

PubMed

Abstract ▾

Full text links



Curr Opin Anaesthesiol. 2007 Oct;20(5):456-72.

Gabapentin and pregabalin for chronic neuropathic and early postsurgical pain: current evidence and future directions.

Gilron I¹.

+ Author information

Abstract

PURPOSE OF REVIEW: Gabapentin and pregabalin bind to the alpha-2-delta calcium channel subunit and represent a novel analgesic drug class. The evidence base supporting their use for chronic neuropathic and early postsurgical pain is reviewed.

RECENT FINDINGS: Multiple, large, high-quality trials have demonstrated the safety and efficacy of gabapentin and pregabalin in neuropathic pain. Treatment-related improvement of pain and sleep positively impact upon quality of life. Sedation, dizziness and ataxia are important and relatively common adverse effects, however. Accumulating evidence indicates that gabapentin, and possibly pregabalin, also exert important effects following surgery. Multiple high-quality trials have demonstrated analgesic and opioid-sparing efficacy with gabapentin following various surgical procedures. Gabapentin and pregabalin reduce movement-evoked pain and this can lead to enhanced functional postoperative recovery. Postoperative opioid sparing is of questionable relevance since few trials have shown reduced opioid-related adverse effects. Sedation, dizziness and ataxia have been reported in only a few trials. Future larger-scale perioperative trials focused on safety assessment are needed, however.

SUMMARY: Gabapentin and pregabalin are efficacious treatments for neuropathic and postsurgical pain. Future research addressing several specific questions would serve to better delineate their optimal roles in treating these and other pain conditions.

PMID: 17873599 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances ▾

LinkOut - more resources ▾

PubMed Commons

[PubMed Commons home](#)

0 comments

[How to join PubMed Commons](#)

