

Dear Patient,

You have been given this letter because you have been taking gabapentin. Gabapentin is a type of medicine known as anti-epileptic medicines, but it is also used for neuropathic pain (long lasting pain caused by nerve damage).

Whilst this medication can be very helpful for a lot of patients we know it does not work for everyone. It can also cause some side effects. Sometimes these side effects are mild and will go away after a few days but if they persist it is worth considering if this is the right medication for you. The most common ones are listed below.

Common gabapentin side-effects	What can I do if I experience this?
Feeling sleepy, tired, unsteady or dizzy; blurred vision and other eyesight problems	Do not drive and do not use tools or machines
Headache	Drink plenty of water and ask your pharmacist to recommend a suitable painkiller. If the headaches continue, let your doctor know
Feeling sick (nausea) or being sick (vomiting), indigestion, stomach ache	Stick to simple foods - avoid rich or spicy meals
Diarrhoea	Drink plenty of water to replace the lost fluids
Constipation	Try to eat a well-balanced diet and drink several glasses of water each day
Dry mouth	Try chewing sugar-free gum or sucking sugar-free sweets
Infections, flu-like symptoms, increased appetite, flushing, increased blood pressure, changes in weight, changes in emotions or mood, fits, movement difficulties, feeling shaky, difficulties sleeping, breathing difficulties, cough, gum changes, bruises, muscle or joint pains, impotence, and swollen feet or ankles	If any of these become troublesome, speak with your doctor for advice

Gabapentin has effects in similar brain pathways to those that are affected by drugs like benzodiazepine. Misuse of gabapentin has been reported. In view of this, and in view of gabapentin's known effects, it seems possible that dependence/addiction may develop in some regular users.

It can cause dizziness, forgetfulness, drowsiness and confusion, all of which can put you at risk of hurting yourself, especially in certain environments.

It is not safe to take gabapentin without a prescription. It is also dangerous to take gabapentin with alcohol and some other drugs. Alcohol and some drugs depress the central nervous system, which affects a person's breathing. The drugs that do this include:

- gabapentin and pregabalin
- benzodiazepines
- heroin and other opioids

This means that using any combination of these types of drugs with or without alcohol increases the risk of overdose and death. Gabapentin also lowers opioid tolerance meaning that the risk of overdose and death increases when they are used together with opioids.

Can I drive? Gabapentin may cause drowsiness. If this happens, do not drive.

Can I take this medication long-term? Yes, if it helps. However if you are still in pain despite taking the medication then we'd suggest you try a "drug holiday" This means you taper off and stop your painkillers gradually by 5-10% of your dose every 2-4 weeks to see for sure whether they're helping or not. It's not unusual for pain to flare up a bit when doses are reduced and discontinued but that's to be expected. Once you're off them for a month you'll have a good idea as to whether they're making a positive difference to your life. If they are, feel free to restart them – try to find the lowest dose that works.

Modern management of chronic pain is geared away from drug therapy and more towards self-management where the patients take control of their lives and their pain with the use of physical therapies, emotional / mindfulness type practice plus pacing strategies.

If you've got any questions about this feel free to make an appointment with a doctor of your choice to discuss. Best wishes and good luck!

Medical Team, Strand Surgery

Pain usually alerts us to an injury, like a fire alarm alerting us to a fire. That's fine – it tells our body to pay attention to the injury and make us rest and get better. But sometimes the pain goes on after the injury has healed. Or pain comes out of the blue for no apparent reason. If it goes on for more than 3 months we call it chronic (or persistent / long term) pain. Think of it as a faulty fire alarm – alerting us to danger... except there's no fire.

*Here are some links to other resources to help you manage chronic pain yourselves (with less emphasis on medications) and reduce the impact it has on your lives.
We hope you find it helpful*

- Video - Brain man understanding pain in less than 5 minutes
<https://www.youtube.com/watch?v=5KrUL8tOaQs>
- Live well with pain website – resources for chronic pain
<https://livewellwithpain.co.uk/>
- The NHS website about managing chronic pain <https://www.nhs.uk/live-well/healthy-body/ways-to-manage-chronic-pain/>
- Podcast Feel better, Live more with Dr Rangan Chatterjee episode 310 how to heal chronic pain with Howard Schubiner.