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). 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.

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.

See reverse for your prescribing patterns.
**GABAPENTIN**

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

**PREGABALIN**

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

For people taking any dose of gabapentin or pregabalin — and especially people taking ≥1800 mg/day gabapentin(4), or ≥300 mg/day pregabalin(4), or with adverse effects at any dose — consider reducing dose until patient feels benefits exceed harms or the drug is stopped.

**CYCLOLOBENZAPRINE**

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

For people using any dose of cyclobenzaprine — and especially for people taking >10 mg/day(4), 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.13

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**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**


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FOR REFERENCES AND DETAILED DEFINITIONS SEE: WWW.TI.UBC.CA/PORTRAIT-PAIN