Pregabalin and Gabapentin

Pregabalin is commonly used for the treatment of neuropathic pain. Overdose leads predominately to CNS effects. Management is supportive.

Toxicity / Risk Assessment

- *Lone Pregabalin or Gabapentin exposures are usually well tolerated*
- *Clinical effects are dose dependent*
- *Toxicity is more likely:*
  - *co-ingestion with another CNS depressant*
  - *renal impairment*
  - *pregabalin/gabapentin naive*

Clinical features:

- Occurs within 4 hours of acute exposure

Central nervous system:

- Myoclonus, CNS depression, ataxia, seizure and rarely coma

Cardiovascular:

- Hypotension, rarely tachycardia/bradycardia

Other reported effects:

- GI upset, rhabdomyolysis, renal injury, cardiac failure

Management

- Supportive care is the mainstay of management
- Coma with loss of airway reflexes is rare and may require intubation

Decontamination:

- Activated Charcoal 50 g should be offered to alert patients who have ingested > 50 mg/kg within 2 hours

Seizures

- Benzodiazepines: Diazepam 5mg IV every 5 minutes as necessary

Hypotension

- Treat initially with 20 mL/kg IV crystalloid

Extracorporeal Elimination

- Haemodialysis is seldom indicated, but may be considered in patients with severe clinical features and co-existing renal impairment

Disposition

- Discharge pending mental health assessment if asymptomatic 6 hours post exposure
- Admit patients with significant symptoms, cardiovascular dysfunction, acute renal impairment