



Gabapentin for menopausal symptoms

Menopause is a normal event, but some women have troublesome symptoms such as hot flashes and night sweats. The most effective treatment is menopausal hormone therapy (MHT). Gabapentin is a non-hormonal treatment that may be prescribed for women who need, or want, to avoid MHT.

Why have you been prescribed gabapentin?

Gabapentin is usually used to control epilepsy or chronic nerve pain. It also reduces menopausal hot flashes. Gabapentin in higher doses has been shown to be as effective as estrogen in reducing the severity and frequency of hot flashes.

Before you take gabapentin

Tell your doctor if you are taking other medications, herbal products or consuming alcohol, in particular:

- **Antacids** – medicines used to treat heartburn or reflux (reduces the effectiveness of gabapentin if taken less than 2 hours apart).
- **Alcohol** – combining gabapentin and alcohol can make you more sleepy, dizzy or light-headed. Your doctor may suggest you avoid alcohol while you are being treated with this medicine.

How to take gabapentin

1. Swallow whole with a full glass of water. It does not matter if you take gabapentin before or after food.
2. Take gabapentin at the same time each day.
3. The usual starting dose is 100 mg at night because it may make you feel sleepy. Increase the dose by 100 mg every 3 to 5 days (add a morning dose, then a midday dose if you have no side effects) until taking up to 300 mg 3 times a day as directed by your doctor.

Please note that an individual women's response, side effects and tolerance to gabapentin may vary.

What are the side effects?

Most side effects are mild and short lived.

Common side effects include:

- Dizziness or light headedness
- Feeling tired or drowsy
- Dry mouth
- Visual disturbance (blurred vision, jerky eye movements)
- Forgetfulness, loss of concentration or confusion.

Some people may experience severe mood changes (increased depression, mood disturbance). Other less common side effects include developing a new skin rash and having an irregular heartbeat. It is important to let your doctor know as soon as possible if this occurs, as you may need to stop the medicine.



Bone loss naturally happens after menopause due to lower estrogen levels, which leads to weaker bones and a high risk of fractures. Limited research has found a link between the use of gabapentin-type medication and hip fractures, mostly in those who are already frail or have advanced kidney disease. This is a weak association and likely influenced by other factors affecting bone health.



When will you see an improvement in symptoms?

Satisfactory symptom relief is often achieved by two weeks. The dose of gabapentin required to achieve this varies between women.

If there is no significant reduction in hot flushes by four weeks of treatment, the medication may need to be reviewed.

You should also stop taking it if you develop significant side effects. It is best to do this gradually over several days.

How to stop taking gabapentin?

If you decide, or your doctor tells you, to stop taking gabapentin, you should reduce the dose gradually over a period of several days, as stopping this medicine suddenly may cause difficulty sleeping, nausea, and pain and your hot flushes may increase or return.

Speak with your doctor about how to do this.

When should you see your doctor?

If you have further questions or you experience adverse effects from the treatment, please see your GP. You can contact the Menopause Clinic nurse via phone on (08) 6458 2222.



The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.



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