

What's New in the Patient Safety World

November 2025

Gabapentin Prescribing Continues to Increase

Despite increasing concerns about gabapentinoids, prescribing for gabapentin continues to increase. In fact, gabapentin is now the 5th most prescribed drug in the US ([Strahan 2025](#)). Strahan et al. analyzed gabapentin dispensing from retail pharmacies in the United States from 2010 to 2024. The dispensing rate per 1000 persons increased sharply from 2010 to 2016, approximately doubling. The rate of increase slowed after 2016 but gabapentin dispensing nevertheless continued to rise.

Prescribing to older adults (≥ 65 years) increased more than other age groups from 2016 to 2024. Most gabapentin was prescribed by primary care clinicians but substantial increases in prescribing were observed among advanced practitioners.

In another interesting study, Sun et al. ([Sun 2025](#)) used a national 20% random sample of US Medicare beneficiaries to analyze gabapentin use in stroke patients aged 65 years and older. Of those in whom gabapentin was initiated within 30 days of discharge, 51.6% were still on gabapentin for 12 months or longer after initiation. It was not clear what the indications for gabapentin were in this population. The authors conclude that there is a need for clear prescription guidelines and more studies on the long-term safety and effectiveness of gabapentinoid use among older adults.

Our many prior columns on safety issues surrounding gabapentinoids are listed below. Strahan et al. note that gabapentin is approved by the FDA for treatment of seizures and postherpetic neuralgia but that it is widely prescribed for off-label uses such as neuropathic pain. Quite frankly, it continues to be prescribed often as an adjunct for pain of any kind. The continued increase, particularly in older patients, is bothersome.

Gingras et al. ([Gingras 2024](#)) conducted a clinical trial attempting to increase gabapentinoid **deprescribing** using a novel approach of direct-to-consumer educational brochures intended to empower older adults to initiate a discussion on gabapentinoid risks and tapering with their clinician. Though it was a before-and-after, single-site, unblinded study without a contemporaneous control, their results support the use of direct-to-consumer educational brochures for deprescribing gabapentinoids in hospitalized older adults. Among those who completed the study, deprescription occurred in only 9.9% of patients in the usual care group vs 21.1% in the intervention group

(number needed to treat, 8). Doses of concurrent pain medications did not increase and new pain medications were not initiated. They concluded that further study in a multicenter cluster randomized trial is warranted.

Some of our prior columns on safety issues with gabapentinoids:

- November 2017 “[Bad Combination: Gabapentin and Opioids](#)”
- March 2019 “[Gabapentin and Pregabalin on the Radar Screen](#)”
- January 2020 “[FDA Warning on Gabapentinoids](#)”
- February 25, 2020 “[More on Perioperative Gabapentinoids](#)”
- January 2021 “[Gabapentinoids Again](#)”
- June 2022 “[Gabapentin and Overdoses](#)”
- September 27, 2022 “[More Bad News for Gabapentin](#)”
- December 2023 “[Postop Gabapentin No Better Than Placebo](#)”
- March 2024 “[Gabapentinoids and COPD Exacerbation](#)”

References:

Strahan AE, Rikard SM, Schmit K, et al. Trends in Dispensed Gabapentin Prescriptions in the United States, 2010 to 2024. *Ann Intern Med* 2025; Epub 30 September 2025
<https://www.acpjournals.org/doi/10.7326/ANNALS-25-01750>

Gingras M, Dubé R, Williams J, et al. Direct-to-Consumer Educational Brochures to Promote Gabapentinoid Deprescribing in Older Adults. *JAMA Intern Med.* 2024; 184(11):1386–1388
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2823923>

Sun S, Donahue MA, Rocha Gabapentin RB, et al. Treatment Patterns Among Older Patients After Hospital Discharge for Acute Ischemic Stroke. *medRxiv* 2025; 09.23.25336477
<https://www.medrxiv.org/content/10.1101/2025.09.23.25336477v1>



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