

Therapeutics Initiative

Better prescribing. Better health.

Portrait Code: **SAMPLE**

Non-opioid pain medications: What's the lowest effective dose?

This Portrait presents your 2021 prescribing of three analgesics: gabapentin, pregabalin and cyclobenzaprine.

A minority of people achieve meaningful pain relief from any dose of gabapentin (1 in 6), pregabalin (1 in 6), or cyclobenzaprine (1 in 4).¹

Adverse effects are dose-related. Lowering the dose may reduce harms but retain benefits. Most people can tell within one week whether less is better.¹

Consider lowering the dose for patients on any dose, especially if:

- **Adverse effects are clinically significant**
- **The dose is high.** "Titration" to high "target" doses based on guidelines is not supported by evidence
- **The patient is frail or elderly.** Older patients are more vulnerable to anticholinergic effects of cyclobenzaprine and the sedative and balance effects of all three drugs

Refer to Therapeutics Letter #134 for optimal prescribing suggestions.¹

See reverse for your prescribing patterns.

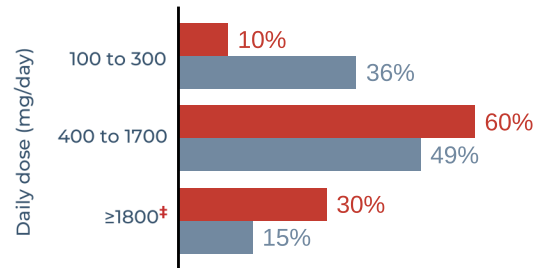


How you prescribed How BC clinicians prescribed

GABAPENTIN

Number of your patients included: **81-90**
 Median age: **63**
 Patients ≥ 65 years: **40%**

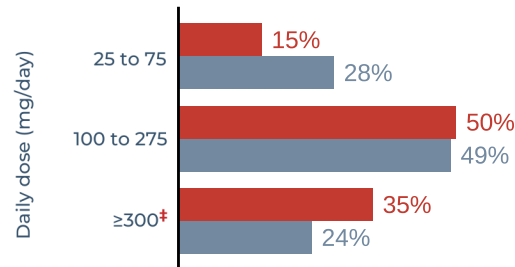
Percentage of patients on gabapentin



PREGABALIN

Number of your patients included: **1-20**
 Median age: **66**
 Patients ≥ 65 years: **50%**

Percentage of patients on pregabalin

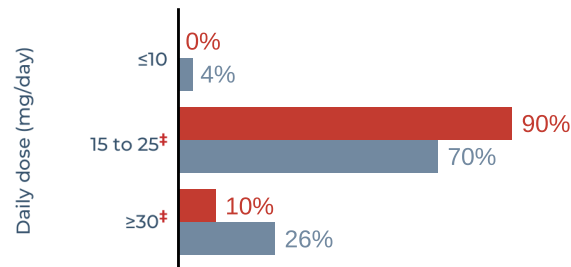


For people taking any dose of gabapentin or pregabalin — **and especially people taking ≥1800 mg/day gabapentin(†), or ≥300 mg/day pregabalin(†)**, or with adverse effects at any dose — **consider reducing dose until patient feels benefits exceed harms or the drug is stopped.**

CYCLOBENZAPRINE

Number of your patients included: **31-40**
 Median age: **59**
 Patients ≥ 65 years: **30%**

Percentage of patients on cyclobenzaprine



For people using any dose of cyclobenzaprine — **and especially for people taking >10 mg/day(‡), or with adverse effects at any dose — consider reducing dose to 5-10 mg/day at bedtime or stopping drug.** Limit cyclobenzaprine prescriptions to 1 week with 1 refill.^{1,2}

DATA & DEFINITIONS

Patients included: Patients (age ≥ 16 years) enrolled in MSP who were dispensed gabapentin, pregabalin, or cyclobenzaprine in 2021.

Patients excluded: Patients with a diagnosis of epilepsy in the 365 days before gabapentin or pregabalin dispensing. Patients enrolled in First Nations Health Authority.

Daily dose: Calculated from the PharmaNet claims databases using the last prescription filled in 2021, based on dispensed quantity, drug strength, and dispensed days' supply.

REFERENCES

¹Therapeutics Initiative. *Finding the lowest effective dose for non-opioid analgesics*. Therapeutics Letter. 2021 (Nov-Dec); 134:1-2.

²Therapeutics Initiative. *Is cyclobenzaprine useful for pain?* Therapeutics Letter. 2017 (Mar-Apr); 105:1-2.