pregabalin (pre-gab-a-lin)

**Classification**

Therapeutic: analgesics, anticonvulsants
Pharmacologic: gamma-aminobutyric acid (GABA) analogues, nonopioid analgesics

**Schedule V**

**Pregnancy Category C**

**Indications**


**Action**

Binds to calcium channels in CNS tissues which regulate neurotransmitter release. Does not bind to opioid receptors.

**Therapeutic Effects:** Decreased neuropathic or post-herpetic pain. Decreased partial-onset seizures.

**Pharmacokinetics**

**Absorption:** Well absorbed (90%) following oral administration.

**Distribution:** Probably crosses the blood-brain barrier.

**Metabolism and Excretion:** Minimally metabolized, 90% excreted unchanged in urine.

**Half-life:** 6 hr.

**TIME/ACTION PROFILE (post-herpetic pain)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>2–4 wk</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

Contraindicated in: Myopathy (known/suspected); Lactation: Lactation.

Use Cautiously in: All patients (may risk of suicidal thoughts/behaviors); Renal impairment (dose alteration recommended for CCr < 60 mL/min); History of drug dependence/drug-seeking behavior; OR Use only if maternal benefit outweighs fetal risk, may risk of multi-drug exposure; Pediatric: Safety not established; Geri: Consider age-related PIS in renal function when determining dose.

**Adverse Reactions/Side Effects**

**CNS:** SUICIDAL THOUGHTS, dizziness, drowsiness, impaired attention/concentration/thinking; CV: edema; EENT: blurred vision; GI: dry mouth, abdominal pain, constipation; GU: urgency; Hemat: thrombocytopenia; Metab: weight gain; Misc: allergic reactions, fever.

**Interactions**

**Drug-Drug:** Concurrent use with thiazolidinediones (pioglitazone, rosiglitazone) may risk of fluid retention. Risk of CNS depression with other CNS depressants including opioids, alcohol, benzodiazepines, or other sedatives/hypnotics.

**Route/Dosage**

**Diabetic Neuropathic Pain**

PO (Adults): 50 mg 3 times daily, may be up to 100 mg 3 times daily.

**Postherpetic Neuralgia**

PO (Adults): 75 mg twice daily or 50 mg 3 times daily initially, may be up to 7 days to 500 mg/day in 2–3 divided doses; after 2–4 wk may be up to 1–600 mg/day in 2–3 divided doses.

**Fibromyalgia**

PO (Adults): 75 mg twice daily initially, may be up to 150 mg twice daily within 1 wk based on efficacy and tolerability. May be up to 250 mg twice daily.

**Spinal Cord Injury Neuropathic Pain**

PO (Adults): 75 mg twice daily initially, may be up to 150 mg twice daily within 1 wk based on efficacy and tolerability; titration pain relief after 2–4 wk may be up to 300 mg twice daily.

**Partial Onset Seizures**

PO (Adults): 150 mg twice daily or 50 mg 3 times daily initially, may be gradually up to 600 mg/day.

**Renal Impairment**

PO (Adults): CCr 30–60 mL/min—75–300 mg/day in 2–3 divided doses; CCr 15–30 mL/min—25–150 mg/day in 1–2 divided doses; CCr < 15 mL/min—25–75 mg/day as a single daily dose.

**Drug Dependence/Cessation of Use**


**Adverse Reactions/Side Effects**

CNS: SUICIDAL THOUGHTS, dizziness, drowsiness, impaired attention/concentration/thinking; CV: edema; EENT: blurred vision; GU: urgency; Hemat: thrombocytopenia; Metab: weight gain; Misc: allergic reactions, fever.

**Interactions**

Drug-Drug: Concurrent use with thiazolidinediones (pioglitazone, rosiglitazone) may risk of fluid retention. Risk of CNS depression with other CNS depressants including opioids, alcohol, benzodiazepines, or other sedatives/hypnotics.

**Route/Dosage**

**Diabetic Neuropathic Pain**

PO (Adults): 50 mg 3 times daily, may be up to 100 mg 3 times daily.

**Postherpetic Neuralgia**

PO (Adults): 75 mg twice daily or 50 mg 3 times daily initially, may be up to 7 days to 500 mg/day in 2–3 divided doses; after 2–4 wk may be up to 1–600 mg/day in 2–3 divided doses.

**Fibromyalgia**

PO (Adults): 75 mg twice daily initially, may be up to 150 mg twice daily within 1 wk based on efficacy and tolerability. May be up to 250 mg twice daily.

**Spinal Cord Injury Neuropathic Pain**

PO (Adults): 75 mg twice daily initially, may be up to 150 mg twice daily within 1 wk based on efficacy and tolerability; titration pain relief after 2–4 wk may be up to 300 mg twice daily.

**Partial Onset Seizures**

PO (Adults): 150 mg twice daily or 50 mg 3 times daily initially, may be gradually up to 600 mg/day.

**Renal Impairment**

PO (Adults): CCr 30–60 mL/min—75–300 mg/day in 2–3 divided doses; CCr 15–30 mL/min—25–150 mg/day in 1–2 divided doses; CCr < 15 mL/min—25–75 mg/day as a single daily dose.
NURSING IMPLICATIONS

Assessment

- Monitor closely for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or behavior.
- Seizures: Assess location, duration, and characteristics of seizure activity.
- Lab Test Considerations: May cause q creatine kinase levels.
- May cause p platelet count.

Potential Nursing Diagnoses

Risk for injury (Adverse Reactions)

Implementation

- Do not confuse Lyrica (pregabalin) with Lopressor (metoprolol).
- Pregabalin should be discontinued gradually over at least 1 wk. Abrupt discontinuation may cause insomnia, nausea, headache, anxiety, sweating, and shakiness when used for pain and may cause increase in seizure frequency when treating seizures.
- PO: May be administered without regard to meals. Oral solution may be stored at room temperature.

Patient/Family Teaching

- Instruct patient to take medication as directed. If a dose is missed take as soon as remembered unless almost time for next dose; do not double doses. Do not discontinue abruptly; may cause insomnia, nausea, headache, or dizziness or increase in frequency of seizures. Advise patient to read the Patient Information Leaflet prior to taking pregabalin.
- May cause dizziness, drowsiness, and blurred vision. Caution patient to avoid driving or activities requiring alertness until response to medication is known. Advise patient to check with health care professional before taking alcohol or other CNS depressants with pregabalin.
- Instruct patient to promptly report unexplained muscle pain, tenderness, or weakness, especially if accompanied by malaise or fever. Discontinue therapy if myopathy is diagnosed or suspected or if markedly elevated creatine kinase levels occur.
- Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking, other unusual changes in behavior or mood occur.
- Instruct patient that pregabalin may cause edema and weight gain.
- Caution patient to avoid alcohol or other CNS depressants with pregabalin.
- Instruct patient to notify health care professional of medication regimen before treatment or surgery.
- Advise female patient to notify health care professional if pregnancy is planned or suspected or if breast feeding. Inform male patients who plan to father a child of the potential risk of male-mediated teratogenicity. Encourage patients who become pregnant to enroll in the NAAED Pregnancy Registry by calling 1–800–233–2334.
- Advise patient to carry identification describing disease process and medication regimen at all times.

Evaluation/Desired Outcomes

- Decrease in intensity of chronic pain.
- Decrease in the frequency or cessation of seizures.

Why was this drug prescribed for your patient?