East Lancashire Health Economy Medicine Management Board
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Lancashire & South Cumbria Medicines Management Group

Position Statement

Prescribing of Pregabalin for the treatment of Generalised Anxiety Disorder (GAD)

Prescribing recommendation:

NHS Patients in Lancashire and South Cumbria can be prescribed pregabalin in primary care for the treatment of GAD, provided that the treatment is initiated by a specialist and that certain prior criteria (detailed below) have been met – **AMBER 0 RAG RATING**

Introduction

Pregabalin is a third line pharmacological option for the treatment of Generalised Anxiety Disorder.

The initiation of Pregabalin for generalised anxiety disorder by LSCFT clinicians is considered exceptional and as such a request form for the initiation of pregabalin for GAD needs to be completed by a specialist and submitted for approval within the Trust by the Chief Pharmacist and Deputy Medical Director. LSCFT clinicians initiating the drug must confirm the following:

- I have fully considered the risks and benefits of prescribing this medication for this patient
- I have discussed the likely efficacy of the drugs for management of their symptoms and also about the risk of harms, including dependence
- If the request is approved and the patient has no improvement in symptoms, the drug will be reduced and stopped.
- If the request is approved and treatment is successful, I will consider a reduction on a regular basis to ascertain ongoing effectiveness in line with recommendations in the NHS England document.
- If dependence on pregabalin or gabapentin, or other misuse or diversion, is suspected or identified the patient will be reviewed and concerns discussed sensitively and documented clearly
- If dependence on prescribed medication is suspected or confirmed, the care plan will be revisited. If it appears that the medication is no longer required for the main clinical indication the patient will be reassessed and planned withdrawal of the medication considered.
- If completely inappropriate use is confirmed (e.g., if there is unequivocal objective evidence that the drugs are simply being diverted) the medication will be stopped. If partial diversion is suspected or confirmed the patient will be reassessed and a planned withdrawal of medication considered.

Background

Pharmacological treatment for GAD is step 3 in the treatment pathway recommended by NICE, following education, active monitoring and low intensity psychological interventions.[1] For people with GAD and marked functional impairment, or those whose symptoms have not responded adequately to step 2 interventions either an individual high-intensity psychological intervention or drug treatment can be offered. The choice of treatment should be based on the persons preference as there is no evidence differentiating the efficacy of either mode of treatment.

Pregabalin should only be initiated for the treatment of GAD following the failure of treatment with or intolerance to both a Selective Serotonin Reuptake Inhibitor (SSRI) and a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI). Pregabalin is a third line pharmacological option for the treatment of Generalised Anxiety Disorder.

Clinicians prescribing pregabalin should be aware that the drug can lead to dependence and may be misused or diverted. Prescribing for patients with a known or suspected propensity to misuse, divert or become dependent on this drug may be at greater risk of detrimental outcomes.

Prescribers must make a careful assessment to balance the potential benefits against the risks and document whether or not there is a history of, or current concern about substance abuse. If more than one central nervous system depressant is taken (e.g., alcohol even in small amounts, antidepressants, opioid analgesics) the central nervous system depressant effects may be additive. Morphine can increase the bioavailability of gabapentin. Caution is needed when these drugs are co-prescribed and the doses of both drugs may need to be modified. Similarly, pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone.[2]

If dependence on prescribed medication is suspected or confirmed, the care plan will be revisited. If it appears that the medication is no longer required for the main clinical indication the patient will be reassessed by the specialist and planned withdrawal of the medication considered.

In accordance with current clinical practice, if pregabalin is to be discontinued, it is recommended this should be done gradually over a minimum of 1 week independent of the indication

Please access this Medicines Review via the LSCMMG website to ensure that the correct version is in use.

References

1. NICE CG113 Generalised anxiety disorder and panic disorder in adults: management https://www.nice.org.uk/guidance/cg113/chapter/Introduction
2. NHS England, Advice for prescribers on the risk of the misuse of pregabalin and gabapentin https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf

Version Control

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