BACKONJA 1998

Backonja M, Beydoun A, Edwards KR, Schwartz SL, Fonseca V, Hes M, et al. Gabapentin for the symptomatic treatment of painful neuropathy in patients with diabetes mellitus: a randomized controlled trial. *JAMA* 1998;280 (21):1831–6. [PMID: 9846777]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause withdrawal Gabapentin 14/84 Placebo 16/81 *AE withdrawal* Gabapentin 7/84 Placebo 5/81 *LoE withdrawal* Gabapentin 1/84 Placebo 5/81	*Difference in end-point mean pain score (placebo - gabapentin):* *-1.2 (95% CI: -1.9 to -0.6)* *PGIC much or moderately improved* Gabapentin 47/84 Placebo 25/81 *At least 50% reduction in pain (CTR)* Gabapentin 39/84 Placebo 16/81 *PGIC much improved (CTR)* Gabapentin 33/84 Placebo 12/81 *PGIC moderately or much improved (CTR)* Gabapentin 47/84 Placebo 25/81	*At least one AE* Gabapentin 70/84 Placebo 54/81 *Serious AE* Gabapentin 3/84 Placebo 2/81 *Deaths* Gabapentin 0/84 Placebo 0/81	*Dizziness* Gabapentin 20/84 Placebo 4/81 *Somnolence* Gabapentin 19/84 Placebo 5/81

AE: Adverse event; **LoE:** Lack of effect; **PGIC:** Patient Global Impression of Change

BONE 2002

Bone M, Critchley P, Buggy DJ. Gabapentin in postamputation phantom limb pain: a randomized, double- blind, placebo-controlled, cross-over study. *Regional Anesthesia and Pain Medicine* 2002;**27**(5):481–6. [DOI: 10.1053/rapm.2002.35169]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
No data on where withdrawals occurred	No dichotomous data Significant benefit for gabapentin by week 6 for pain. *Change in average weekly pain score between baseline and end-point (gabapentin vs placebo)*: -3.2 (SD: 2.1) vs -1.6 (SD: 0.7)	No data	*Somnolence* Gabapentin: 7/19 Placebo: 2/19 *Dizziness* Gabapentin: 2/19 Placebo: 1/19

CTR 945-1008

Anonymous. Protocol A9451008. A 15 Week, randomized, double-blind, placebo-controlled, parallel-group, multi- center study of Neurontin (gabapentin) for efficacy and quality of life in patients with painful diabetic peripheral neuropathy. PhrmaWebSynopsis - Final 2 June 2005.

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
*All-cause withdrawa*l Gabapentin 64/200 Placebo 54/189 *AE withdrawal* Gabapentin 27/200 Placebo 18/189 *LoE withdrawal* Gabapentin 1/200 Placebo 4/189	*At least 30% reduction in pain* Gabapentin 113/200 Placebo 77/189 *At least 50% reduction in pain* Gabapentin 77/200 Placebo 46/189	*At least one AE* Gabapentin: 159/200 Placebo: 126/189 *Serious AE* Gabapentin: 15/200 Placebo: 15/189 *Deaths* Gabapentin: 1/200 Placebo: 1/189	*Somnolence* Gabapentin: 31/200 Placebo: 8/189 *Dizziness* Gabapentin: 38/200 Placebo: 15/189 *Asthenia* Gabapentin: 22/200 Placebo: 8/189 *Peripheral oedema* Gabapentin: 33/200 Placebo: 7/189

AE: Adverse event; **LoE:** Lack of effect

GILRON 2005
Gilron I, Bailey JM, Tu D, Holden RR, Weaver DF, Houlden RL. Morphine, gabapentin, or their combination for neuropathic pain. *New England Journal of Medicine* 2005;**352**(13):1324–34. [PMID: 15800228]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
16 withdrawals during treatment	*At least moderate pain relief (5-point scale) for those completing a given treatment* Gabapentin: 27/44 Morphine: 35/44 Gabapentin + morphine: 32/41 Placebo: 13/42 *Change in average weekly pain score between baseline and end-point (gapapentin vs morphine vs morphine + gabapentin vs placebo):* -1.6 vs -2.0 vs -2.7 vs -1.2	Not interpretable	Not interpretable

GORDH 2008

Gordh TE, Stubhaug A, Jensen TS, Arner S, Biber B, Boivie J, et al. Gabapentin in traumatic nerve injury pain: a randomized, double-blind, placebo-controlled, cross- over, multi-center study. *Pain* 2008;**138**(2):255–66. [DOI: 10.1016/j.pain.2007.12.011]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause withdrawal Gabapentin: 11/120 Placebo: 11/120 *AE withdrawal* Gabapentin: 7/120 Placebo: 3/120 *LoE withdrawal* Gabapentin: 1/120 Placebo: 2/120	*Marked pain relief* Gabapentin: 18/98 Placebo: 5/98 *Marked or moderate pain relief* Gabapentin: 31/98 Placebo: 14/98 *No pain relief* Gabapentin: 54/98 Placebo: 70/98 *At least 50% pain relief* Gabapentin: 13/98 Placebo: 9/98 *At least 30% pain relief* Gabapentin: 29/98 Placebo: 19/98 Benefits from gabapentin over placebo for sleep and some aspects of quality of life *Change in average weekly pain score between baseline and end-point (gabapentin vs placebo):* -7.2 (SD: 17.8) vs -6.9 (SD: 15.5) (study period 1) and -5.1 (SD: 11.6) vs -0.5 (SD: 9.7) (study period 2)	*Serious AE* Gabapentin: 5/120 Placebo: 1/120	*Dizziness* Gabapentin: 39/120 Placebo: 9/120

AE: Adverse event; **LoE:** Lack of effect

GORSON 1999

Gorson KC, Schott C, Herman R, Ropper AH. Gabapentin in the treatment of painful diabetic neuropathy: a placebo controlled, double blind, crossover trial. *Journal of Neurology, Neurosurgery and Psychiatry* 1999;**66**:251–2. [PMID: 10071116]

Efficacy	Adverse events (general)
Moderate or excellent pain relief Gabapentin: 17/40 Placebo: 9/40 *Difference in change in pain score between gabapentin and placebo:* 0.4 (95% CI: 0.1 to 0.5)	*At least one AE* Gabapentin: 12/40 Placebo: 4/40 *Serious AE* Gabapentin: 0/40 Placebo: 0/40 *Deaths (inferred*) Gabapentin: 0/40 Placebo: 0/40

AE: Adverse event; **LoE:** Lack of effect

HAHN 2004

Hahn K, Arendt G, Braun JS, von Giesen HJ, Husstedt IW, et al. German Neuro-AIDS Working Group. A placebo- controlled trial of gabapentin for painful HIV-associated sensory neuropathies. *Journal of Neurology* 2004;**251**(10): 1260–6. [DOI: 10.1007/s00415-004-0529-6]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause withdrawal Gabapentin: 1/15 Placebo: 1/11 *AE withdrawal* Gabapentin: 1/15 Placebo: 0/11	Improvement in pain and sleep interference with gabapentin and placebo, with sustained difference in sleep but not pain. *Difference in median weekly pain score between baseline and end-point (gabapentin vs placebo):* -2.6 vs -1.4	No serious AE or deaths reported	*Somnolence* Gabapentin: 12/15 Placebo: 2/11 *Dizziness* Gabapentin: 9/15 Placebo: 5/11 *Disturbed gait* Gabapentin: 7/15 Placebo: 3/11

AE: Adverse event

LEVENDOGLU 2004

Levendoglu F, Ogun CO, Ozerbil O, Ogun TC, Ugurlu H. Gabapentin is a first line drug for the treatment of neuropathic pain in spinal cord injury. *Spine* 2004;**29**(7): 743–51. [DOI: 10.1097/01.BRS.0000112068.16108.3A]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All completed	*Average fall in pain* Gabapentin: 62% Placebo: 13% Mean scores without standard deviations. No dichotomous results. *Percent change in pain score between baseline and end-point (gabapentin vs placebo):* 62% vs 12%	*All-cause AE* Gabapentin: 13/20 Placebo: 5/20	*Sedation* Gabapentin: 3/20 Placebo: 0/20 *Oedema* Gabapentin: 3/20 Placebo: 0/20

AE: Adverse event

RICE 2001

Rice AS, Maton S, Postherpetic Neuralgia Study Group. Gabapentin in postherpetic neuralgia: a randomised, double blind, placebo controlled study. *Pain* 2001;**94**(2):215–24. [DOI: 10.1016/S0304-3959(01)00407-9]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause 22 Gaba 1800mg: 22 Gaba 2400mg: 23 Placebo: 17 *AE withdrawal* Gaba 1800mg: 15 Gaba 2400mg: 19 Placebo: 7 *LoE withdrawal* Gaba 1800mg: 4 Gaba 2400mg: 1 Placebo: 4	*At least 50% reduction in mean pain score* Gaba 1800: 37/115 Gaba 2400: 37/108 Placebo: 16/111 *PGIC very much or much improved* Gaba 1800: 44/115 Gaba 2400: 42/108 Placebo: 24/111 *PGIC very much improved (CTR)* Gaba 1800: 18/115 Gaba 2400: 12/108 Placebo: 7/111 *PGIC much improved (CTR)* Gaba 1800: 26/115 Gaba 2400: 30/108 Placebo: 17/111 *Change in average weekly pain score between baseline and end-point (gabapentin 2400 mg vs gabapentin 1800 mg vs placebo):* -2.3 vs -2.2 vs -1.1	*At least one AE* Gaba 1800: 81/115 Gaba 2400: 81/108 Placebo: 55/111 *Serious AE* Gaba 1800: 3/115 Gaba 2400: 1/108 Placebo: 1/111 *Death* Gaba 1800: 0/115 Gaba 2400: 1/108 Placebo: 0/111	*Somnolence* Gaba 1800: 20/115 Gaba 2400: 22/108 Placebo: 7/111 *Dizziness* Gaba 1800: 36/115 Gaba 2400: 36/108 Placebo: 11/111 *Asthenia* Gaba 1800: 7/115 Gaba 2400: 6/108 Placebo: 4/111 *Peripheral oedema* Gaba 1800: 6/115 Gaba 2400: 12/108 Placebo: 0/111

AE: Adverse event; **LoE:** Lack of effect; **PGIC:** Patient Global Impression of Change

RINTALA 2007

Rintala DH, Holmes SA, Courtade D, Fiess RN, Tastard LV, Loubser PG. Comparison of the effectiveness of amitriptyline and gabapentin on chronic neuropathic pain in persons with spinal cord injury. *Archives of Physical Medicine and Rehabilitation* 2007;**88**(12):1547–60. [DOI: 10.1016/j.apmr.2007.07.038]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
16/38 withdrew	No dichotomous data. The paper claims statistical superiority of amitriptyline over gabapentin using paired t-tests for 22 patients completing all 3 phases. It also claims no benefit of gabapentin over placebo. *Average pain rating during the 8th week of each study arm (gabapentin vs amitriptyline vs placebo, baseline: 5.6):* 4.9 vs 3.5 vs 5.1	No dichotomous data	No dichotomous data

ROWBOTHAM 1998

Rowbotham M,Harden N,Stacey B,Bernstein P,Magnus-Miller L. Gabapentin for the treatment of postherpetic neuralgia: a randomized controlled trial. *JAMA* 1998;**280** (21):1837–42. [PMID: 9846778]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause Gabapentin: 24 Placebo: 21 *AE withdrawal* Gabapentin: 21 Placebo: 14 *LoE withdrawal* Gabapentin: 0 Placebo: 2	*PGIC moderate or much improved* Gabapentin: 47/113 Placebo: 14/116 *PGIC CTR much improved* Gabapentin: 21/113 Placebo: 6/116 *PGIC CTR moderately improved* Gabapentin: 26/113 Placebo: 8/116 *No change in pain* Gabapentin: 23% Placebo: 60% *No change/worse in pain* Gabapentin: 26% Placebo: 68%	*At least one AE* Gabapentin: 84/113 Placebo: 60/116 *Minor AE (treatment related)* Gabapentin: 62/113 Placebo: 32/116 *Serious AE (treatment related)* Gabapentin: 0/113 (10/113 CTR) Placebo: 0/116 (5/116 CTR) *Death:* Gabapentin: 0/113 Placebo: 1/116	*Somnolence* Gabapentin: 31/113 Placebo: 6/116 *Dizziness* Gabapentin: 27/113 Placebo: 6/116 *Ataxia* Gabapentin: 8/113 Placebo: 0/116 *Peripheral oedema* Gabapentin: 11/113 Placebo: 4/116

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SERPELL 2002

Serpell MG, Neuropathic pain study group. Gabapentin in neuropathic pain syndromes: a randomised, double- blind, placebo-controlled trial. *Pain* 2002;**99**(3):557–66. [DOI: 10.1016/S0304-3959(02)00255-5]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause withdrawals Gabapentin: 32/153 Placebo: 41/152 *AE withdrawals* Gabapentin: 24/153 Placebo: 25/152 *LoE withdrawals* Gabapentin: 1/153 Placebo: 5/152	*At least 50% reduction in pain* Gabapentin: 32/153 Placebo: 22/152 *PGIC very much or much improved* Gabapentin: 48/153 Placebo: 22/152 *PGIC very much improved CTR* Gabapentin: 18/153 Placebo: 9/152 *PGIC much improved CTR* Gabapentin: 30/153 Placebo: 13/152 *Change in average weekly pain score between baseline and end-point (gapapentin vs placebo):* -1.5 vs -1.0	*At least one AE* Gabapentin: 117/153 Placebo: 103/152 *Serious AE* Gabapentin: 4/153 Placebo: 4/152 *Deaths* Gabapentin: 0/153 Placebo: 2/152	*Somnolence* Gabapentin: 22/153 Placebo: 8/152 *Dizziness* Gabapentin: 37/153 Placebo: 12/152

AE: Adverse event; **LoE:** Lack of effect; **PGIC:** Patient Global Impression of Change

SIMPSON 2001

Simpson DA. Gabapentin and venlafaxine for the treatment of painful diabetic neuropathy. *Journal of Clinical Neuromuscular Disease* 2001;**3**(2):53–62. [PMID: 19078655]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
All-cause withdrawal Gabapentin: 3/30 Placebo: 3/30 *AE withdrawal* Gabapentin: 2/30 Placebo: 2/30 *LoE withdrawal* Gabapentin: 1/30 Placebo: 1/30	*PGIC moderate or much improved* Gabapentin: 15/30 Placebo: 7/30 *Mean change in pain score compared to baseline (gabapentin vs placebo):* -2.4 vs 0.4	No deaths reported, and no serious adverse events reported	*Somnolence* Gabapentin: 6/27 Placebo: 1/27 *Dizziness* Gabapentin: 6/27 Placebo: 1/28

AE: Adverse event; **LoE:** Lack of effect

SMITH 2005

Smith DG, Ehde DM, Hanley MA, Campbell KM, Jensen MP, Hoffman AJ, et al. Efficacy of gabapentin in treating chronic phantom limb and residual limb pain. *Journalof Rehabilitation Research and Development* 2005;**42**(5): 645–54. [DOI: 10.1682/JRRD.2005.05.0082]

Withdrawals	Efficacy	Adverse events (general)	Adverse events (specific)
No apparent withdrawals	*"Meaningful decrease in pain"* Gabapentin: 13/24 Placebo: 5/24 *Change in average weekly pain score between baseline and end-point gabapentin vs placebo):* -0.9 vs -0.5 (phantom limb pain) -1.2 vs -0.7 (stump pain)	No data	No data