

Lived experiences of nonmedical gabapentinoid use and symptoms of dependence: A systematic review of qualitative research

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Introduction: Gabapentinoids are among the most widely prescribed pain medications worldwide [1]. However, there is growing evidence of harms associated with nonmedical use and dependence [2]. The objective of this study was to systematically review qualitative research exploring lived experiences of nonmedical gabapentinoid (pregabalin or gabapentin) use and symptoms of gabapentinoid dependence.

Methods: Databases (MEDLINE, Scopus, Web of Science, CINAHL, EMBASE, PsycINFO) and grey literature sources were searched to September 2023. The methodological quality of included studies was appraised using CASP [3], and higher quality studies were prioritised in thematic synthesis. Confidence in the overall findings of the review was assessed using the GRADE-CERQual approach [4].

Results: Twenty-six articles representing 21 original studies were included. The majority used interview methods and were of high methodological quality. Reasons for non-medical gabapentinoid use included getting high, potentiating or offsetting the effects of other drugs, self-medicating for pain, distress, insomnia, or withdrawal symptoms, and substituting for another drug. Symptoms of dependence included the rapid development of tolerance and a severe withdrawal syndrome often involving psychiatric symptoms, particularly with pregabalin. Harms including blackouts and overdose were generally reported in the context of poly-drug use. Confidence in the review findings was moderate or low for all findings.

Conclusions: This review provides rich qualitative insights into the potential reasons for nonmedical gabapentinoid use as well as the diverse lived experiences of dependence symptomatology. Considering the increasing prescribing of these medications globally [1], and the potential for public health challenges resulting from nonmedical use, the findings of this review can be used to develop more effective harm reduction strategies. These may include working with people who use gabapentinoids nonmedically and harm reduction experts to develop feasible and acceptable ways to reduce the risk of overdose associated with poly-drug use.

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