

Addition to the Drug Shared Care Guidelines for GPs in Rotherham – April 2014

Prescribing of GABA (Gabapentin and Pregabalin) Medication within Substance Misuse

At the time of writing this guidance there was no published evidence of these drugs as having misuse potential, but growing evidence from prison service and anecdotal evidence on street use.

Assessment:-

- Assessment for shared care – pre \RDaSH contact should include questions about past/current GABA medication and check prescribing within practice / secondary care/previous practice.
- If yes- use is it prescribed/not
- If prescribed – review appropriateness and rationale – ref NICE
- Assessment of alcohol/other illicit use alongside?
- Any evidence of GABA medication being used as a drug of misuse?—this would be likely to render them unsuitable for shared care ----unless GP can manage the risk downwards as prescribing starts. Alcohol use in addition should also be part of this clinical decision.

Top Tips:-

- GABA drugs should only be used within licence.
- Prescribing of GABA drugs should be avoided for all substance misusers including opiates and alcohol.
- Where patient recently released from prison, liaison with the prison service pre prescribing should be done promptly.
- For those substance misuse patients already prescribed GABA meds and released from prison should be supported on a withdrawal programme over a planned period of weeks and proportionate to the initial dose.
- If suspect any patient (substance misuse patient or general) of subversion challenge and where necessary cease prescribing GABA medication and use other available drugs where possible.
- If GABA medications are part of a wider complex picture of misuse this would indicate need for secondary care assessment. This may still mean they can be managed jointly but with secondary care support.
- If these medications are being used appropriately then the starting of Opiate Substitute Treatment, should include consideration of this – and titrations / reviews arranged accordingly as per guidelines.

Checklist

- Beware patients asking for the drugs by name/describing pain using specific terminology which seems out of character.
- Check all current prescribing
- Ensure other pain options considered as per NICE
- Check shared care guidelines - <http://www.rotherhamccg.nhs.uk/healthcare-professionals.htm>

If still uncertain seek secondary care advice.

Members of the Working Group:-

Rotherham Public Health:-

Anne Charlesworth, Head of Alcohol & Drug Strategy and Primary Care,
Debbie Stovin, Drug Treatment System Manager
Dr David Bellamy, Medical Adviser – Substance Misuse / Shared Care GP

RDaSH:-

Matt Pollard, Service Manager – Substance Misuse
Liz Jones, Team Leader
Dr Nav Ahluwalia, Executive Medical Director and Consultant Psychiatrist in Substance Misuse

