

POSSIBLE TO USE.

Risks: Gabapentin undergoes minimal hepatic metabolism and is generally safe in patients with hepatic impairment. Clinically significant hepatotoxicity is rare. Mild CNS or respiratory depression may occur in advanced cirrhosis or hepatorenal syndrome, especially when combined with other sedatives.

Risk monitoring: Monitor for sedation, confusion, and signs of hepatic decompensation (ascites, oedema, and jaundice) in advanced disease. 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 with concurrent renal dysfunction, follow renal-dose adjustment guidelines.

Recommendation:

Possible to use in hepatic impairment. Begin at a low dose (100 mg/day) and gradually increase in cases of advanced cirrhosis or if sedation risk is present. Avoid combining with strong CNS depressants. Gabapentin may be preferred as an additional analgesic for neuropathic pain in patients with stable cirrhosis and normal renal function.