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]

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, parallel-group, not enriched, LOCF Titration to maximum tolerated dose or 3600 mg daily over 4 weeks, then stable dose for 4 weeks (8 weeks in total)
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 4/10)
Participants	Painful diabetic neuropathy. N = 165, mean age 53 years, 40% women. Pain duration > 3 months before treatment, initial mean pain score 6.4/10
Interventions	Gabapentin 3600 mg daily (max), n = 84 Placebo, n = 81 Medication for diabetes control remained stable during study. Paracetamol (max 3 g daily) allowed
Outcomes	PGIC much or moderately improved ≥ 50% reduction in pain (CTR) PGIC much improved (CTR) PGIC moderately or much improved (CTR) Adverse events Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5 Registration/protocol: Parke Davis/Pfizer 945-306 (unpublished report no. RR430-00125)

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not reported
Blinding? All outcomes	Yes	"supplied in identical capsules in blinded fashion". "All participants were supplied with an equal number of capsules"
Incomplete outcome data addressed?	Unclear	LOCF
Size Efficacy	Unclear	165
Study duration Efficacy	Yes	8 weeks
Outcomes reported	Yes	At least 50% reduction in pain
Adequate statistical power	Yes	Minimum sample size: 75 per arm (90% power to detect 30% difference between gabapentin and placebo)

DB: Double-blind; **LOCF:** Last observation carried forward; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, cross-over, not enriched. No imputation method mentioned. Titration to maximum tolerated dose or 2400 mg daily over 1 week, then stable dose for 5 weeks (6 weeks total); 1-week washout, then cross-over
Pain assessment	0-100mm visual analogue scale (minimum baseline pain: 40/100)
Participants	Established phantom limb pain ≥ 6 months, N = 19, mean age 56 years, 21% women. initial pain score 6.4/10. 14 completed both treatment periods
Interventions	Gabapentin 2400 mg daily (max). Placebo. Paracetamol + codeine 500 mg/30mg (max 12 tablets daily) allowed as rescue medication. Stable, low doses of TCAs continued
Outcomes	No dichotomous efficacy data. Adverse events
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5. Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not described - but probably OK - remote
Blinding? All outcomes	Yes	"identical, coded medication bottles containing identical tablets of gabapentin or placebo"
Incomplete outcome data addressed?	Unclear	No imputation mentioned
Size Efficacy	No	19 randomised
Study duration Efficacy	Unclear	6 weeks each period
Outcomes reported	No	No dichotomous data
Adequate statistical power	Yes	Minimum sample size: 16 (80% power to detect 20mm change on VAS)

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts

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.

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, parallel-group, no obvious enrichment, LOCF Titration from 300 mg/day to maximum tolerated dose or 3600 mg daily over 3 weeks, then stable dose for 12 weeks (15 weeks total)
Pain assessment	0-100mm visual analogue scale (minimum baseline pain: 40/100)
Participants	Painful diabetic neuropathy. N =389, mean age 58 years, "more men than women". Pain duration > 3 months
Interventions	Gabapentin 3600 mg daily (max), n = 200 Placebo, n = 189
Outcomes	≥ 30% reduction in pain ≥ 50% reduction in pain Adverse events Withdrawals
Notes	Oxford Quality Score: R = 1, DB = 2, W = 1, Total = 4 Registration/protocol: Protocol A9451008

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not described
Blinding? All outcomes	Yes	Matching placebo
Incomplete outcome data addressed?	Unclear	LOCF
Size Efficacy	Yes	389 randomised
Study duration Efficacy	Unclear	14 weeks
Outcomes reported	Yes	At least 50% reduction in pain
Adequate statistical power	Unclear	Not described

DB: Double-blind; **LOCF:** Last observation carried forward; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled 4-period cross-over, no enrichment. No imputation method mentioned (but if half of scores missing, outcome considered missing)
	Titration to target doses or limit of tolerability over 3 weeks, then stable dose for 1 week, and tapered dose for 1 week (5 weeks in total); 3-day washout and cross-over to next treatment
Pain assessment	0-10 numerical pain rating scale (minimum baseline score: daily moderate pain)
Participants	PDN and PHN. N = 57, median age 62 years, 44% women. Pain ≥ moderate for 3 months, initial mean pain score 5.8/10
Interventions	Gabapentin 3200 mg daily (max)
	Morphine 120 mg daily (max)
	Gabapentin plus morphine 2400 mg/60 mg daily (max)
	Placebo (lorazepam) 1.6 mg
	Mean maximum tolerated doses: gabapentin alone 2207 ± 89 mg, morphine alone 45. 3 ± 3.9 mg, gabapentin + morphine 1705 ± 83 + 34.4 ± 2.6 mg
Outcomes	Pain relief for those completing a given treatment (5-point scale)
	Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5
	Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	"concealed allocation schedule" prepared remotely
Blinding? All outcomes	Yes	"identical appearing blue and grey capsules …. in accord with a double-dummy design"
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	No	Although 57 randomised, data available 40-44 completing a given treatment
Study duration Efficacy	Unclear	5 weeks each period
Outcomes reported	Unclear	At least moderate pain relief
Adequate statistical power	Yes	Minimum sample size: 40 (80% power to detect 1-point change on NRS)

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, cross-over, not enriched. No imputation method mentioned
	Titration over 2 weeks from 300 mg to maximum pain relief at a tolerable dose or 2400 mg daily, then stable dose for 3 weeks (5 weeks total); 3-week washout, then cross-over
Pain assessment	0-100mm visual analogue scale (minimum baseline pain: 30/100)
Participants	Peripheral nerve injury with pain ≥ 6 months. N = 120, mean age 49 years, 53% women.
	Initial pain intensity 53/100
	Efficacy analysis based on 98 who completed both treatment periods
Interventions	Gabapentin 2400 mg daily (max)
	Placebo
	Mean daily dose of gabapentin 2243 ± 402 mg
	Paracetamol ± codeine and dextropropoxyphene permitted as rescue medication
	Analgesics and NSAIDs used by ~50% during study
Outcomes	≥ 50% pain relief (weekly mean pain score)
	≥ 30% pain relief
	Marked pain relief (5-point scale)
	Marked or moderate pain relief (5-point scale)
	Adverse events
	Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5
	Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	Central, remote allocation, "sealed code envelope"
Blinding? All outcomes	Yes	"capsules that were identical in appearance"
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	Unclear	120 randomised
Study duration Efficacy	Unclear	5-week period
Outcomes reported	Yes	At least 50% reduction in pain
Adequate statistical power	Yes	Minimum sample size: 80 (80% power to detect 11mm change on VAS)

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, cross-over, not enriched. No imputation method mentioned
	Titration over 3 days to 900 mg, then fixed dose for remainder of 6-week period; 3-week washout, then cross-over
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: daily moderate pain)
Participants	Painful diabetic neuropathy 1 to 5 years, pain ≥ moderate for over 3 months. N = 40, mean age 62 years, 23% women.
	Initial pain intensity not reported
Interventions	Gabapentin 900 mg, n = 19 (first phase)
	Placebo, n = 21 (first phase)
	Medication for diabetes control remained stable during study. Stable doses of NSAID or narcotics allowed
Outcomes	Pain relief at end of treatment (4-point global score) moderate or excellent
	Adverse events
Notes	Oxford Quality Score: R = 1, DB = 1, W = 0, Total = 3
	Registration/protocol: Not described
	Other: No separate data for first period, small group sizes, non-standard global scale

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not reported
Blinding? All outcomes	Unclear	Not reported
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	No	40 randomised
Study duration Efficacy	Unclear	6-week period
Outcomes reported	Unclear	Moderate or excellent pain relief
Adequate statistical power	Yes	Minimum sample size: 40 (80% power to detect a 20% reduction in pain score)

DB: Double-blind; **NSAID:** Non-steroidal anti-inflammatory drug; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, parallel-group, not enriched. No imputation method mentioned Titration over 2 weeks to adequate pain relief or 2400 mg daily, then stable dose for 2 weeks (4 weeks in total)
Pain assessment	0-100mm visual analogue scale (minimum baseline pain: not described)
Participants	Painful HIV sensory neuropathy by standard definitions. N = 26, mean age 45 years, 23% women. Initial mean pain score 4.9/10 (lower limit of range 1.5)
Interventions	Gabapentin 2400 mg daily (max), n = 15 (10 participants took max dose) Placebo, n = 11
Outcomes	No dichotomous efficacy data Adverse events Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5 Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	Remote allocation
Blinding? All outcomes	Yes	"identically appearing capsules"
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	No	26 randomised
Study duration Efficacy	Unclear	4 weeks
Outcomes reported	No	No dichotomous data
Adequate statistical power	Unclear	Not described

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, cross-over, not enriched. No imputation method mentioned Titration to limit of tolerability or maximum of 3600 mg over 4 weeks, then stable dose for remainder of 8-week period; 2-week washout then cross-over
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 4/10)
Participants	Complete traumatic SCI at lumbar or thoracic level. N = 20, mean age 36 years, 35% women. Pain duration before treatment ≥ 6 months, initial average daily pain 9/10
Interventions	Gabapentin 3600 mg daily (max) Placebo Mean max tolerated dose of gabapentin 2850 ± 751 mg No concurrent analgesics allowed
Outcomes	Pain reduction (mean data only) Adverse events Withdrawals
Notes	Oxford Quality Score: R = 1, DB = 2, W = 1, Total = 4 Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not reported
Blinding? All outcomes	Yes	"identically appearing capsules"
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	No	20 randomised
Study duration Efficacy	Yes	8-week period
Outcomes reported	No	No dichotomous data
Adequate statistical power	Yes	Minimum sample size: 17 (80% power to detect 3-point change on NRS)

DB: Double-blind; **LOCF:** Last observation carried forward; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, parallel-group, partial enrichment, LOCF 4 day forced titration, then further titration over 2 weeks to target dose, and stable dose for 4 weeks (7 weeks in total). Participants unable to tolerate dosing regimen were withdrawn
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 4/10)
Participants	Postherpetic neuralgia. N = 334, median age 75 years, 59% women. Pain > 3 months after healing of rash, initial average daily pain 6.5/10
Interventions	Gabapentin 1800 mg daily, n = 115 Gabapentin 2400 mg daily, n = 108 Placebo, n = 111
Outcomes	≥ 50% reduction in mean pain score PGIC much or very much improved PGIC much and very much improved (CTR) Adverse events Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5 Registration/protocol: Parke-Davis 945-295 (unpublished report no. RR-430-00124 2000)

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	List held securely and released only after study completion
Blinding? All outcomes	Yes	"identical-appearing capsules"
Incomplete outcome data addressed?	Unclear	LOCF
Size Efficacy	Yes	334 randomised
Study duration Efficacy	Unclear	7-week period
Outcomes reported	Yes	At least 50% reduction in pain
Adequate statistical power	Yes	Total sample size: 334 (95% power to detect 1-point change on NRS; *post-hoc*)

DB: Double-blind; **LOCF:** Last observation carried forward; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, 3-way cross-over, not enriched. No imputation method mentioned Titration over 4 weeks to pain control, limit of tolerability, or maximum amitriptyline 150 mg daily, gabapentin 3600 mg daily, then stable dose for remainder of 8-week period; 1-week washout then cross-over Analysis for completers only
Pain assessment	0-100mm visual analogue scale (minimum baseline pain: 50/100)
Participants	SCI at any level and degree of completeness. N = 38, only 22 patients completed all three cross-overs. Mean age 43 years, 9% women. Pain duration before treatment > 6 months, initial pain intensity 5.6/10
Interventions	Amitriptyline 150 mg daily (max) Gabapentin 3600 mg daily (max) Placebo (diphenhydramine) 75 mg daily Oxycodone + paracetamol 5/325 mg (max 8 tablets daily) allowed for rescue medication
Outcomes	No dichotomous data for efficacy or harm Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5 Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	Prepared, packaged and labelled by remote, commercial compounding pharmacy
Blinding? All outcomes	Yes	"identical capsules"
Incomplete outcome data addressed?	No	Completers only
Size Efficacy	No	38 randomised
Study duration Efficacy	Yes	8-week period
Outcomes reported	No	No dichotomous data
Adequate statistical power	No	Minimum sample size: 31 (80% power to detect an 18mm change on VAS)

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, parallel-group, no enrichment, LOCF
	4-week titration to maximum tolerated dose, or 3600 mg then stable dose for 4 weeks (8 weeks in total)
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 4/10)
Participants	Postherpetic neuralgia. N = 229, median age 73 years, 48% women. Pain > 3 months after healing of rash, initial average daily pain 6.4/10
Interventions	Gabapentin 3600 mg daily (max), n = 113. (83% had > 2400 mg daily)
	Placebo, n = 116
Outcomes	PGIC moderate or much improved
	PGIC CTR moderate and much improved
	No change in pain
	SF36 and QoL
	Adverse events
	Withdrawals
Notes	Oxford Quality Score: R = 1, DB = 2, W = 1, Total = 3
	Registration/protocol: Parke-Davis 945-211 (unpublished report no. RR-995-00070 1998)

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	"subject-specific bottles based on randomisation schedule"
Blinding? All outcomes	Yes	"identically appearing capsules"
Incomplete outcome data addressed?	Unclear	LOCF
Size Efficacy	Yes	229 randomised
Study duration Efficacy	Yes	8-week period
Outcomes reported	Yes	PGIC much improved (top level)
Adequate statistical power	Yes	Minimum sample size: 80 per arm (80% power to detect 1.5-point change in NRS)

DB: Double-blind; **LOCF:** Last observation carried forward; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Multicentre, randomised, double-blind, placebo-controlled, parallel-group, partial enrichment. No imputation method mentioned. Patients withdrawing due to lack of efficacy were defined as non-responders (n = 6), but treatment of substantial AE withdrawals (n = 49) and all-cause withdrawals (n = 73) not reported
	Titration over 5 weeks from 900 mg daily until pain controlled, or to maximum of 2400 mg daily, then fixed dose (8 weeks in total)
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 4/10)
Participants	Mixed neuropathic pain, most common conditions were CRPS (28%), PHN (14%). N = 305, median age 57 years, 53% women. Initial mean pain score 7.2/10
	Excluded: individuals who had previously failed to respond to gabapentin at > 900 mg daily, or had experienced intolerable side effects at any dose
Interventions	Gabapentin 2400 mg daily (max), n = 153
	Placebo, n = 152
	101 took 2400 mg, 189 took 1800 mg, 27 took 900 mg
	Stable antidepressant therapy and NSAID/opioid therapy for other conditions allowed
	Paracetamol 500 mg/codeine 30 mg or paracetamol 500 mg (max 8 tablets daily) allowed as rescue medication
Outcomes	> 50% reduction in pain
	PGIC much or very much improved
	PGIC much improved and very much improved (CTR)
	Adverse events
	Withdrawals
Notes	Oxford Quality Score: R = 2, DB = 2, W = 1, Total = 5
	Registration/protocol: Parke Davis/Pfizer 945-430-306

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Yes	Randomisation list centrally held - remote allocation
Blinding? All outcomes	Yes	"identical capsules"
Incomplete outcome data addressed?	Unclear	Imputation not mentioned
Size Efficacy	Yes	305 randomised
Study duration Efficacy	Yes	8-week period
Outcomes reported	Yes	At least 50% reduction in pain
Adequate statistical power	Unclear	Not described

AE: Adverse events; **DB:** Double-blind; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, parallel-group, not obviously enriched (part 1 of study only) Titration over 4 weeks to maximum tolerated dose, then stable dose for 4 weeks (8 weeks in total)
Pain assessment	0-10 numerical pain rating scale (minimum pain score: 4/10)
Participants	Painful diabetic neuropathy. N = 60, mean age 50 years, 40% female. Pain duration > 3 months before treatment, initial pain score 6.5/10
Interventions	Gabapentin 3600 mg daily (max), n = 30 Placebo, n = 30
Outcomes	PGIC moderate or much improved Adverse events Withdrawals
Notes	Oxford Quality Score: R = 1, DB = 1, W = 1, Total = 3 Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not reported
Blinding? All outcomes	Unclear	Not reported
Incomplete outcome data addressed? Efficacy	Unclear	Imputation not mentioned
Size Efficacy	Unclear	60 randomised
Study duration Efficacy	Yes	8-week period
Outcomes reported	Unclear	Moderate or much improved
Adequate statistical power	Unclear	Not described

DB: Double-blind; **PGIC:** Patients Global Impression of Change; **R:** Randomisation; **W:** Withdrawals and dropouts

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]

Description	
Methods	Randomised, double-blind, placebo-controlled, cross-over, no enrichment. No imputation method mentioned Titration in 300 mg increments every 2 to 3 days until pain intensity of0 or uncomfortable side effects, or maximum 3600 mg daily, then stable dose for remainder of 6-week treatment period, followed by titration off medication in week 7; 5-week washout, then cross-over
Pain assessment	0-10 numerical pain rating scale (minimum baseline pain: 3/10)
Participants	Phantom limb pain and residual limb pain. N = 24, mean age 52 years, 25% women. Time since amputation > 6 months, initial pain intensity 4.4/10
Interventions	Gabapentin 3600 mg daily (max), (19/24 took max dose) Placebo
Outcomes Notes	Meaningful decrease in pain (5-point scale) Oxford Quality Score: R = 2, DB = 2, W = 0, Total = 4 Registration/protocol: Not described

Risk of bias		
Item	**Authors' judgement**	**Description**
Allocation concealment?	Unclear	Not described
Blinding? All outcomes	Yes	"capsules that were identical in appearance"
Incomplete outcome data addressed? Efficacy	Unclear	Imputation not mentioned
Size Efficacy	No	24 randomised
Study duration Efficacy	Unclear	6-week period
Outcomes reported	Unclear	Meaningful decrease in pain
Adequate statistical power	Unclear	No described

DB: Double-blind; **R:** Randomisation; **W:** Withdrawals and dropouts