

Gabapentin may cut opioid needs for oral mucositis pain during radiotherapy

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For patients receiving concurrent chemoradiotherapy for squamous cell

carcinoma of the head and neck, higher doses of gabapentin are well tolerated and associated with delayed time to first opioid use for additional pain control during radiotherapy (RT), according to a research letter published online May 18 in *JAMA Network Open*.

Sung Jun Ma, M.D., from the Roswell Park Comprehensive Cancer Center in Buffalo, New York, and colleagues performed a secondary analysis of two [clinical trials](#) involving 92 patients receiving concurrent chemoradiotherapy for nonmetastatic squamous cell carcinoma of the head and neck and prophylactic oral [gabapentin](#) (titrated to 900 mg versus 2,700 mg daily in one study and 3,600 mg daily in the other study).

The researchers found that most patients tolerated gabapentin per protocol. The time to first opioid use for additional pain control was greatest in the 3,600-mg [cohort](#) in the multivariable competing risks model. The smallest proportion of patients requiring [opioids](#) during RT was seen in the 3,600-mg cohort compared with the 900-mg and 2,700-mg cohorts (37.5, 93.1, and 61.3 percent, respectively). Compared with the 3,600-mg cohort, the odds of feeding tube placement were significantly greater during RT in the 2,700-mg cohort; the odds were not significantly greater in the 900-mg cohort.

"Although gabapentin, 3,600 mg, daily has been adopted as the standard regimen of the Roswell Park Comprehensive Cancer Center, additional studies are warranted to further investigate its role in pain control," the authors write.

More information: Sung Jun Ma et al, Association of Gabapentin Use With Pain Control and Feeding Tube Placement Among Patients With Head and Neck Cancer Receiving Chemoradiotherapy, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.12900](https://doi.org/10.1001/jamanetworkopen.2022.12900)

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