Q1 2026 MD Snapshot-Prescribing Companion:

Key considerations when prescribing gabapentinoids

Prescribing Resource

Physician Prescribing Practices (PPP) Program
March 2026

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Introduction

CPSA's Physician Prescribing Practices (PPP) program provides physicians with resources and tools that support safe and informed prescribing practices.

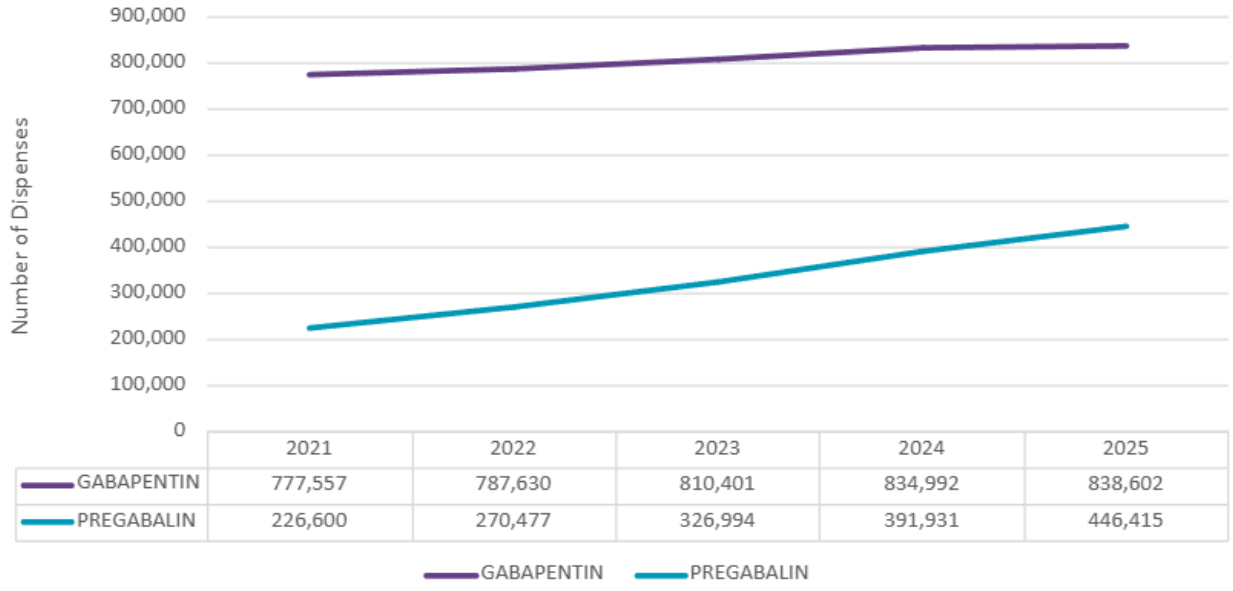
The quarterly MD Snapshot-Prescribing reports allow physicians to review individualized summaries of their prescribing trends, and the prescribing companions offer additional prescribing guidance. **Questions?** For inquiries or feedback, please contact us at AIR.Inquiries@cpsa.ab.ca.

Overview

Recent prescribing data indicates an increase in gabapentinoid dispensing in Alberta. Although initially considered to have low abuse potential, evidence has increasingly identified risks of misuse, dependence and other harms.[1,2]

Gabapentinoids are widely prescribed for conditions including neuropathic pain, fibromyalgia, generalized anxiety disorder, restless leg syndrome and seizure disorders.[3,4]

Trend of Physician-Prescribed Gabapentinoid Dispenses, 2021-2025



	2021	2022	2023	2024	2025
GABAPENTIN	777,557	787,630	810,401	834,992	838,602
PREGABALIN	226,600	270,477	326,994	391,931	446,415

Note: Between 2021 and 2025, there was a 7.9% increase in dispenses of gabapentin prescribed by physicians, compared to a 97.0% relative increase in pregabalin prescribed by physicians.

Six gabapentinoid prescribing considerations

Although gabapentinoids may be perceived as a relatively safe prescribing option compared to TPP Type 1 medications, several important considerations warrant attention.

1. **Individualize therapy**: Therapeutic dosing varies by indication. In addition to the underlying condition, consider hepatic encephalopathy, renal impairment and concomitant central nervous system (CNS) depressants when determining dose. As with any therapy, prescribing should reflect the patient's overall clinical context and cumulative risk profile.

2. **Be mindful of access and shifting risk**: Gabapentinoids are more readily accessible than opioids and may be perceived as a safer alternative in the context of tighter opioid regulation.[1] This perception may contribute to increased use and misuse.[1] Thoughtful prescribing and monitoring remains essential.

3. **Apply lessons from the opioid crisis**: Assess cumulative risk when co-prescribing gabapentinoids with other CNS depressants, including opioids and benzodiazepines. Concomitant use may increase sedation, respiratory depression and other serious harms.[3] Concurrent opioid and gabapentinoid use has been associated with increased overdose risk.[3] Counsel patients regarding overdose risk, consider naloxone when co-prescribed with opioids, and ensure patients and caregivers understand when to seek emergency care.

4. **Recognize potential signs of misuse**: Signs of misuse include multi-physician prescribing or multipharmacy use, early refills, dose escalation and reluctance to taper.[2] When these patterns arise, a timely, supportive conversation can help clarify contributing factors and determine whether dependence should be considered.

5. **Taper cautiously and monitor closely**: Withdrawal can be challenging and, in some cases, associated with significant psychiatric symptoms.[1] Avoid abrupt discontinuation where possible. Plan gradual, individualized tapers based on dose, duration, comorbidities and concurrent medications. Include close follow-ups to monitor for withdrawal, mood changes or behavioural concerns. A mental health assessment prior to tapering may help identify patients at higher risk of complications.

6. **Integrate mental health care**: Untreated psychological distress can exacerbate both chronic pain and substance use.[2] Identifying and addressing co-occurring mental health conditions and facilitating access to evidence-based psychological therapies may reduce reliance on pharmacologic strategies alone.

Three emerging patterns of gabapentinoid misuse

1. Gabapentinoids have been misused to potentiate the effects of opioids, to manage opioid withdrawal or as a substitute for opioids.

A qualitative systematic review by McNeilage examining the experiences of misuse and dependence among individuals who use gabapentinoids identified a range of non-oral and altered routes of administration.[5]

Participants reported breaking or chewing gabapentin tablets to accelerate onset of effect.[1] In many cases, nasal insufflation was associated with cocaine use, either in combination with cocaine or as an alternative.[1] A small number of participants across several studies also reported intravenous injection, both with and without heroin, as well as rectal administration of pregabalin and gabapentin.[2]

In addition to direct misuse, there is potential for diversion of gabapentinoid prescriptions to others. Diversion may occur among individuals with substance use disorders seeking to enhance or substitute other substances, as well as among vulnerable populations, including elderly patients, who may be pressured or exploited to share or provide their medications.

2. Harms, including overdose, are generally reported in the context of concurrent medication use.

Concerns regarding gabapentinoid use most commonly arise not from gabapentin or pregabalin as a single agent, but from its use in combination with other medications.

Patients prescribed gabapentinoids are often clinically complex, with multiple comorbidities and concomitant therapies, many of which also contribute to CNS depression, such as opioids or benzodiazepines. The cumulative CNS depressant effects of these therapies may result in respiratory depression and, in some cases, may be fatal.[2] The most commonly documented harms include dissociation, loss of consciousness and overdose, in the context of concurrent medication use.[1]

3. Gabapentinoids are sometimes used recreationally for their euphoric and sedative effects.

Gabapentin is known by several colloquial "street" names, including Johnnies, Gabbys, Gabs, Pens, Neuros, Nans, Rottweilers, Rotts and Rotties. Pregabalin has similarly been referred to using terms such as Lulu, Laleze and "The Trip."[2] In addition to recreational use, some individuals report misusing gabapentinoids to self-manage symptoms such as pain, psychological distress and insomnia.

Gabapentinoid prescribing risks

Concurrent opioid use risks

In 2019, Health Canada advised Canadians to exercise caution when taking gabapentin or pregabalin with opioids.[6] In response to emerging safety concerns, TPP Alberta added gabapentinoids to the TPP Type 2 medication list in 2022.[7]

High-dose opioid therapy and opioid use disorder are recognized risk factors for gabapentinoid misuse and dependence. Concurrent prescribing of opioids and gabapentinoids is common and has been reported more frequently in socioeconomically disadvantaged populations.[2]

Additional risk considerations

The decision to substitute another substance with a gabapentinoid may be initiated by either the prescriber or the patient. In some patient-initiated cases, this may be associated with the fact that gabapentinoids are not routinely included in standard screening panels.[1] Physicians should remain aware of this limitation when ordering standard blood or urine screening panels.

"The potential for respiratory depression is highest when gabapentin or pregabalin is used in patients with risk factors such as increasing age (≥ 65 years of age), underlying lung dysfunction, and concomitant use of central nervous system (CNS) depressants."[8]

Symptoms of gabapentinoid dependence may include:

- the rapid development of tolerance;
- increased salience; and
- a severe withdrawal syndrome often involving psychiatric symptoms.[1]

Conclusion

Gabapentinoids remain an important component of care for chronic pain and other conditions. However, emerging evidence underscores the need for careful patient selection, judicious prescribing and ongoing monitoring, particularly when used with other CNS depressants.

By remaining attentive to patterns of misuse, dependence and withdrawal, and by engaging patients in informed discussions about risks and benefits, physicians and CPSA can support safe, evidence-informed, patient-centred care across Alberta. Reviewing your MD Snapshot-Prescribing data may further inform self-reflection and continuous quality improvement in gabapentinoid prescribing.

Questions? For inquiries or feedback, please contact us at AIR.Inquiries@cpsa.ab.ca.

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