



Medications for Neuropathic Pain

B.C. Provincial Academic Detailing Service

Appendix: February 2019

Update 2019: Pregabalin for Neuropathic Pain

In January 2019, an update to the 2009 Cochrane systematic review of pregabalin for neuropathic pain was published.¹ The current review increases the numbers of trials and participants with neuropathic pain from 14 trials with 3680 participants to 45 trials with 11,906 participants.

Evidence for Practice: Pregabalin for Neuropathic Pain

Applicability

The majority of pregabalin trials enrolled participants with painful diabetic neuropathy or post herpetic neuralgia.¹
The duration of the trials ranged from 2 to 15 weeks.¹

Efficacy

Cochrane systematic review of pregabalin estimates that approximately 3 to 4 people out of 10 achieve a substantial reduction in pain (50% or greater) with medication, versus 1 to 2 people receiving placebo.¹

Dose Response

Approximately 1 in 10 more people achieve a substantial reduction in pain with the 600 mg dose of pregabalin than the 300 mg dose.¹ Adverse events are more frequent with the higher dose.¹

Pregabalin for Painful Diabetic Neuropathy 2019 Cochrane systematic review¹

Pregabalin 300 mg

NNT 14



(pregabalin: 31%; placebo: 24%)

substantial reduction in pain (50% or greater)

discontinuation due to adverse event
any adverse event
dizziness
somnolence

NNH 35
NNH 11
NNH 10
NNH 13

Pregabalin 600 mg

NNT 6



(pregabalin: 42%; placebo: 25%)

substantial reduction in pain (50% or greater)

discontinuation due to adverse event
any adverse event
dizziness
somnolence

NNH 12
NNH 8
NNH 6
NNH 10

Pregabalin for Post Herpetic Neuralgia 2019 Cochrane systematic review¹

Pregabalin 300 mg

NNT 5



(pregabalin: 32%; placebo: 13%)

substantial reduction in pain (50% or greater)

discontinuation due to adverse event
any adverse event
dizziness
somnolence

NNH 11
NNH 11
NNH 5
NNH 10

Pregabalin 600 mg

NNT 4



(pregabalin: 41%; placebo: 15%)

substantial reduction in pain (50% or greater)

discontinuation due to adverse event
any adverse event
dizziness
somnolence

NNH 7
NNH 8
NNH 4
NNH 5

Compared to the 2009 Cochrane review, the NNTs and NNHs for painful diabetic neuropathy reflect a decrease in the estimate of the numbers of responders to pregabalin 300 mg as well as fewer people discontinuing due to adverse events. Compared to the 2009 review, NNTs and NNHs remain similar for post herpetic neuralgia. Estimates for patient's impression of change (much or very much improved) are relatively unchanged (NNTs range from 4 to 6 across doses and indications). Overall, responder rates to placebo are about 10% higher in painful diabetic neuropathy trials than in post herpetic neuralgia trials.

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Medications for Neuropathic Pain: Evidence Brief using the Cochrane Library¹⁻²⁵

| Antiepileptic Medications | | | Antidepressant Medications | | |
|---------------------------|-----------|---------------------|----------------------------|-----------|-------------------|
| ■ gabapentin | 37 trials | 5914 participants | ■ duloxetine | 9 trials | 2776 participants |
| ■ pregabalin | 45 trials | 11,906 participants | ■ venlafaxine | 6 trials | 460 participants |
| ■ carbamazepine | 10 trials | 480 participants | ■ amitriptyline | 17 trials | 1342 participants |
| ■ lacosamide | 5 trials | 1863 participants | ■ desipramine | 5 trials | 177 participants |
| ■ lamotrigine | 12 trials | 1511 participants | ■ nortriptyline | 6 trials | 310 participants |

Other antiepileptic medications ■ levetiracetam ■ oxcarbazepine ■ topiramate ■ valproic acid, divalproex sodium

Other antidepressant medications ■ imipramine

Opioids ■ hydromorphone ■ morphine ■ oxycodone ■ tramadol ■ transdermal fentanyl ■ methadone

Other pharmacotherapies ■ medical cannabinoids ■ acetaminophen with or without codeine ■ nonsteroidal anti-inflammatory drugs

Combinations ■ gabapentin or pregabalin + opioid ■ gabapentin or pregabalin + tricyclic antidepressant ■ tricyclic antidepressant + opioid

- *high quality evidence* ⇨ Cochrane reviewers are very confident that their evidence review identifies the likely therapeutic effect
- *moderate quality evidence* ⇨ Cochrane reviewers judge that their evidence review is a good indication of the likely therapeutic effect
- *lacks clear evidence* ⇨ Cochrane reviewers are not confident in the quality, quantity or consistency of the evidence for most outcomes
- *limited or no therapeutic value* ⇨ Cochrane reviewers judge that the available evidence indicates limited or no clinically relevant benefit

Limitations of the evidence which preclude very confident conclusions about benefits and harms:¹⁻²⁵

- ❖ trials were few in number or small in size (eg, fewer than 200 participants per treatment arm)
- ❖ short trial durations limit satisfactory assessment of efficacy and safety
- ❖ data on specific benefits (eg, numbers of people with a substantial reduction in pain) or harms (eg, serious adverse events) were not available from all trials
- ❖ incomplete accounting for participants' outcomes after they withdrew from the trial or discontinued treatment
- ❖ methods of blinding participants and personnel to treatment assignments were inadequately implemented or described
- ❖ manufacturer sponsorship of all or most of the identified trials

Carbamazepine Health Canada pain indication: symptomatic relief of pain of trigeminal neuralgia during exacerbation²⁶

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