

Gabapentin for the treatment of vulvodynia

Introduction

This leaflet gives you information about the medication gabapentin which you have been prescribed to reduce the pain of vulvodynia.

Vulvodynia is pain in the vulva (area around the outside of the vagina) that lasts at least 3 months and does not have a specific cause.

Why have I been prescribed gabapentin?

You have been prescribed gabapentin as it can be used to treat persistent pain such as burning, shooting and stabbing nerve pain, and for pain that keeps you awake at night.

You have not been prescribed gabapentin for epilepsy.

How does gabapentin work?

It is not fully understood how gabapentin works. However, it is thought to work by reducing excessive electrical activity in the brain and peripheral nerves, which in turn reduces your pain.

How do I take gabapentin?

It is important to build up the dose gradually, to help prevent problems. You will need to take gabapentin every day. It is not like an ordinary pain relief medication and will not work well if you only take it when your pain is bad.

Most patients feel some benefit when taking 3 capsules a day (900mg).

We suggest that you build up the dose as shown in the table below:

Day	Breakfast	Lunchtime	Bedtime
1	None	None	300mg
2	300mg	None	300mg
3	300mg	300mg	300mg

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Department

Pharmacy

Review due

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Patient Information

You will be reviewed by a member of the team once you are taking 300mg, 3 times a day. This is to assess whether gabapentin is right for you. There is the possibility that the dose can be increased further if required.

The maximum daily dose of gabapentin is 3600mg, although most people will notice the benefit of the medication at much lower doses.

How to take gabapentin

Swallow the gabapentin capsules or tablets whole with a drink of water or juice. Do not chew them.

You can take gabapentin with or without food but it is best to do the same each day.

Try to space your doses evenly through the day. For example, you could take the medication first thing in the morning, early afternoon and at bedtime.

It is important not to stop taking gabapentin suddenly, even if you feel fine. Stopping gabapentin suddenly can cause serious problems. You may have a severe withdrawal syndrome which can have unpleasant symptoms, including:

- anxiety
- difficulty sleeping
- feeling sick
- pain
- sweating
- seizures

It is possible to prevent withdrawal seizures and other symptoms by gradually reducing the dose of gabapentin. Please speak to your GP about this.

**Patient
Information****Possible side effects**

Important: Gabapentin can cause drowsiness. Do not drive or operate heavy machinery if you feel drowsy.

Gabapentin is usually well tolerated, however there are some common and less common side effects.

Common side effects include dizziness, unsteadiness, sleepiness and blurred vision.

Some patients may feel more tired than normal. You may also suffer from visual side effects, nausea (feeling sick), weight gain or memory loss but these are usually minor.

It is important to continue to take the gabapentin as some of the symptoms listed will disappear after a few weeks.

While being treated with gabapentin you will be monitored by your GP for symptoms of gabapentin misuse, abuse or dependence, such as development of tolerance, dose escalation and drug-seeking behaviour.

You will also be monitored for signs of suicidal thoughts and behaviours. Patients (and carers of patients) are advised to seek medical advice from their GP if signs of suicidal thoughts and ideas or behaviour happen. Stopping the gabapentin treatment will be considered in the case of suicidal thoughts and behaviour.

If you suffer from any severe side effects as the gabapentin dose is increased, you should reduce to the previous dose if that was managing your pain without any severe side effects. This would be better than stopping the medication.

Gabapentin will add to the effects of alcohol, so please be careful if you drink alcohol while taking this medication as you may become drowsier than expected.

**Patient
Information**

What if I forget to take a dose?

Take the missed dose as soon as you remember. If it is within 2 hours of your next dose, it is better to skip the dose and take your next dose at the normal time.

Never take 2 doses at the same time and never take an extra dose to make up for a forgotten one.

Is gabapentin suitable for everyone?

Gabapentin is not suitable for everyone, please talk to your hospital doctor if you:

- are allergic to any medications.
- are taking any other medications or herbal medicines and this has not been discussed with the person who prescribed gabapentin.
- are taking any medications that cause drowsiness (for example, strong pain relief such as morphine).
- are pregnant or breastfeeding, or planning to become pregnant.
- have kidney or liver problems.

Avoid taking gabapentin at the same time as any antacid medicines such as Gaviscon[®]. This may affect how much of the gabapentin is absorbed by your body.

Contact information

If you have any further questions, please do not hesitate to contact a member of the Dermatology team via the secretary's below:

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>