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## Gabapentinoids are probably ineffective in chronic low-back pain and have significant adverse effects

A systematic review of Gabapentin (GB) and Pregabalin found 8 studies.<sup>1</sup> GB compared with placebo (3 studies, n = 185) showed minimal improvement of pain. Compared with placebo, the following adverse events were more commonly reported with GB: dizziness; fatigue; difficulties with mentation and visual disturbances. The number needed to harm with 95% CI for dizziness, fatigue, difficulties with mentation, and visual disturbances were 7 (4 to 30), 8 (4 to 44), 6 (4 to 15), and 6 (4 to 13) respectively.

A US guideline suggests that most patients get better regardless of treatment but there are numerous other non-drug and drug options.<sup>2</sup>

For patients with chronic low-back pain, clinicians and patients should initially select non-drug treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioural therapy, or spinal manipulation (low-quality evidence).

### References:

1. Benefits and safety of gabapentinoids in chronic low back pain: A systematic review and meta-analysis of randomized controlled trials (2017). [Click here](#)

2. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians (2017). [Click here](#)

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