USE WITH CAUTION.
Risks: Risk of overdose due to accumulation of the drug. Increased likelihood of sedation, dizziness, and ataxia, particularly in older adults or in combination with other CNS depressants.
Risk monitoring: Monitor renal function regularly and observe for signs of sedation, dizziness, or balance disturbances, especially in older or frail patients.
Dose adjustment:
eGFR ≥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:
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, acute kidney injury, and nephrotic syndrome.