

Pregabalin

Information for Pain Clinic patients



Who is this leaflet for?

Your doctor has suggested that you try Pregabalin to help you to manage your pain condition. This leaflet explains how Pregabalin works and describes how you should take it.

What do these drugs do?

Pregabalin belongs to a group of medicines called anticonvulsants. Conditions in which they are tried include epilepsy, persistent pain and anxiety. They alter the way messages are transmitted within the central nervous system.

Will the medications reduce my pain?

Pregabalin provides significant help with pain symptoms for some people, although it does not work for everyone. It usually reduces pain rather than relieving it completely. The best dose varies between people, but in general we are aiming for a balance between helping with your pain and minimising side-effects. It is important to find the best dose for you personally.

Which schedule should I use?

Decide with your doctor whether to use the 'standard' or 'sensitive' schedule.

Standard adult dosing schedule

Suggested schedule – number of tablets:

Day	Morning	Night
1 – 2	0	1
3 – 4	1	1
5-6	1	2
7-8	2	2
9 – 10	2	3
11 -12	3	3
13 -14	3	4
15 on	4	4

If helpful, when reviewed, ask your GP for some 300mg tablets and take 1 twice daily

Starting tablet size: 75mg

Maximum dose: 300mg bd (twice daily)

Suggested prescription: 84 capsules, 2 repeats

Suggested GP review: 21 – 28 days

Sensitive adult dosing schedule

Starting tablet size: 50mg

Maximum dose: 150mg bd (twice daily)

Suggested prescription: 100 caps, 1 repeat

Suggested GP review: 21 – 28 days

Suggested Schedule – number of tablets:

Day	Morning	Night
1 – 2	0	1
3 – 4	1	1
5 – 6	1	2
7 – 8	2	2
9 – 10	2	3
11 on	3	3

If helpful, when reviewed, ask your GP for some 150mg tablets and take 1 twice daily. If beneficial with few side effects, consider increasing dose toward 300mg twice daily

After you start Pregabalin or increase the dose, you may experience side-effects. If you do, they usually lessen with time, but they may not go away completely. Any pain relief you get may not come on for a few days and will not reach full strength for up to 2 weeks. The strategy is to increase your dose to as close to the maximum dose as you can tolerate, and stay on that dose for a month. You may end up taking less than the maximum dose in the schedule.

Will I need to switch schedules?

If you have been started on the 'sensitive' schedule and have noticed little by way of benefits or side effects at the top dose of 150mg twice daily, talk to your GP about changing to the standard schedule.

If you start on the 'standard' schedule and find even low doses intolerable, talk to your GP about switching to the 'sensitive' one.

What if the drug is not working for me?

If after a month on your maximum tolerated dose you are not **sure** that the drug has caused your quality of life to improve overall, you should come off the drug. Advice on how to do this is below.

... and if it is working?

If you are sure that the drug is helpful, you should now adjust the dose until you find the dose that gives the best compromise between benefits and side effects. Use your schedule to see how quickly adjustments can be made, and remember that changes in benefit and side effects will come on gradually after each change.

What are the side effects?

There is a leaflet in the medication box that explains all the effects, good or bad, that a medication **might** have. Possible side effects include sedation, abdominal pain, swollen ankles, weight gain and mood changes. Read the label and see your GP if you feel that you might have been prescribed the drug in error.

If the drug makes you drowsy, do not drive. Alcohol is permissible but will make you more drowsy than usual.

Other than relieving pain, these drugs have other effects that can be good as well as bad. For example, they may improve your sleep or your mood. The task is to add all the effects together and ask: "Has my overall quality of life improved significantly since taking the drugs?" If the answer is not "definitely", consider weaning yourself off them again.

How long should I stay on my medication?

If the condition being treated gets better, you should wean off pain medications. Even if it does not, you should wean off your pain killers anyway after 6-12 months. Pain changes over time, and a medication that was helping a year ago may not be helping any more. We therefore advise that you wean off medications after 6 – 12 months and stay off them for 2 weeks. If you conclude that they had definitely been working, restart them gradually, as before.

How do I come off Pregabalin?

This is a simple matter of using the schedule that you used to wean yourself onto the drug, and reversing the process to wean yourself off of the drug again.

Further information

Further information is available from:

www.rcoa.ac.uk/faculty-of-pain-medicine/patient-information

If you would like a leaflet from the Faculty of Pain Medicine and do not have access to the internet, please call the Pain Clinic on 01872 252792.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

