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Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: I would like your take on using drugs such as gabapentin for use in treating PPS pain. With the new drug laws, my doctor has prescribed this drug for pain instead of the hydrocodone I was taking. (Editor's Note: Under a final rule issued by the U.S. Drug Enforcement Administration, hydrocodone combination products are now in a more restrictive category of controlled substances, along with other opioid drugs for pain like morphine and oxycodone. See more at: <http://blogs.fda.gov/fdavoices/?s=oxycodone&submit=Search#sthash.e7bJpWM6.dpuf>) I can usually manage the pain during the day but have problems sleeping. Some nights it feels like someone is trying to peel my muscles from my bones. I am asking because gabapentin is used to treat seizures, but I do not have seizures. When I looked up the usage, it is also given for treatment of pain for the shingles for a period of three to four months. Whatever I decide to take for pain, I will possibly use for the rest of my life. Has anyone done a study of the long-term usage of gabapentin for post-polio pain? I do not want to take this medication and find out it was not good for managing post-polio syndrome.

Answer: Gabapentin and pregabalin are only approved for control of seizures and fibromyalgia (in the case of pregabalin). There are no studies supporting their effectiveness for leg cramps in the survivors of polio. Gabapentin is the most widely prescribed drug and used "off-label" for chronic pain syndromes of all sort. If these drugs are used for leg cramps, they should be evaluated carefully on an individual basis relative to their effectiveness and the optimal minimally effective dose.

For survivors with leg cramps, a thorough history and exam should be done regarding the most likely cause(s) of the cramps. Tight muscles are the most common contributing factor, but they can be treated with stretching. The next most common cause is overuse/misuse of the leg muscles. Metabolic imbalances of calcium and magnesium are also common. None of these common causes are likely to respond to treatment with gabapentin/pregabalin.

In regard to your specific concerns about trying it: gabapentin appears to be safe from the standpoint of serious side effects from long-term use. There are many non-serious side-effects in the short-term for many people who take it, particularly sleepiness, fatigue, mental slowness, nausea. They stop when the drug is not taken.

In your question, you mention problematic pain, particularly at night, and for this problem I would encourage you to try gabapentin at a small dose (100 mg) taken about one hour before going to bed. If it is helpful and your night-time problem is not every night, you can take it "as needed" at night, but it may take an hour or more to be helpful.

Don't be too concerned about it being listed as an anti-seizure medicine or a helpful treatment for shingles-related pain. It does help these conditions and because they have been studied sufficiently, it is legal and appropriate to say that it helps some with these conditions.

I know from my own practice and from speaking with other physicians that it can be prescribed safely and is sometimes helpful as an adjunct to effective pain management for polio survivors. It is probably a better choice for chronic pain than regular use of hydrocodone. Nevertheless, it should be considered as a "pain modulator" for chronic musculoskeletal pain and certainly not a true analgesic or a primary treatment for PPS pain. ■

Follow-up from questioner: *I have been taking 300 mg of gabapentin three times a day for almost three weeks. I cannot seem to stay awake. I feel sluggish, keep stumbling and am dizzy. I'm afraid I am going to fall. This drug seems to be robbing me of what little energy I have. I may suggest to my physician that I try only 100 mg at night.*