

Figure 2

Treatment Options for Neuropathic Pain

BENEFITS AND HARMS	TREATMENT	NUMBER NEEDED TO TREAT (NNT)	WITHDRAWALS DUE TO ADVERSE EVENTS* (TREATMENT VS PLACEBO)	ADVERSE EVENTS (EXAMPLES)	COST	PRESCRIBING COMMENTS
😊 Benefits likely exceed harms	Pregabalin	7	11% vs 5% NNH 17	Dizziness, peripheral edema, weight gain, ataxia, somnolence	\$\$	Doses ranged from 75 mg to 600 mg daily (most commonly studied dose was 300 mg daily).
	Gabapentin	7	13% vs 8% NNH 22	Dizziness, somnolence, peripheral edema	\$ to \$\$	Doses varied, with the most commonly studied dose ranging from 900-3600 mg per day.
	SNRIs	8	13% vs 5% NNH 13	Dizziness, nausea, somnolence	\$ to \$\$\$	Studied drugs included duloxetine (40-120 mg), venlafaxine (75-225 mg), and desvenlafaxine (50-400 mg).
	Rubefaciants (Capsaicin)	10	6% vs 2% NNH 25	Application site redness, burning, pain, pruritus and swelling	\$ to \$\$	Benefit seen with both 0.075% cream and 8% high concentration patch (8% Patch Not Available in Canada).
😊 Benefits may not exceed harms in some patients	Opioids	10	14% vs 6% NNH 12	Somnolence, pruritus, nausea, vomiting, constipation, dizziness	\$\$ to \$\$\$	While 13% of patients improved above placebo, many adverse events were reported. Approximately 3% of patients with chronic pain will develop opioid use disorder over 2 years. ⁵
😞 No benefit	Acupuncture	No difference from placebo	No difference from placebo	Not reported	\$\$\$ to \$\$\$\$	Types of acupuncture included traditional, auricular and electroacupuncture. Patients were followed for 8-10 weeks.
😞 Harms likely exceed benefits	Oxcarbazepine	7	26% vs 7% NNH 6	Somnolence, back pain, nausea, dizziness, serious adverse events	\$\$	Effects were no different than placebo, however high withdrawals due to adverse events were seen.
😐 Unclear Benefits/Harms	TCAs (Amitriptyline)**	4	16% vs 7% NNH 12	Dry mouth, dizziness, drowsiness	\$ to \$\$	RCTs are small and at high risk of bias. Most commonly studied dose was 25-75 mg daily.

*Statistically significant findings reported

Cost approximates dollars per month: \$ = <25, \$\$ = 25-50, \$\$\$ = >50-100, \$\$\$\$ = >100

SNRI: Serotonin Norepinephrine Reuptake Inhibitors, **TCAs:** Tricyclic Antidepressants, **NNH:** Number Needed to Harm

Note: No responder data identified for exercise and lidocaine.

**Due to an inconsistent estimate of effect and statistical significance, uncertainty existed in our analysis of TCAs. To clarify the potential estimate of effect, TCA data was pulled from a previously published Cochrane review²