

GABAPENTIN

Gabapentin and the management of moderate to severe pain in ME/CFS



MARCH
2026

Including:
What causes pain in ME/CFS
Managing pain in ME/CFS
What is Gabapentin?

How Gabapentin works for pain relief
How and when to use Gabapentin
Side-effects, precautions and withdrawal



GABAPENTIN was written by **Dr Charles Shepherd**, Trustee and Hon. Medical Adviser to The ME Association.

DISCLAIMER

We recommend that the medical information in this leaflet is discussed with your doctor. It is not intended to be a substitute for personalised medical advice or treatment. You should consult your doctor whenever a new symptom arises, or an existing symptom worsens. It is important to obtain medical advice that considers other causes and possible treatments. Do not assume that new or worsened symptoms are solely because of ME/CFS or Long Covid.



BLOOD TESTS EXPLAINED

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Gabapentin is a prescription-only medicine that can be helpful in the management of moderate to severe pain, especially when it involves nerve/neuropathic pain.

BACKGROUND

Most people with ME/CFS experience pain. This can range from mild to severe and, for some people, pain is the most disabling aspect of their illness.

The commonest type of pain affects the muscles (where it may be exercise-induced) but it can also affect the joints (arthralgic pain) and nerves (neuropathic pain) where it is often described as burning, stabbing or searing in character. It is also sometimes accompanied by pain that is triggered by normally harmless stimuli such as touch (allodynia). Where muscle and joint pain is more widespread in ME/CFS it can be very similar to that reported by people with fibromyalgia.

KEY POINTS

- Gabapentin is a prescription-only medication that can be helpful in the management of moderate to severe pain, especially when it involves nerve/neuropathic pain.
- It is thought to act by blocking the way in which messages about pain are transmitted in the brain and spinal cord.
- As with any medication it has side-effects, some of which are very similar to ME/CFS.
- While some people with ME/CFS report that gabapentin is helpful for pain relief, a significant proportion are unable to tolerate it.
- When used for pain management in ME/CFS, gabapentin should be started at a very low dose and increased gradually.
- If gabapentin has to be discontinued, this should be done gradually over a period of weeks.



The cause of pain in ME/CFS is still unclear and difficult to establish because there is no obvious painful injury that triggers the pain and pain may not even be present during the early stages of the illness.



WHAT CAUSES PAIN IN ME/CFS?

The cause of pain in ME/CFS is still unclear and difficult to establish because there is no obvious painful injury that triggers the pain and pain may not even be present during the early stages of the illness.

So pain in ME/CFS may be caused by the way in which messages about pain pass from the arms, legs and body via the spinal cord and brain stem to parts of the brain that are responsible for recognising and responding to pain. It seems that information about pain that passes to the brain via the nervous system is no longer being dealt with in a normal manner in ME/CFS.

Consequently, the whole nervous system may then become over sensitive to pain and the protective mechanisms that normally help to dampen down or modify pain are no longer functioning properly.

MANAGING PAIN IN ME/CFS

Management of pain in ME/CFS can be very frustrating for both patients and their doctors. Conventional over-the-counter painkillers such as aspirin, paracetamol and ibuprofen (Brufen) are often of limited or no real value when pain is more severe or persistent. Prescription-only painkillers for moderate to severe pain (e.g. amitriptyline, mild opiates such as codeine) can also be of limited value.

If the pain is moderate to severe in character, one option that may be worth discussing with your doctor is the use of a medication called gabapentin (trade name = Neurontin). This option is perhaps best tried when other medications have been tried without any real benefit being obtained.

The rest of this Management File is about gabapentin.

The MEA has a separate information leaflet covering all aspects of pain management in ME/CFS:

<https://meassociation.org.uk/je48>

We also have information leaflets covering the use of low-dose amitriptyline, another prescription-only medication that some people find helpful, and pregabalin/Lyrica - which is similar in action to gabapentin.

Amitriptyline: <https://meassociation.org.uk/xm4s>

Lyrica: <https://meassociation.org.uk/65wi>

WHAT IS GABAPENTIN?

Gabapentin is a medication that is also used to treat epilepsy - where it stabilises and calms down electrical activity in the brain. It does so by mimicking the action of a brain chemical transmitter called GABA, which is a 'nerve-calming' chemical.

However, gabapentin has also been found to be effective in relieving neuropathic/nerve pain. It sometimes used to treat migraine and trigeminal neuralgia (facial pain) as well.

HOW DOES GABAPENTIN ACT?

It appears that gabapentin acts by blocking messages about pain in the brain and/or spinal cord. It may also act on chemical transmitters in the brain (neurotransmitters) by telling them to limit the release of pain-communicating chemicals by nerve cells in the pain pathways of the brain and spinal cord and/or its 'nerve-calming' role.

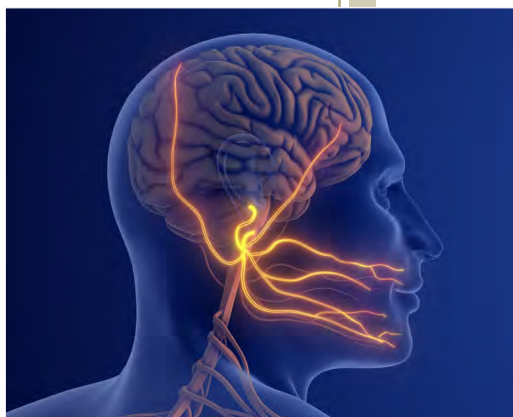
HOW IS GABAPENTIN USED FOR PAIN RELIEF?

The medication is available in 100mg, 300mg and 400mg capsules and 600mg and 800mg tablets, and as a liquid preparation. The British National Formulary (BNF) recommends starting with 300mg daily and gradually increasing the dose over a number of days.

However, patient evidence indicates that in ME/CFS it may be better to try a lower dose (100mg dose) to start with and working up more slowly. This is because people with ME/CFS can be more sensitive to medications acting on brain-chemical transmitter systems.

The NICE guideline on ME/CFS refers doctors to the NICE guideline on neuropathic pain for recommendations regarding the management of nerve pain in ME/CFS. The latter guideline recommends that gabapentin - along with amitriptyline and pregabalin - should be considered as medication-treatment options for neuropathic pain.

The 2002 Chief Medical Officer's report on ME/CFS also noted that gabapentin, along with other anticonvulsants, were options that could be considered for more severe pain that has a neuropathic quality.



Gabapentin has also been found to be effective in relieving neuropathic/nerve pain. It sometimes used to treat migraine and trigeminal neuralgia (facial pain) as well.



IS THERE ANY EVIDENCE THAT GABAPENTIN CAN RELIEVE PAIN IN ME/CFS AND RELATED CONDITIONS?

Unfortunately, there haven't been any well-conducted clinical trials to assess the efficacy and safety of gabapentin for pain management in ME/CFS.



In addition to its use in neuropathic pain, gabapentin has been assessed for relieving musculoskeletal pain in fibromyalgia – a condition with a considerable degree of overlap to ME/CFS. One small clinical trial in fibromyalgia found that gabapentin reduced pain, fatigue and sleep disruption more effectively than a placebo. Gabapentin was generally well tolerated in this trial.

Reference: <https://pubmed.ncbi.nlm.nih.gov/17393438>

In addition to its use in neuropathic pain, gabapentin has been assessed for relieving musculoskeletal pain in fibromyalgia - a condition with a considerable degree of overlap to ME/CFS.

A 2017 Cochrane review of the use of gabapentin for pain management in fibromyalgia concluded that: “We have only very low quality evidence and are very uncertain about estimates of benefit and harm because of a small amount of data from a single trial. There is insufficient evidence to support or refute the suggestion that gabapentin reduces pain in fibromyalgia.”

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6465053/>

HOW AND WHEN TO USE GABAPENTIN

- Gabapentin is normally taken three times a day at roughly the same time – first thing in the morning, early afternoon and bedtime.
- The tablet or capsule can be taken with a drink of water or juice.
- If you miss a dose take it as soon as you remember but not within 2 hours of the next dose. Don't take a double dose at the next time a dose is due.
- Combining gabapentin with alcohol can cause drowsiness, especially when you start taking it.

SIDE-EFFECTS

Side-effects are often more prominent at the start of treatment and tend to decrease as time goes on. Side-effects that are quite frequently reported include dizziness and fatigue.

Less common side-effects include:



- diarrhoea,
- dry mouth
- memory loss and abnormal thinking
- rash
- weight gain

Uncommon side-effects include:



- confusion
- constipation
- flatulence
- muscle pain and weakness
- nausea
- decreased sensitivity to touch

Rare or serious side-effects include:



- unusual bruising or bleeding
- fever
- hallucinations
- hepatitis
- suicidal thoughts
- swollen glands

The NICE guideline on gabapentin has a full list of all the side-effects - common, less common and rare - that have been reported following the use of gabapentin.

SIDE-EFFECTS *(continued...)*

The US Food and Drug Administration (FDA) has issued safety concerns about the use of gabapentin in people who also have a significant respiratory illness, especially when they are taking drugs such as antidepressants and antihistamines:

<https://meassociation.org.uk/9w8d>

The NICE guideline on gabapentin has a full list of all the side-effects - common, less common and rare - that have been reported following the use of gabapentin.

NICE guideline on gabapentin:

<https://meassociation.org.uk/2wph>



In practical terms this means taking extra care if you have to drive or operate machinery (as gabapentin can cause drowsiness and dizziness) and calling 111 or letting your doctor know if you have any serious adverse effects - such as skin rashes, mood changes or suicidal thoughts.

Your pharmacist will supply you with a leaflet covering side-effects in more detail. Please read it!

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Please read it!

PRESCRIBING GUIDANCE FOR GABAPENTIN/NEURONTIN



As a result of this change in classification, doctors are taking a far more cautious view about prescribing gabapentin for pain relief in ME/CFS.

Gabapentin and Pregabalin are now classified as Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971.

This means prescriptions for these medications will have to satisfy special requirements.

- Prescriptions must not exceed 28 days duration.
- Prescriptions will need to be collected within 28 days.
- There will be no emergency supply (by your chemist) of these medications.
- Existing “repeat dispensing” of these items has been cancelled. So you will need to ensure that these medications are ordered once a month in advance.
- You will need identification to collect these prescriptions.

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TAKING GABAPENTIN ABROAD

As gabapentin is classified as a Class C controlled substance (Schedule 3) in the UK and many other countries, there are some strict travel precautions. So carry your medication in your hand luggage in original packaging, accompanied by a letter from your doctor or a copy of your prescription stating your name, travel dates, and dosage.

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Key Requirements for Travelling with Gabapentin:

- **Documentation:** Carry a letter from your GP or prescriber. It should include your name, address, date of birth, travel dates, destination, and exact medication details (name, strength, total quantity).
- **Packaging:** Keep medication in its original, labelled packaging.
- **Quantity Limits:** You can generally carry up to 3 months' supply of most medications, but gabapentin prescriptions cannot exceed 28 days (see information on page 9). You should also check with the embassy of the destination country, as rules vary.
- **Security:** As a controlled drug, it should be in your hand luggage, not checked bags, and declared to customs officials if necessary.
- **Destination Rules:** Some countries have strict bans or different regulations on gabapentin. Always check with the local embassy of the country you are visiting.
- **Schengen Countries:** If travelling to or through Schengen area countries, you may need a specific medical certificate valid for 30 days.



Gabapentin can also interact with antidepressant medications such as amitriptyline and fluoxetine, mefloquine - an anti-malarial medication, and with some other pain-relieving medications, especially opioids, primarily by increasing side-effects such as sedation, dizziness and, more seriously, respiratory depression.



CAN GABAPENTIN BE USED IF TAKING OTHER MEDICATIONS?

Always let your doctor know if you are taking any over-the-counter medications, supplements or herbal remedies because some of them may interact with gabapentin.

Absorption of gabapentin is reduced when taking aluminium or magnesium salts that are often found in antacids (indigestion remedies). So antacids should not be taken at the same time as gabapentin, or in the two hours before or after a dose of gabapentin. Check with your pharmacist if you need to use both of these medications.

Gabapentin can also interact with antidepressant drugs such as amitriptyline and fluoxetine, mefloquine - an anti-malarial medication, and with some other pain-relieving medications, especially opioids, primarily by increasing side-effects such as sedation, dizziness and, more seriously, respiratory depression.

OTHER PRECAUTIONS AND WITHDRAWAL

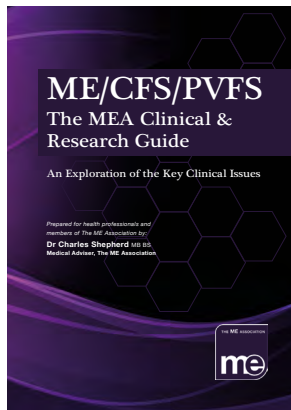
Gabapentin needs to be used with caution in people who have diabetes, kidney failure, respiratory disease and a history of seizures.

Animal studies have not demonstrated impaired fertility or foetal harm with gabapentin. However, with insufficient evidence on safety in humans, the current view is that it should not be prescribed in pregnancy. It may be OK to use while breast feeding.

The capsules contain lactose and should not be taken by people with lactose intolerance or malabsorption.

Prolonged use of gabapentin may lead to addiction and dependence, but these effects can also occur with short-term use at recommended therapeutic doses. Your healthcare profession should discuss these risks with you before starting treatment and to agree on a plan for how and when the medicine may be reduced or stopped.

Gabapentin should not be withdrawn abruptly – because it can cause a withdrawal flu-like syndrome involving anxiety, headaches, pain and sweating. It should therefore be tapered off over a period of several weeks. Your doctor will tell you how to do this.



Use this QR code to link to the MEA's Clinical and Research Guide ME/CFS/PVFS: An Exploration of the Key Clinical Issues (The Purple Book).



FEEDBACK ON GABAPENTIN

Feedback to the MEA on the use of gabapentin indicates that some people find it to be helpful, especially where there is nerve pain.

Feedback from 248 people in our 2010 Management Survey reported that 11% had a good response; 27% had a moderate response; 11% had a poor/minimal response; 25% reported no change. However, 27% reported that it made them feel worse.

A more recent (2026) MEA website survey is currently in progress and there will be details of this at a later date.

OTHER OPTIONS FOR THE MANAGEMENT OF MODERATE TO SEVERE PAIN

Pregabalin (trade name = Lyrica) is a similar drug to gabapentin. Pregabalin has also been found to be helpful in treating fibromyalgia and the FDA in America has approved the use of pregabalin for fibromyalgia patients.

In the MEA Management Survey, 146 people provided feedback on the use of this medication. 15% had a good response; 22% a moderate response; 10% a poor/minimal response; 23% reported no change; 29% said it made them feel worse.

The MEA Management Survey – which contains a section on approaches to pain management that people with ME/CFS find helpful/unhelpful – can be downloaded from the MEA website or by using this link:

<https://meassociation.org.uk/e9k3>

FURTHER INFORMATION

MEA information leaflet on Pain Management:

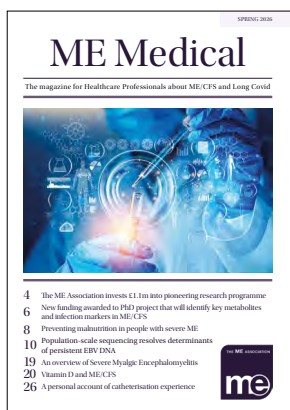
<https://meassociation.org.uk/je48>

NICE guideline on neuropathic pain:

<https://meassociation.org.uk/2o59>



“Thank you for producing such a helpful magazine. The standard is consistently high and each edition is interesting and varied. I need all the help I can get and this magazine is consistently encouraging, realistic, and helpful.”



THE ME ASSOCIATION

Changing attitudes and improving lives...

■ **COMMUNITY:** We provide a safe and welcoming community for people affected by ME/CFS and Long Covid who come together and benefit from sharing their experiences. We provide membership, an essential support service, excellent website resources and we host engaging discussions on the most popular social media channels. Knowing that you are not alone can be a great comfort and we are happy to answer your questions and share helpful tips.

■ **MEMBERSHIP:** We put the interests of members at the heart of everything we do. Your subscription means that we can support more people, campaign more effectively and fund more medical research. Members receive the exclusive ME Essential magazine which carries the latest news, medical information, personal stories, and feature articles. **Join us today.**

■ **SUPPORT:** ME Connect is the charity’s support and information service. We listen and we understand. We provide a personalised service and we’re here when you need us most. We have knowledge and understanding of these medical conditions. To view the ME Connect telephone helpline opening hours, please visit: <https://www.meassociation.org.uk/me-connect>

■ **INFORMATION:** We produce reliable and timely information written by topic experts and have the **largest range of free literature covering all aspects of life with ME/CFS and Long Covid.** We can show you how to recognise and manage symptoms, get an accurate diagnosis, a referral to specialists, and to obtain the healthcare that you deserve. We also provide an **e-newsletter** and free access on the website to **Medical Matters** and other relevant information.

■ **RESEARCH:** We fund medical research via the **Ramsay Research Fund** and are especially interested in research that can find diagnostic markers, causes, and treatments. We support the UK ME/CFS Biobank and the Manchester Brain Bank, and have invested over £2m in medical research in the last 10 years.

■ **MEDICAL EDUCATION:** We arrange training for healthcare professionals, offer a medical magazine, ME Medical, and are working with the Government, NHS, Royal Colleges of Medicine, and Local Authorities to implement the recommendations of the 2021 NICE Clinical Guideline on ME/CFS – the successful result of 14 years lobbying and hard work.



“The MEA is doing exactly what it said it would by providing support, actively lobbying for recognition, improvements to health and social care, and funding biomedical research.”

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Registered Charity
Number 801279



THE ME ASSOCIATION

Changing attitudes and improving lives...

■ **LOBBYING:** We campaign to raise awareness and bring about positive change. We believe in collaboration and work with the NHS and social care services, the Department of Health and Social Care, the British Association of Clinicians in ME/CFS (BACME), Forward-ME, the ME Research Collaborative (MERC), DecodeME, the All-Party Parliamentary Group (APPG) on ME, Physios4ME, the Chronic Illness Inclusion project (CII), Hidden Disabilities Sunflower, and Long Covid initiatives.

■ **HEALTH & SOCIAL CARE:** The charity works with healthcare providers to successfully implement the NICE Guideline recommendations on ME/CFS and Long Covid to ensure that everyone receives the very best healthcare, wherever they live in the UK. We want well-trained healthcare professionals providing excellent services because timely intervention can lead to better health outcomes and improved quality of life.

■ **DONATIONS:** In order to help more people and invest in medical research we depend on your generosity. If you feel able to make a donation or want to raise funds in other ways, please get in touch with the fundraising team: fundraising@meassociation.org.uk or you can [make a direct donation via the website](#).

WHAT ARE ME/CFS AND LONG COVID?

We answer key questions about these medical conditions and compare similarities and differences. You'll also find the NICE Guideline reproduced in full in an [easy-to-use database](#).

MEDICAL MATTERS

Medical Matters is an easy-to-use online supplement to the more detailed literature. The same topic experts provide answers to commonly asked questions.

NHS REFERRAL SERVICES

If you need to locate an ME/CFS specialist service or Long Covid Clinic, then we can help. We have listed all secondary care referral services in an [easy-to-use database](#).



THE ME ASSOCIATION



ME CONNECT

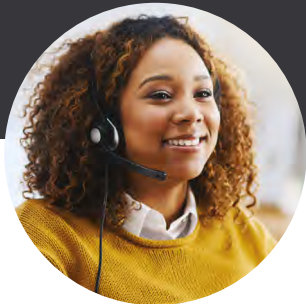
The Support and Information Service
for people affected by ME/CFS/PVFS
and Long Covid

3 WAYS TO GET IN TOUCH:
by phone, email
or social media private message



Freephone
0808 801 0484

For opening hours visit:
meassociation.org.uk/me-connect



HERE TO LISTEN

We are here to listen,
validate and empathise
with any issues you might
be facing.



VITAL SUPPORT

We are here to help
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