

a word from your doctor....

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Gabapentin for pain

Gabapentin is a medication that reduces the sensitivity of nerves. It belongs to a group of medications that are used for seizures, but this group has many uses, including the treatment of mood disorders and diabetic pain. In addition to preventing seizures this group is useful to turn down pain without using habit forming medications such as narcotics. And it can be used with narcotic pain medications to reduce the need for them. Gabapentin stabilizes mood, but other anti-seizure medications are usually more effective for that purpose. Gabapentin is the leading medication for diabetic neuropathy. It is currently a generic medication and thus less expensive than Lyrica. Lyrica a useful medication for the pain of fibromyalgia (FMS) and has FDA indication for that. Due the higher cost of Lyrica is a problem and I find more leg swelling with it than with gabapentin.

The safe dose for gabapentin is as high as 4800 mg total a day given in 2-4 doses. But side effects such as dizziness, sedation and swelling at the ankles often occur at first at even at a lower dose. For a given person there is an optimal dose in which pain relief is good and side effects mild. In younger patients with normal kidney function, the usual dose is between 1800 and 3600 mg and must be approached starting at a lower dose and gradually increasing it.

Gabapentin comes in 100, 300, 600 and 800 mg tablets. It is best to start with 300-400 mg twice a day. You may almost double the dose every week if there are no side effects. If your side effects are bothersome, but tolerable, keep at the same dose for another week. Usually side effects decrease with time allowing you to increase the dose. You may be able to increase the dose the next week. Increasing the dose has the benefit of improving the pain relief.

Typically within a month, in patients under 50, it is possible to get to 2400 mg a day. If you tolerate it well but still have some pain I'll usually prescribe the 800 mg tablet in the second month. TennCare only will allow filling 90 pill/month and part D Medicare 120/month. It may be necessary to private pay additional tablets to achieve your optimal dose.

Expect your pain to be improved but not totally pain free. Mood is often improved too.

The Pain Trap

The simple answer to pain is 'pain medicine'. The pain medications are generally all non-steroidal anti-inflammatory medications ('arthritis' drugs such as mobic, ibuprofen, naproxen or celebrex) or drugs that are derived from opium, the narcotics. These medications truly are pain medications but most patients today seeing a doctor about pain have tried the arthritis medications and found them lacking. That leaves the narcotic drugs such as hydrocodone, which has been used so extensively that many lay people don't consider it addictive. It is, in reality the most abused drug in the USA. Other narcotics get worse and include oxycodone, dilaudid, and morphine. The state regularly reviews the use of these drugs and occasionally enforces the law by shutting down the unlicensed "pain clinic".

Tennessee, like most states, tracks narcotic use with computers and knows which doctors are freely prescribing and which patients are using the most narcotics regardless of which providers write for them. The drug stores must report these controlled substances to the state computer database when the prescription is filled.

While a patient dying of cancer should have free access to these habit forming drugs to relieve pain in their final days, taking strong narcotics for the pain of lumbago or for fibromyalgia almost always fails to achieve the patient's goals. Narcotics for chronic pain simply don't work for more than a few weeks. This necessitates ever stronger narcotics. The body gets used to narcotics and after a few months the pain relieving effect is blunted. Patients come in regularly taking very strong narcotics and are unhappily and in just as much pain as when they started taking narcotics. At that point they have two major problems 1) chronic pain 2) ongoing need to find stronger drugs. Of course at some point there simply is nothing stronger. Narcotics reprogram the brain to require more of them.

Additionally the medical profession is facing more and more scrutiny from the state. Doctors who freely prescribe narcotics face disciplinary action. The alternative for a patient is to go to a licensed "pain clinic.

But the main problem with narcotics is that they don't work well alone, probably because they deplete serotonin, a brain chemical that makes you feel calm and good. Gabapentin and others anti-seizure drugs such as Lyrica and Lamictal reduce neurological pain without addiction and they have the benefit of improved mood stability.

WEEK 1	take 2 doses daily, one morning and one at night
WEEK 2	take 3 doses daily, morning, noon and night
WEEK 3	take 4 doses daily, two in the morning and 2 at night
WEEK 4	take 5 doses daily, two in the morning, one at noon and 2 at night

Don't increase your dose in the face of side effects that are more than mild.

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