Guilty until proven innocent?

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The article by Tardelli et al.[1] is extremely concerning vis-à-vis methodology and even more so, conclusions re: gabapentinoids (GP).

First, it is unclear what methodologies were used to assign ICD10 codes T42.6 and T42.7. Per the authors' own admission, "it is not possible to determine which other medication classes are included in the T42.6/42.6 [*sic*] ICD codes as these are intended to encompass medications not otherwise specified." It is highly misleading to incriminate any specific drug class based on deliberately non-specific codes, which the authors also recognize may include fentanyl/analogues - increasingly recognized as nonresponsive to naloxone[2] and which are more than sufficient to explain the serious increase in mortality among polysubstance users. *In plain English: there is no proof that GP were even present in these cases.*

Second, numerous criteria are required to substantiate any level of association beyond coincidence,[3] none of which are met herein. Even if GP were shown to be present in these cases, that does not imply causality any more than the presence of nicotine - likely even more prevalent - would.

The remarkable safety profile of GP (again, admitted to by the authors) with unusual forgiveness even in massive overdose has been corroborated by hundreds of millions of prescriptions internationally over the years with no robust evidence of any serious harms from any line of rigorous investigation.

GP serve an increasingly critical role in both pain management and addiction medicine; let's not destroy windmills in our understandable quest to rid the world of dragons.

Contributors

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Declaration of interests

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References

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2 Pergolizzi Jr JV, Dahan A, Ann LeQuang J, Raffa RB. Overdoses due to fentanyl and its analogues (F/FAs) push naloxone to the limit. *J Clin Pharm Ther.* 2021;46:1501–1504.
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