

Gabapentin doesn't cut time to pain cessation after surgery

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after surgery (hazard ratio, 1.24; 95 percent confidence interval, 1.00 to 1.54; P = 0.05). There were no significant differences in the number of [adverse events](#) or in the rate of medication discontinuation due to sedation or dizziness (25.0 percent for gabapentin versus 20.8 percent for placebo).

"The routine use of perioperative gabapentin may be warranted to promote opioid [cessation](#) and prevent chronic opioid use," the authors write. "Optimal dosing and timing of perioperative gabapentin in the context of specific operations to decrease opioid use should be addressed in further research."

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(HealthDay)—For patients undergoing surgery, gabapentin does not reduce the time to pain cessation, but can increase the rate of opioid cessation, according to a study published online Dec. 13 in *JAMA Surgery*.

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Jennifer Hah, M.D., from Stanford University in Palo Alto, Calif., and colleagues conducted a randomized, double-blind trial of perioperative [gabapentin](#) among patients aged 18 to 75 years scheduled for surgery. Participants were enrolled and followed for two years after surgery. A total of 202 patients were randomized to active placebo, and 208 to gabapentin, 1,200 mg given preoperatively and 600 mg three times a day postoperatively.

The researchers found that in the intention-to-treat analysis, perioperative gabapentin had no impact on time to pain cessation (hazard ratio, 1.04; 95 percent confidence interval, 0.82 to 1.33; P = 0.73). Gabapentin receipt correlated with a significant increase in the rate of [opioid](#) cessation

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