraria: Daiichi Sankyo
- This presentation was not a part of the presenter's official duties at the VA and does not represent the opinion of the VA
- •The presentation will include "off-label" uses of some medications, for example gabapentin and tricyclic antidepressants (TCAs)

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Learning Objectives

- Review the proposed mechanisms of action (MOA) for gabapentin and pregabalin
- Explain the proposed rationale as to why gabapentin and pregabalin have become drugs of abuse
- Identify signs and symptoms of withdrawal that an addicted or tolerant patient may experience upon abrupt discontinuation of gabapentin or pregabalin
- Discuss updates on changes in pain management given the increase in gabapentin and pregabalin abuse

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Current Situation	
Opioid overdose public health crisis	
Rising use of nonopioid medications including gabapentin	
Opioids and concomitant gabapentin increase risk for overdose	
Reports of gabapentinoid abuse	
Changes in PDMP and scheduling at state level	
http://www.reaister-herald.com/news/manchin-asks-fda-des-to-consider-reschedulino-askspentin/article 442/s04b-7ed9-5s/8-8d19-65440e9-278b.html	
Painweek.	
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Gabapentin and Pregabalin:	
Gabapentin and Pregabalin: Pharmacology and Pharmacokinetics	
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Fact or Alternate Fact?	
 Gabapentin and pregabalin work on GABA. 	
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Structurally related to GABA and has GABA	-mimetic properties
Do not	
Alter uptake or breakdown Convert into GABA	
Bind to GABA₃ or GABA₃	
Binds to the $\alpha 2\text{-}\delta$ subunit of the voltage-gate	d calcium channel
Reduces the Ca ²⁺ -dependent release of pro-	nociceptive neurotransmitters
Decreases release of glutamate, NE, and subs	tance P
Dworkin RH et al. Pain. 2007;1332-237-251. Schifana F. CNS Drugs. 2014;28:491-496.	
Micromedex 2.0 Online. http://www.micromedexsolutions.com/micromedex J Clin Psychiatry. 2007 Mar;68(3):483-4	⊘librarian.

FDA-approved Indications

- Pregabalin
- -Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
- Post-herpetic neuralgia (PHN)
 Adjunctive therapy for adult patients with partial onset seizures
- Fibromyalgia
 Neuropathic pain associated with spinal cord injury
- Gabapentin
- -PHN
- Adjunctive therapy in treatment of partial onset seizures, with and without secondary generalization, in adults and pediatrics ≥ 3 years

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Lyrica package insert. New York: Parke-Davis; Dec 2016. Neurontin package insert. New York: Parke-Davis; Sept 2015.

FDA-approved Indications

- Gabapentin enacarbil
- -Moderate-to-severe restless legs syndrome (RLS)
- -PHN
- ■Gabapentin ER
- -PHN
- Pregabalin CR
- -PHN
- -Neuropathic pain associated with DPN

Horizant package insert. Arbor Pharmaceuticals, Atlanta, GA: LLC: October 2016. Lyrica CR package insert. New York, NY; Pfizer: October 2017. Gralise package insert. Newark, CA; Depomed, Inc: Dec 2012.

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Off-label Uses				
Pregabalin				
Bipolar disorder Alcohol/narcotic withdrawal Anxiety		l .		
ADHD Restless legs syndrome				
Trigeminal neuralgia Non-neuropathic pain				
Gabapentin Insomnia				
Neuropathic pain Drug and alcohol addiction				
Anxiety Bipolar disorder				
Migraines ONG Private CONTROL ACC.				
PainWeek. CNS Drugs. 2014;28:491-496. Addiction. 2016;111:1160-1174.] .		
		-		
Role in Pain				
•NICE				
-Gabapentin - 1st line treatment for neuropathic pain				
 ADA Diabetic Peripheral Neuropathy 				
Consider pregabalin or duloxetine as initial approachAAN Diabetic Peripheral Neuropathy				
-Offer pregabalin				
-Consider gabapentin	al Accesiation for the			
 Neuropathic Pain Special Interest Group of Internationa Study of Pain 	a Association for the			
-Gabapentin, pregabalin first line				
Addiction. 2016;111:1160-1174. Neurology. 2011;76(20:1758-1765.) Diabetes Care. 2017;40(10:158-1564.				
Diabetes Care. 2017;40(10:136-1564. May Clin Proc. 2010;85(3 Suppl):S3-S14.				
		٦ .		
Role in Pain				
Multimodal post-operative pain management				
-Pain scores				
Opioid dosesOpioid side effects		'		
-Controversy around dosing and timing				
 Acute or chronic sciatica No benefit for pregabalin 		'	 	
 Nonspecific low back pain] .		
-Ineffective	Pain. 2007. 132;237-251.			
-Contribute to ADE	PLoS Med. 2017;14(8):e1002369. Medicine. 2017;96(21)e6982.	.		
Painweek.	Spine: 2013;38(22):1947-1952. NEJM: 2017;376(12):1111-1120. Br J Anaesth: 2011;106(4):454-462.			
	JAMA Surg. 2017:epub.			

Dooling	-
Dosing	
Gabapentin	
Start at gabapentin 300 mg PO QHS	
• Increase by 300 mg PO q3days	
Max dose of 3600 mg/day	
Adequate trial considered 6-8 weeks Requires renal dose adjustments	
beginning at CrCl <60ml/min	
Taper over I week if discontinuing	
Duchrin RH et al. Pain. 2007. 132:237:251. Drugdes/9 System. Micromedes/9:2.0. Greenwood Village, Colorado Accessed 8 Aug 2013	
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Dosing	
Pregabalin	
Start at 50 mg PO TID Titrate to 100 mg PO TID	
Max dose 600 mg/day	
Adequate trial requires 6-12 weeks	
 Requires renal dose adjustments beginning at CrCl<60 mL/min 	-
Gradually taper off if discontinuing	
PainWeek. Dworkin RH et al. Pain. 2007. 132:237-251. Drugdev System. Micromodev C.O. Greenwood Village, Colorado Accessed 8 Aug 2013	
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Dosing	
Gabapentin	
enacarbil (PHN) Gabapentin ER Pregabalin CR Days 1-3:600 mg AM Day 1:300 mg daily 165 mg/day initial	
Day 4: 600 mg BID Day 2: 600 mg daily Increase to 330	
No benefit beyond Days 3-6: 900 mg daily mg/day within I week 1200 mg/day Days 7-10: 1200 mg Max 660 mg/day	
daily Days 11-14: 1500 mg	
daily	
Day 15: 1800 mg daily	
Horizant package insert. Arbor Pharmaceuticals, Atlanta, GA: LLC: October 2016.	
Lyrica CR package insert. New York, NY; Pfizer: October 2017. Gralise package insert. Newark, CA; Depomed, Inc: Dec 2012.	

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Comparing Pharmacokinetics	
Gabapentin	
• F=42-57% • F=83.9-97.7%	
Nonlinear pharmacokinetics (PK) Faster onset	
Slower onset Lower affinity for receptor	
Lower annity for receptor	
liuku Met al, Pain Med. 2011:12:1112:1116.	
Pain Wed # Pain Med 2011;2:112-116. O'Oraw # B FL A. A. J. Med 2011;(20):522-532. Madin DE cal Pain Res manage_2011;(20):522-532. Manufacture Madin DE cal Pain Res manage_2011;(20):522-532. Madin DE cal Pain Res manage_2011;(20)	
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Converting Case	
 BT is a 57 yo male with diabetic peripheral neuropathy on gabapentin 600 mg PO TID. He continues to complain of symptoms and says he heard about 	-
pregabalin on TV. How would you convert this patient from gabapentin to	
pregabalin?	
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Converting	
Converting	
Pregabalin ~)	
6 x as Stop-start	
potent as gabapentin Gross-titration method method	
O	
Reduce gabapentin Discontinue	
initiate 50% of gabapentin and and start	
equivalent to full equivalent equivalent dose of pregabalin dose x 4	
days	
16/su M et al. Pain Medicine. 2011;12:1112-1118.	

Converting Case	
• Cross-titration	
 Decrease gabapentin to 300 mg PO TID + initiate pregabalin at 75 mg PO BID x 4 days 	
-Discontinue gabapentin + increase pregabalin to 150 mg PO BIDStop-Start	
-Discontinue gabapentin	
-Initiate pregabalin 150mg PO BID	
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Tapering	
Avoid abrupt discontinuation to limit withdrawal symptoms	
■Taper over at least 1 week	
PathNWECK. Lyrica package insert. New York: Parke-Davis; Dec 2016. Neuroratin package insert. New York: Parke-Davis; Sept 2015.	
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Facus on Cuicidal Idention	
Focus on Suicidal Ideation	
 Pooled analysis of 199 placebo-controlled trials of 11 different antiepileptic drugs (AED) 	
 AED treated n=27,863 patients, Placebo n=16,029 patients OVERALL: 0.43% AED treated patients vs. 0.24% of placebo patients 	
 Relative risk 1.8, 95% Cl: 1.2,2.7 Nonpsychiatric/epilepsy indications: 0.18% AED patients vs 0.1% placebo 	
Relative risk 1.9 ■ Presents as early as 1 week	
■ Persists for duration of treatment	
Did not vary by ageChronic pain associated with suicide	
■Counsel patients	
Lysica paolage insert. New York: Parke Davis; Dec 2016. Neurontin paolage insert. New York: Parke Davis; Sept 2015.	

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Gabapentin	Increases	Overdose	ebbO:

- ■Population-based nested case-control study
- Cases (1,256 cases) were opioid users who died of an opioid-related cause matched with up to 4 controls (4,619 controls)
- Primary exposure was gabapentin use 120 days preceding index date
- ■12.3% of cases and 6.8% of control were prescribed gabapentin
- Odds increased 49% if prescribed gabapentin + opioid
- High dose gabapentin (1800 mg/day) about 60% increased odds compared to moderate dose
- Very high dose (2,200 mg/day) associated with 2-fold increased odds

PLoS Med. 2017;14(10):e1002396.

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Pregabalin Increases Overdose Odds

- Population-based, nested, case-control study
- Cases (1,417 cases) were opioid users who died of an opioid-related cause matched with up to 4 controls (5097 controls)
- Primary exposure was pregabalin use 120 days preceding index date
- Significantly increased odds of opioid-related death OR 1.68
- High doses was associated with increased odds aOR 2.51
- Low or moderate dose associated with increased odds aOR 1.52

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Ann Intern Med. 2018;169(10):732-734.

Role in Addiction Treatment

- -Alcohol withdrawal
- -Alcohol relapse prevention (abstinence similar to naltrexone)
- -Benzodiazepine/opioid withdrawal
- -Some evidence to prevent cocaine relapse
- Gabapentin
 - -Evidence in opioid, THC, alcohol addictions
- -Gabapentin suggested in APA AUD Guidelines
 Goal of reducing or abstaining from alcohol

 - Prefer topiramate or gabapentin or intolerant or did not respond to naltrexone or acomprosate
 No contraindications

CNS Drugs. 2014;28:491-496.
Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder. APA. https://psychiatryonline.org/doi/pdf/10.1176/appi.booles.9781615371999

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Gabapentin and Pregabalin Abuse	
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Patient Case	-
 Ms. Smith is a 67 yo woman with PMH significant for mood disorder, alcohol abuse, and polyneuritis 	
 <u>Medications:</u> naproxen 550mg PO daily, amitriptyline 100mg PO daily, and gabapentin titrated up to 4800mg PO daily 	
■Began to exhibit fraudulent behavior:	
-Requesting medication without a prescription -Exaggerated symptoms	
-Physician consulted and then changed when demands not met	
Ran out of medication and could not obtain refill	
Platmacopsychiatry. 2007 Jan;40(1):43-4.	
Cohementineid Hee in H.S. 2002 2015	
Gabapentinoid Use in U.S. 2002-2015	
 346,177 adults prescribed gabapentin or pregabalin from Medical Expenditure Panel Survey 	
■82.6% of patients prescribed gabapentin	
 Significant increase in gabapentinoid prescribing during study -2002 1.2% prescribed gabapentin or pregabalin 	
-2015 3.9% prescribed gabapentin or pregabalin	
Changes in 2008 No increase in gabapentin until 2008	
-Pregabalin use plateaued and no increase following	
JAMA Intern Med. 2018;epub2018/01/04.	
Painweek.	

Startling Statistics	
As of 2013 over a 5 year period in the UK Pregabalin prescribing had increased by 350% to 2.7 million	
-Gabapentin prescribing had increased by 150% to 3.5 million prescriptions	
 Approximately 1% prevalence rate in general population in UK 	
	-
PainWeek BL 2013 New 263/7877. BB LGB THAR 2012 Augustion 1/409-7. Arrests Pharmacother. 2016;50(3):229-223.	
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Startling Statistics	
• The European Medicines Agency (EMA) trended the number of pregabalin	
ADRs reported from 3/2006-7/2015 -Reports peaked in 2013 (2154 total), decreased in 2014 (1593 total), and totaled 1387	
reports as of 7/15/2015 The EMA received a total of 4301 ADR reports related to gabapentin	
abuse/dependence issues between 3/2004-7/2015 • Users of gabapentin are more likely to abuse oxycodone, buprenorphine, and	
benzodiazepines compared with nonusers	
CNS Drugs, 2016 Jul 20(7):647-54. Ann Pharmacochier, 2016 May 50(3):229-33. Ann Physicians (2016) May 172(5):447-8.	
Ant or of planting, sorter may, it apply not no.	_
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Demographics	
• Females > males or females = males	
Average ageSamples 21-43 years	
-Case reports 41 years ■ Reports from	
-US (n=22) -UK (n=4)	
-Germany (n=1) -Poland (n=1)	
-India (n=1) -South Africa (n=1)	
-France (n=1)	

Addiction. 2016;111:1160-1174.

Democ	raphics	-2013
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- A study of random UDS samples (N=124) in patients being treated for opioid dependence with agonist therapy (methadone or buprenorphine) significant

 - -12.1% of urine samples positive for pregabalin (n=15) -11/15 patients admitted to buying pregabalin from heroin addicts or drug dealers
- Query of the German Federal Institute for Drugs and Medical Devices regarding pregabalin abuse/dependence significant for:
- -55 total reports of pregabalin abuse and dependence
 -Mean daily dose: 1424mg

- -Mean age: 36 yo -63.6% of reports were male patients

Eur J Clin Pharmacol. 2013 Dec;69(12):2021-5. Eur J Clin Pharmacol. 2013 Jun;69(6):1335-42.

Demographics - 2015/2016

- From 3/2004-7/2015 4301 ADR reports related to gabapentin
- -1.27:1 female to male ratio
- From 3/2006-7/2015 7639 ADR reports related to pregabalin
- -1.13:1 female to male ratio
- Common to have history of substance use disorder

Annals Pharmacother. 2016;50(3):229-233. CNS Drugs. 2016;30:647-654.

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Demographics - Prison System

- Search of inmate lockers revealed only 19/96 inmates in possession of gabapentin were prescribed gabapentin
- Diverting gabapentin for high

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Drugs. 2017;77:403-426.

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Prevalence	
	
Lifetime prevalence in general population estimated at 1.1% of patients Draylouting opinion payables.	
 Prevalent in opioid abuse populations -15-22% gabapentin misuse 	
-40-65% abuse of gabapentin with prescription	
> 50% of patients with history of substance use disorder	
-Opioid use disorder common	
PainWeek. Addiction. 2016;111:1160-1174.	
Retrospective Cohort Analysis from Insurance Claims	
Database	
• Inclusion: Patients 16-64 years old and had ≥2 pharmacy claims for	
alprazolam, gabapentin, pregabalin, zolpidem, or any opioid medication (ex.	
patch formulations or fentanyl products)	
 Potential abuse: ≥3 claims exceeding the daily dose threshold and ≥3 rolling quarters where the dispensed supply exceeded the threshold 	
Results:	
-3.2% and 4.9% of patients were potentially abusing gabapentin or pregabalin alone	
-24% of gabapentin patients on opioids and 28% of pregabalin patients on opioids meeting criteria for potential abuse	
mooning official for potential abase	
Psychiatr Q, 2016;87(4):763-767.	
Pain Week. Psychiatr Q. 2016;87(4):783-767.	
Mechanism of Action: Abuse	
Reduces the release of neurotransmitters, including:	
-Glutamate	
-Noradrenaline -Serotonin	
- Dopamine	
■ GABA analogues which may induce addictive behaviors in the same manner	
as benzodiazepines	
■ Pregabalin: -Schedule V	
–Scnedule v –Six-fold higher binding affinity for the α₂-δ subunit	
Quicker absorption rate and greater bioavailability	-

Eur J Clin Pharmacol. 2013 Jun;69(6):1335-42.

- In a small patient population (N=15) of recreational users of sedative/hypnotic drugs, pregabalin administered as a 450mg single dose produced the following results:
 - "Good drug effect"
- "High" "Liking"
- The above effects were similar to that reported with a 30mg single dose of diazepam
- In addition, controlled trials of >5500 patients found that 4% of patie with pregabalin reported euphoria as an ADR
- -Reported rates range from 1-12%



Lyrica package insert. New York, NY: Pfizer, Inc.; 2013.

Gabapentin Package Insert

- Small number of post-marketing reports of misuse and abuse Taking higher than recommended doses
- Unapproved uses or to treat withdrawal
- History of polysubstance abuse
- Assess history of drug abuse
- Monitor for s/sx of gabapentin misuse or abuse

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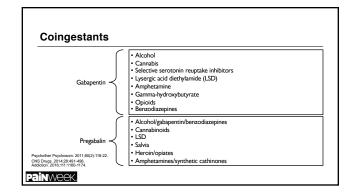
Neurontin package insert. Pfizer; New York, NY: October 2017

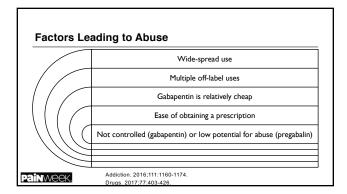
Doses for Abuse

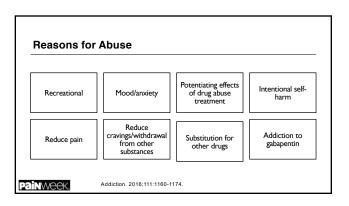
- Abused in a wide variety of doses
 - -Therapeutic range no prescription
- -Supratherapeutic range
- ■3-20 times clinically used amounts
- Taken as one large dose
- Tolerance develops leading to dose increase



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Fraguency of Abuse	
Frequency of Abuse	
General population -More than once weekly 13.1%	
-Once weekly - once monthly 50%	
-Less frequently 36.8% Opioid abuse population	
-25 of the last 30 days	
PainWeeK, Drugs. 2017;77:403-426.	
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Sources	
Healthcare providers (52-63%)	
Family or acquaintances (57.8%)	
Internet (47.3%)	
Drug dealerInternational (7.8%)	
international (1.6%)	
Addiction. 2016;111;1160-1174. Drugs. 2017;77:403-426.	
Diddy. Lott, 1.100 420.	
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Cost	
■ Street value and sold/traded for illicit drugs	
 Gabapentin on the street (referred to as "gabbies" or "Budweiser's" in the UK) costs approximately £1/300mg which is equivalent to \$1.65/300mg 	
 In Appalachian Kentucky, the street cost of gabapentin was reported to be 	
<\$1/pill	
•\$1-7 per pill depending on strength	
Addiction, 2016;111:1180-1174. CNS Drugs, 2016.44;30;71-647-64. Am Praimmordure, 2016;46(4):013(229-33.	
OS Deca 2016 A 12 (0) 16 75 A 20 (1) 16 A	

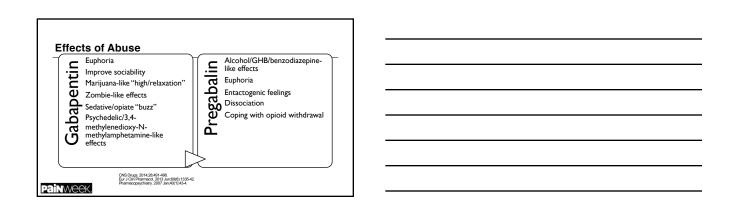






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Common & Novel Methods of Abuse	
■Parachuting	
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Common & Novel Methods of Abuse Gabapentin Orally Intravenously (IV) Intravenously (IV) Snorting Intramuscular (IM) "Cutting agent" in street heroin Br. J Gen Pract. 2012 Aug \$20(801) 406-7. Paychother Psychosom. 2011 80(25) 116-22. The VIRCA (prepaint) Mega Threat. Available at: blueight.org. Schlans F. CHS Dugs. 2014-28-691-480.



Effects of Gabapentin & Pregabalin Abu
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- "...the pregabalin erases my benzo, opiate withdrawal and cravings... In my opinion, anything over 900mg is a waste too sedating"
- "The only downside to gabapentin so far as I can tell, is the onset. These little guys take upwards of an hour to really start to kick in, but luckily they last for 4-8 hours it seems..."
- "I feel as if I'm on a super amphetamine rush and can tackle anything, yet feel so content it's like I'm on a fully sedated opiate buzz."
- "...pregabalin outshines gabapentin. Far less dosage to achieve the same recreational high. Also not as strong of a half life allowing one to use the drug more frequently."

Psychother Psychosom. 2011;80(2):118-22.

Overdose

- Onset: soon after ingestion
- Duration: 10h
- Effects typically mild to moderate
- Fatalities or intubation rare
- ■Common effects
- -Hypotension
- -Tachycardia
- Symptoms more likely after gabapentin 1200 mg
- Survivals reported with up to 11,500 mg of pregabalin and 91,000 mg of gabapentin

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Drugs. 2017;77:403-426.

Overdose

- Severe events more of a concern in renal dysfunction
- Fatalities more common when ingested with other substances
- ■90% of fatalities associated with opioids
- German toxicology reports from 2010-2012 with pregabalin
- -General population 2% of cases year 1, 4% of cases in year 2
- -Known substance use disorder 5.5% in year 1, 29.8% in year 2 Finnish toxicology reports from 2010-2011
- -Pregabalin 2.3%
- -Gabapentin 0.31%

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Drugs. 2017;77:403-426.

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- Onset ranges from 12 hours to 7 days after termination of use
 –Majority of cases report onset between 24-48 hours
- At least one reported case of a newborn baby experiencing withdrawal due to mother's gabapentin use while pregnant

Ann Pharmacother. 2016 Mar;50(3):229-33.

Withdrawal Treatment | Benzodiazepines: ineffective? | | Antipsychotics: ineffective? | | Benztropine: ineffective? | | Anticonvulsants: effective (in terms of seizure control) | | Pregabalin: effective | | Gabapentin: effective | | JASSIGMED. 2013 Mer Apr. 7(2): 147-6. | | Con Psychology. 2013 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 Mer Apr. 7(2): 147-6. | | Ann Pharmache. 2014 M

Patient Case: Revisited

- Ms. Smith is a 67 yo woman with PMH significant for mood disorder, alcohol abuse, and polyneuritis
- She was actually taking at least 7200mg of gabapentin daily!
- Upon running out of gabapentin, she developed typical withdrawal symptoms and was hospitalized
- -Upon discharge, gabapentin discontinued
- -~3 months later, gabapentin re-prescribed
 -~5 months after discharge, she had resumed gabapentin abuse in combination with diazepam

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chiatry. 2007 Jan;40(1):43-4.

Patient Case: Revisited

- Taper off gabapentin
- Behavioral Health referral
- ■Taper BZD

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State Prescription Drug Monitoring Program (PDMP) Already reported to the database in some states Some states do not require the reporting of schedule V medications Pregabalin is a Schedule V _ Minnesota Ohio Ohio Kentucky Massachusetts North Dakota Virginia West Virginia Wyoming States have ADDED gabapentin prescriptions to database reports Tennessee Kentucky Michigan West Virginia States have ADDED gabapentin as a schedule V

Indicators of medication abuse	
 Requesting specific medications Requesting higher doses 	
Doctor shopping Claims of lost/stolen medications	
 Using multiple pharmacies 	
 Early refill requests Negative UDM – but not routinely part of testing 	
PainWeek. Addiction. 2017;77:403-426.	
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Summary	
Gabapentin and pregabalin abuse can occur	
-Common and novel routes of administration -Therapeutic and supratherapeutic doses	
 More common in patients with history of substance use disorder Coingestants often involved 	
 Patients can experience withdrawal if gabapentin and pregabalin are stopped abruptly 	
Certain state Prescription Drug Monitoring Programs (PDMPs) are adding gabapentin	
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Pain /Week	
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3 Things for Monday	
Assess a patient's substance abuse history, psychiatric history, and concurrent medications before prescribing	
 Be aware of higher risk groups Monitor for early refills and/or limiting the quantity supplied 	
CNS Drugs. 2014;28:491-496.	
PainWeek. Addiction. 2017; 77:403-426.	

Assessment	Q1

- ■The proposed MOA for gabapentin and pregabalin include
 - a) Binding to GABA receptors
 - b) Increasing glutamate, norepinephrine, and substance P
 - c) Binding to the $\alpha 2\text{-}\delta$ subunit of the voltage-gated calcium channel
 - d) Inhibiting serotonin reuptake

Assessment Q2

- •Factors that have contributed to the abuse of gabapentin include all of the following EXCEPT:
 - a) High cost
 - b) Ease of obtaining a prescription
 - c) Non-controlled substance status
 - d) Multiple uses/indications

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Assessment Q3

- •Signs of gabapentin and pregabalin withdrawal include all of the following EXCEPT:
 - a) Cravings
 - b) Hypotension
 - c) Insomnia
 - d) Headache

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What's All the "GABA" 'Bout? Pregabalin and Gabapentin Abuse

Courtney Kominek, PharmD, BCPS, CPE