

Are clinicians overprescribing gabapentinoids for pain?

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threshold for prescribing gabapentinoids; physicians may be using gabapentinoids as a nonopioid, non-acetaminophen, non-nonsteroidal anti-inflammatory drug option. However, there is no robust evidence for off-label use of gabapentinoids; they can have non-trivial side effects; some patients misuse, abuse, or divert gabapentin and pregabalin; and indiscriminate off-label use of gabapentinoids reinforces the tendency to view [pain treatment](#) through a pharmacologic lens.

"Although gabapentinoids offer an alternative that is potentially safer than opioids (and presumably more effective in selected patients), additional research is needed to more clearly define their role in [pain management](#)," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—Clinicians may be overprescribing gabapentinoids, in part as a response to the opioid epidemic, according to a perspective piece published in the Aug. 3 issue of the *New England Journal of Medicine*.

Noting that the U.S. Centers for Disease Control and Prevention guidelines recommend gabapentinoids as first-line agents for neuropathic pain, Christopher W. Goodman, M.D., and Allan S. Brett, M.D., from the University of South Carolina School of Medicine in Columbia, present data on their excessive use.

The researchers note that although gabapentinoids are approved for treatment of postherpetic neuralgia, fibromyalgia, and [neuropathic pain](#) associated with diabetes or [spinal cord injuries](#), they are increasingly being used for almost any type of pain. U.S. prescribing data support this, with gabapentin being the 10th most commonly prescribed medication in 2016. The increase is suspected to be due to clinicians lowering their

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