

Pregabalin is commonly used for the treatment of neuropathic pain. Overdose leads predominately to CNS effects. Management is supportive.

Toxicity / Risk Assessment

- Lone Pregabalin or Gabapentin exposures are usually well tolerated
- Clinical effects are dose dependent
- Toxicity is more likely:
 - co-ingestion with another CNS depressant
 - renal impairment
 - pregabalin/gabapentin naive

Clinical features:

- Occurs within 4 hours of acute exposure

Central nervous system:

- Myoclonus, CNS depression, ataxia, seizure and rarely coma

Cardiovascular:

- Hypotension, rarely tachycardia/bradycardia

Other reported effects:

- GI upset, rhabdomyolysis, renal injury, cardiac failure

Management

- Supportive care is the mainstay of management
- Coma with loss of airway reflexes is rare and may require intubation

Decontamination:

- Activated Charcoal 50 g should be offered to alert patients who have ingested > 50 mg/kg within 2 hours

Seizures

- Benzodiazepines: Diazepam 5mg IV (Paediatric 0.2 mg/kg IV) every 5 minutes as necessary

Hypotension

- Hypotension is uncommon, but if present can initially be treated with 20 mL/kg IV crystalloid

Extracorporeal Elimination

- Haemodialysis is seldom indicated, but may be considered in patients with severe clinical features and co-existing renal impairment

Disposition

- Discharge pending mental health assessment if asymptomatic 6 hours post exposure
- Admit patients with significant symptoms, cardiovascular dysfunction, acute renal impairment