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IS SPEED OF ONSET OF ANTI-ANXIETY EFFICACY WITH PREGABALIN INFLUENCED BY STARTING DOSE?

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Objective: There appears to be no dose-response effect for pregabalin at doses of 300-600 mg, and a modest dose-response effect in the range of 150-300 mg. The goal of the current investigation was to determine the effect of the starting dose on the speed of onset of anxiolytic efficacy.

Methods: Data were analyzed from 7 trials of outpatients with DSM-IV GAD and a HAM-A total score $\geq$18. Starting doses of pregabalin ranged from 100 mg (N=301) or 150 mg (N=104), to 200 mg (N=167) and 300 mg (N=388). Assessment of early improvement included the HAM-A total score and CGI-Severity and Improvement scores.

Results: The mean Week 1 HAM-A change score was similar for a starting dose of 200 mg/d with no titration (-8.24) when compared to patients who started on 200 mg/d and then titrated up to 400 mg/d on Day 4 (-8.64). The mean Week 1 HAM-A change score was somewhat higher for patients started on 300 mg/d, and then titrated to 450 mg/d on Day 4/5 (-8.84) when compared to patients started on a lower (100/150 mg/d) dose and titrated on Day 5 to 400/450 mg/d (-7.32). Starting on a dose of 300 mg/d with no titration resulted in an intermediate Week 1 change score (-7.87). The interaction of starting dose and titration schedule with baseline anxiety severity will be summarized in detail.

Conclusion: The initial dose of pregabalin appears to have only a weak effect on the speed of onset of anxiolytic improvement.

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