

Risks: risk of overdose due to cumulation of the drug.

Risk monitoring: monitor renal function regularly.

Dose adjustment:

eGFR \geq 80 ml/min: daily dose 900–3600 mg (in 3 daily doses),

eGFR 50–79 ml/min: 600–1800 mg/day (in 3 daily doses),

eGFR 30–49 ml/min: 300–900 mg/day (in 3 daily doses),

eGFR 15–29 ml/min: 150 mg on alternate days – 600 mg/day (in 3 daily doses),

eGFR $<$ 15 ml/min: 150 mg on alternate days – 300 mg/day; reduce daily dose in proportion to creatinine clearance.

In anuric patients on haemodialysis, an initial dose of 300–400 mg/day is recommended, followed by 200 to 300 mg of gabapentin after every 4 hours of dialysis. On non-dialysis days, gabapentin therapy should not be administered.

Recommendation: use with caution

Gabapentin may be administered provided that renal function is closely monitored, and appropriate dose adjustments are made, especially when eGFR is below 60 ml/min. This agent should be used with caution in patients showing unstable or progressively declining renal function, AKI, and nephrotic syndrome.