

**ASHFIELD MEDICAL CENTRE  
DRS WALLING AND NATHAN**

**Pregabalin and Gabapentin for Pain Management Policy**

Pregabalin and gabapentin are used to treat some types of persistent pain. They are often prescribed for nerve pain, such as burning, shooting or stabbing pain. These medicines belong to a group of medicines called anticonvulsants which are also used to treat epilepsy. You may notice that information from the manufacturer may not mention your type of pain.

Pregabalin and Gabapentin work by changing the way that nerves send messages to your brain. If the messages are reduced, then the pain will be reduced.

- When commenced for neuropathic pain or fibromyalgia, the medication will be prescribed for a test period to ascertain if they are effective.
- Normally, the starting dose is small and may be taken between one and three times a day, but the dose will be gradually increased.
- A follow-up appointment should be made to assess how well the medicine is working.
- The prescriber may advise gradually increasing the dose up to the maximum tolerated within the suggested dose range.
- If you do not notice any improvement in your symptoms after taking one of these medicines for approximately 6-8 weeks then the medication will be gradually reduced and stopped.
- If the medication is successful, it will be reviewed on an annual basis to ascertain ongoing effectiveness.

**ALCOHOL**

Alcohol increases the sedative effects of pregabalin and gabapentin, it is best not to drink alcohol when you start taking it. Once settled on a steady dose, you may drink alcohol in moderation but it may make you more drowsy than normal. (1)

**DRIVING**

Please see the DVLA website for information on driving when taking prescription medicines such as opioids. DVLA advice drug- driving. [DVLA advice drug-driving](#)

**ADDICTION**

If you believe you are addicted to gabapentin or pregabalin medication then please arrange an appointment with the GP or pharmacist at the surgery. We can help support you with a reduction plan which is safe. We would not advice stopping this medication abruptly.

Further information can also be found at [FORWARD LEEDS Forward Leeds self referral form](#)

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**MISUSE OF MEDICATION**

Pregabalin and gabapentin have the potential for misuse. They may cause physical dependence, such as insomnia, weight gain, mood swings, double vision nausea and vomiting. Where any of the risk factors are identified for a patient an appointment with a GP or pharmacist will be made before any further medication is prescribed.

**PRACTICE RULES:** In order to ensure safe usage of these medications and responsible care we will issue these prescriptions as they are due and in the correct calculated amounts. They are dangerous and should be stored securely in your home.

- Lost Prescriptions will not be replaced
- Prescription for early travel will require proof of travel
- If you take higher doses than prescribed and run out of medication before the next prescription is due, you will **NOT** be prescribed extra tablets.
- These medicines are controlled drugs and will not be prescribed early.

Thank you for your co-operation.

**ASHFIELD MEDICAL CENTRE  
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**Benzodiazepines and Z Drugs Policy**

Benzodiazepines are medicines such as diazepam and temazepam and nitrazepam. Z drugs are medicines such as zopiclone and zolpidem.

Prescriber's in this practice will prescribe benzodiazepines and "Z" drugs in line with national and locally developed guidelines:

First line treatment should be non-pharmacological measures.

Where benzodiazepines or "Z" drug treatment is indicated, options may include:

**Diazepam, zopiclone, zolpidem or temazepam**

For patients who have not received these drugs regularly, we will only prescribe these medicines for a **maximum of 14 days** and at the lowest effective dose.

The following guidance published by NICE will apply (1):

- The indication for starting such a medication will be documented.
- Other possible causes of sleep disturbance will be recorded (e.g. pain, chronic breathlessness, depression) and treated appropriately.
- All patients will receive advice on non-drug therapies for anxiety and insomnia, available via text.
- Patients will be advised on the potential problems of dependence (i.e. addiction).
- A second prescription will not be issued without a follow-up appointment.
- Benzodiazepines or "Z" drugs should not be taken for more than 2–4 weeks (including tapering off).

If being prescribed for back spasm (2)

- The dose is diazepam 2mg up to three times a day when required to relieve muscle spasm. If necessary, the dose can be titrated up to 5 mg three times a day. A short course (2–5 days) is recommended because the risk of adverse effects is high, and habituation can occur.
- Use caution if considering prescribing diazepam in elderly or frail people — the manufacturer advises halving the recommended dose.

Patients who are already on a regular benzodiazepine or "Z" drug prescription will be assessed and if appropriate, counselled for a withdrawal scheme with the aim to gradually reduce drug dosage to zero.

Patients who are unable or unwilling to reduce drug dosage via a managed withdrawal scheme (or who use more than one drug of abuse, or who are dependent on alcohol) will be referred to the substance misuse service.

Prescriptions for hypnotics and anxiolytics should not be routinely available on repeat. However the practice recognises that there may be a small minority of people who need to be on small maintenance dose of benzodiazepine. Examples are people:

- **With severe mental health problems under care of a psychiatrist.**
- **On benzodiazepines for treatment of epilepsy**
- **Who are seriously or terminally ill.**

## **ASHFIELD MEDICAL CENTRE DRS WALLING AND NATHAN**

The practice policy regarding requests for Benzodiazepines (Diazepam) to treat phobias such as fear of flying will be **refused**. This applies to patients who may have been prescribed this in the past. The BNF Diazepam is contra-indicated (not appropriate) to be prescribed for phobic states (3).

Benzodiazepines are only licensed short term for a crisis in generalised anxiety. If you are in crisis, you should be getting expert care and support for your mental health and not going on a flight.

Diazepam is a sedative, which means when prescribed it may cause you to feel sleepy and more relaxed. If there is an emergency during the flight, it may impair ability to concentrate, follow instructions and react to situations. This could have serious safety implications for the patient and those around them.

Many people find benzodiazepines like diazepam sedating, however an uncommon side effect is agitation and a rare side effect is increased aggression. This may cause you to behave in a way in which you wouldn't normally. A change in behavior may negatively impact on your safety as well as that of other passengers.

We appreciate that fear of flying is a very real phobia. However a much better approach is to tackle this properly with a Fear of Flying course run by the airlines. We have listed a number of these below.

[Fear of Flying | Manchester Airport](#)

### **MISUSE OF MEDICATION**

Benzodiazepines and Z drugs have the potential for misuse. They may result in dependence, where any risk factors are identified for a patient an appointment with a GP or pharmacist will be made before any further medication is prescribed.

### **DRIVING**

Please see the DVLA website for information on driving when taking prescription medicines such as benzodiazepines. **DVLA advice drug- driving**

**PRACTICE RULES:** In order to ensure safe usage of these medications and responsible care we will issue these prescriptions as they are due and in the correct calculated amounts. They are dangerous and should be stored securely in your home.

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**Opiate Prescribing and Requests for Chronic (long term) and Acute Pain Policy**

Opiates are the strongest pain killers we are able to prescribe and can be very effective at treating acute, severe pain caused by **injury, surgery or cancer pain**. However the role of opiates in chronic pain (pain lasting a long period of time) is less clear. For most people opiates are **NOT effective for chronic pain**.

Opiates include such medicines as codeine, dihydrocodeine, morphine, oxycodone, buprenorphine and fentanyl.

Opiates are to be considered for pain management only when all other medication and non- medication options have been explored.

Opiates can be helpful initially in reducing the feeling of pain in acute situations such as after an injury where you may have broken a bone. They may be used in hospital after major surgery, we would expect the pain to improve relatively quickly as the broken bone or injury repairs.

**Acute prescriptions for opiates will not exceed 7 day's supply, which is the expected duration of pain severe enough to require opioids.**

In those instances where opiates are the most suitable option of analgesia for a patient, (for example in the elderly, where other analgesia is not suitable,) then a clinical decision will be made and the prescriber will prescribe the minimum effective dose for a specified period of time, with planned follow up, before any further prescriptions can be issued.

For chronic pain the benefits of opiates are limited. Recent clinical evidence shows that the use of opiates for the management of chronic pain is ineffective and has the potential to be harmful (1).

We understand chronic pain can have a severe impact on your quality of life and many people who suffer from chronic pain long for a quick solution to eradicate pain completely. The purpose of this information is to inform you that long-term opiates are often not the solution and it is important you understand the risks associated with such medications.

**TOLERANCE AND INCREASED PAIN**

When opiates are only prescribed for a short period of time, the body doesn't have time to adapt and therefore you experience pain relief from the opiates. This initial feeling of relief is often experienced when the dose or strength of the opiate is increased.

However when taken regularly for long periods of time you will find the relief from the pain is only short lived and may wear off completely. This is because the body adapts to the medication. This may lead to patients requesting more and more dose increases and higher and higher quantities. Taking such high doses and strengths of opiates can result in potentially harmful effects on the body.

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### **ADDICTION**

Opiate medication is addictive. It is unusual for someone with acute, short-term pain to become addicted to opiates if they follow the prescribing advice of the clinician and take the minimum effective dose for the shortest period of time. However, longer term use of opiates can lead to addiction.

If you believe you are addicted to opiate medication then please arrange an appointment with the GP or pharmacist at the surgery. We can help support you with a reduction plan which is safe. We would not advise stopping your opiate medication abruptly.

Further information can also be found at [Get help - Forward Leeds](#)

Chronic pain is complex and there are often other factors which contribute to the cause of pain. Some of these may be physical; others may be emotional and social. If you believe there are other factors which may be contributing to your pain please arrange for an appointment with a GP or pharmacist.

### **MISUSE OF MEDICATION**

Opiates have the potential for misuse. They may cause physical dependence, where any of the risk factors are identified for a patient an appointment with a GP or pharmacist will be made before any further medication is prescribed.

### **SIDE EFFECTS**

When you first start taking opiate based medication some people get side effects such as:

- Dizziness
- Drowsiness
- Nausea and/or vomiting
- confusion

These symptoms normally settle after a few days. Other ongoing side effects of opiates include:

- Constipation that can require laxatives
- Reduced libido (sex drive), erectile dysfunction and irregular periods
- Itchy skin
- Weight gain
- Reduced fertility,
- Increased levels of pain
- Mood changes, agitation
- Loss of interest and concentration
- Difficulty breathing especially at night.

There is also an increasing awareness that people can die from opiate use. This is not really a problem with weak opiates such as codeine on its own. Yet this can be an issue when more than one opiate is prescribed or when prescribed in higher doses or with other drugs that affect breathing like benzodiazepines or gabapentin or pregabalin the risk is increased.

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**DRIVING**

Please see the DVLA website for information on driving when taking prescription medicines such as opioids. [DVLA advice drug- driving](#)

**ALCOHOL**

If you are taking an opiate do not drink alcohol.

**Want to reduce your opiate medication or other pain meds?**

If you are taking regular opiates or other pain killers and you want to stop them then please contact the surgery to arrange an appointment with a GP or pharmacist. **Please do not stop your medication abruptly as this may make you feel unwell.**

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