



## LETTER TO THE EDITOR

## Because little evidence of adverse effects is included in the guidelines for the pharmacological treatment of many diseases, it causes “Pregabalinophobia”

*Birçok hastalığın farmakolojik tedavisine yönelik kılavuzlarda yan etkilere ilişkin çok az kanıt yer aldığından, “Pregabalinofobi”ye neden olmaktadır*

Katsuhiko TODA

To the Editor,

Ketenci et al.<sup>[1]</sup> reported “Pregabalinophobia.” This is due to the fact that medicines that should be preferentially administered in the guidelines for the pharmacological treatment of many diseases cannot be preferentially administered in clinical practice. Because little evidence of adverse effects is included in the guidelines for the pharmacological treatment of many diseases, it is not suitable for clinical practice. The problem has confused pharmacological treatment not only in the pain area but also in many areas of medical science.

Although I have submitted the following opinion to the four famous medical journals, it has been rejected. “In a guideline for the pharmacological treatment, the priority is usually based on the strength of the evidence of efficacy. This is academically correct, but not clinically appropriate. Adverse effects are as important as efficacy in clinical practice. There are guidelines for the pharmacological treatment that take adverse effects into account. However, most adverse effects considered are those obtained in double-blind studies of pharmacological treatment performed to prove efficacy. In the treatment guidelines of various diseases, too little effort is spent on pharmacological adverse effects compared to the effort spent on pharmacological efficacy. I would like to make rec-

ommendations in the guidelines for the pharmacological treatment of all diseases. The guidelines for the pharmacological treatment of various diseases should be developed with increased efforts to investigate adverse effects.”<sup>[2]</sup>

I believe that evidence of adverse effects should be added to the guidelines for the pharmacological treatment of all diseases and the priority ranking of medicine should be reported again. What do Ketenci et al.<sup>[1]</sup> think about this issue?

I comprehensively prioritize pharmacological treatment for fibromyalgia and neuropathic pain based on the following factors: (1) Efficacy based on the medical articles, (2) adverse effects based on the medical articles, (3) efficacy based on my experience, (4) adverse effects based on my experience, (5) prices of original and generic products, (6) degree of off-label prescription, and (7) availability of automobile driving. According to the package insert (which has the same force as the law in court), driving a car is prohibited in Japan without exception while taking all psychotropics including hypnotics other than serotonin noradrenaline reuptake inhibitors.<sup>[2]</sup> Almost no one including judges, public prosecutors, and drivers of police cars abide by the rule, however, physicians must explain it to patients in Japan.<sup>[2]</sup> In Japan, this strange system also affects the priority ranking of medicine.<sup>[2]</sup>

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Submitted (Başvuru) 21.07.2022 Accepted (Kabul) 10.08.2022 Available online (Online yayımlanma) 13.07.2023

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Pregabalin is an excellent medicine with strong analgesic effects. However, sleepiness, cognitive dysfunction, and obesity are strong in my experience. At this time, there are no studies on onset of dementia with long-term administration although there are studies on onset of cognitive dysfunction with short-term administration.<sup>[3]</sup> However, I am afraid of onset of dementia with long-term administration, because it causes strong sleepiness and cognitive dysfunction with short-term administration in my experience. Based on the above-mentioned factors, pregabalin is the 11<sup>th</sup> priority in my pharmacological treatment for fibromyalgia and neuropathic pain. If pregabalin has the 11<sup>th</sup> priority, "Pregabalinophobia" is unlikely to occur. Could Ketenci et al.<sup>[1]</sup> show the priority of pregabalin in their pharmacological treatment for fibromyalgia? Which factors, other than efficacy based on the medical articles, do they take into account in determining their priorities?

**Conflict-of-interest issues regarding the authorship or article: My child is an employee of Nippon Zoki Pharmaceutical Co., Ltd.**

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