POSSIBLE TO USE.
Risks: Pregabalin undergoes minimal hepatic metabolism and is primarily eliminated unchanged by the kidneys. Clinically relevant hepatotoxicity is rare. Mild CNS or respiratory depression may occur in advanced liver disease or hepatorenal syndrome, especially when combined with other CNS depressants.
Risk monitoring: Monitor for sedation, confusion, and signs of hepatic decompensation (ascites, oedema, and jaundice) in advanced cirrhosis. Liver function tests are not routinely required unless symptoms arise.
Dose adjustment: No dose adjustment is needed for mild to severe hepatic impairment (Child–Pugh A–C). In hepatorenal syndrome or in the presence of renal dysfunction, follow renal-dose adjustment guidelines.
Recommendation:
Possible to use in hepatic impairment. Start at a low dose (e.g., 50 mg daily) and titrate slowly in advanced cirrhosis or when there is a risk of sedation. Avoid concurrent use with potent CNS depressants. Pregabalin may be considered a preferred co-analgesic for neuropathic pain in patients with stable cirrhosis and preserved renal function.