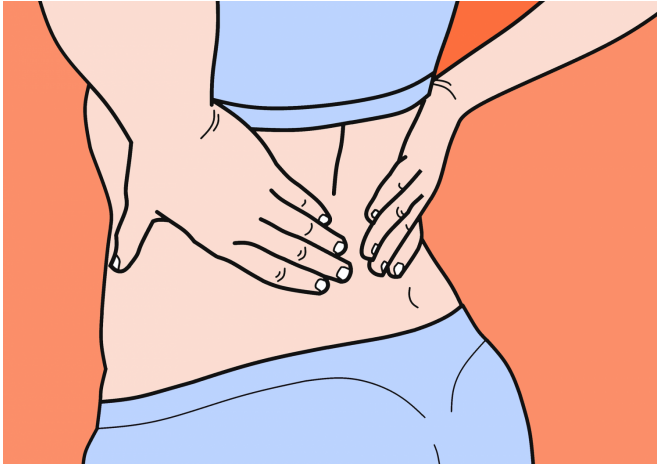


# Evidence does not support the use of gabapentinoids for chronic low back pain

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Existing evidence on the use of gabapentinoids in chronic low back pain (CLBP) is limited, and demonstrates significant risk of adverse effects with no benefits on pain relief, according to a meta-analysis published in *PLOS Medicine* by Harsha Shanthanna from McMaster University, Canada, and colleagues.

Gabapentinoids, including pregabalin and gabapentin, are increasingly used for non-specific CLBP. In the new study, researchers analyzed findings from 8 [randomized controlled trials](#) that investigated the use of gabapentinoids in adult CLBP patients.

In 3 studies comparing gabapentin to placebo, gabapentin showed no significant improvement of pain; and in the 3 studies comparing pregabalin to other analgesics, pregabalin actually fared worse in [pain relief](#). There were no deaths or hospitalizations reported in any included studies of the drugs, but commonly reported adverse events included dizziness, fatigue, confusion, and visual disturbances. Functional and emotional outcomes

among patients taking gabapentinoids for CLBP showed no significant improvements.

"Despite their widespread use, our systematic review with meta-analysis found that there are very few randomized controlled trials that have attempted to assess the benefit of using [gabapentin](#) or pregabalin in patients of chronic [low back pain](#)," the authors say. "The existing evidence does not support the use of gabapentinoids for predominant chronic low back pain, and calls for larger, high quality trials to more definitively inform this issue."

**More information:** Shanthanna H, Gilron I, Rajarathinam M, AlAmri R, Kamath S, Thabane L, et al. (2017) Benefits and safety of gabapentinoids in chronic low back pain: A systematic review and meta-analysis of randomized controlled trials. *PLoS Med* 14(8): e1002369. [doi.org/10.1371/journal.pmed.1002369](https://doi.org/10.1371/journal.pmed.1002369)

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