

			well balanced with respect to demographic and disease characteristics.					<p>vitality domain for 75 and 300mgs/day compared with placebo ($p<0.02$ and $p<0.01$) respectively. For the social functioning and bodily pain domains there were significant improvements in the 300 and 600mgs/day groups; $p<0.05$ and $p<0.01$, social functioning, $p<0.005$ and $p<0.0005$ bodily pain¹.</p> <p>*Sleep Interference The endpoint sleep interference scores were significantly lower for 300 and 600mgs/day, differing by 1.3 and 1.6 ($p=0.0001$) respectively.</p> <p>*PGIC For both 300 and 600mgs/day the scores were better with pregabalin compared with the placebo group ($p=0.001$ for both).</p> <p>*CGIC For both 300 and 600mgs/day the scores were better with pregabalin compared with the placebo group ($p=0.001$ for both).</p> <p>*Adverse events Dizziness occurred most frequently, 600mgs/day (39.0%), 300mgs/day, (27.2%), 75mgs/day (7.8%) and placebo (5.2%); followed by somnolence (26.8%, 23.5%, 3.9%, 4.1% respectively) and peripheral oedema (130.4%, 7.4%, 3.9%, and 4.1% respectively).</p> <p>*Discontinuation</p> <table border="1"> <thead> <tr> <th></th> <th>n</th> <th>(%)</th> </tr> </thead> <tbody> <tr> <td>Pregabalin 75mgs</td> <td>10</td> <td>13.0</td> </tr> <tr> <td>Pregabalin 300mgs</td> <td>5</td> <td>6.2</td> </tr> <tr> <td>Pregabalin 600mgs</td> <td>12</td> <td>14.6</td> </tr> <tr> <td>Placebo</td> <td>8</td> <td>8.2</td> </tr> </tbody> </table>		n	(%)	Pregabalin 75mgs	10	13.0	Pregabalin 300mgs	5	6.2	Pregabalin 600mgs	12	14.6	Placebo	8	8.2
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								More patients receiving pregabalin 600mg/day withdrew due to AEs (12.2% [10/82] as compared with the other treatment groups (75mg/day, 2.6% [2/77]; 300mg/day, 3.7% [3/81]; placebo, 3.1% [3/97])	
R. W. Richter, R. Portenoy, U. Sharma, L. Lamoreaux, H. Bockbrader, and L. E. Knapp. Relief of painful diabetic peripheral neuropathy with pregabalin: a randomized, placebo-controlled trial. <i>Journal of Pain</i> 6 (4):253-260, 2005.	RCT, double blind, multi centre (USA & Canada) 1++	N=246 (N=223 T2D, 91%)	≥18yrs, HbA1c ≤11%, painful distal symmetrical sensorimotor neuropathy for 1-5yrs, score of ≥40mm on the visual analogue scale of SF-MPQ, av. Daily pain score ≥4 for 4 or more days. Exclusion criteria: Any serious medical problem, neurological disorders unrelated to diabetic neuropathy, on any medication that could affect efficacy or safety, The groups were well	N=79 pregabalin 150mgs/day (N=72, T2D) N=82 pregabalin 600mgs/day (N=80T2D)	N=85 placebo (N=71 T2D)	6-week 2-week titration ² , 4-week fixed dose	Mean pain score. Pain characteristics, sleep interference, PGIC, CGIC	*Mean Pain Score There was a significant decrease in mean pain score for pregabalin 600mgs/day compared with placebo, -1.264 (95%CI -1.890 to -0.639), p=0.002, the decrease with 150mgs/day pregabalin was NS. *SF-MPQ There was a significant decrease in total score on the SF-MPQ for the 600mgs/day dose of pregabalin compared with placebo -5.83 ((95%CI -8.43 to -3.23), p=0.002. This was also identified for VAS -14.67 ((95%CI -21.92 to -7.41), p=0.0002 and PPI -0.66 ((95%CI -0.97 to -0.35), p=0.0002. *Sleep interference Those receiving 600mgs/day of pregabalin had significantly lower sleep interference scores at the end point compared with placebo; -1.152 ((95%CI -1.752 to -0.551), p=0.0004. *PGIC Those receiving 600mgs/day had significantly better PGIC assessments compared with those receiving placebo (p=0.002) *CGIC	Pfizer

² The dose of pregabalin was titrated from 25mg/day to 150mg/day or from 100mg/day to 600mg/day during the 2-week titration period and fixed thereafter.

			balanced with respect to demographic and metabolic characteristics at baseline. Distribution of neuropathic pain (lower vs upper extremities) was also balanced across the 3 groups.					Those receiving 600mgs/day had significantly better CGIC assessments compared with those receiving placebo (p=0.002) *Adverse events Dizziness was reported in 30.5% of the 600mgs group and in 6.3% of the 150mgs group, similarly somnolence was reported in 18.3% and 5.1% respectively. *Discontinuation	
J. Rosenstock, M. Tuchman, L. Lamoreaux, and U. Sharma. Pregabalin for the treatment of painful diabetic peripheral neuropathy: a double-blind, placebo-controlled trial. <i>Pain</i> 110 (3):628-638, 2004.	RCT, double blind, placebo, multi centre 1++	N=146 (87% T2D), 25 centres, USA	Male or female, >18yrs, type 1 or 2 diabetes, with HBA1c ≤11%, with symmetrical pain in distal extremities for 1-5yrs attributable to sensorimotor DPN, minimum av. Daily pain score of 4 on an 11-point scale during the baseline period. Medication for diabetes	N=76 pregabalin 300mgs/day (100mgs TID)	N=70 placebo	9 week duration 1 week baseline, 8 weeks treatment (no titration phase)	Mean pain score (diary recorded pain rating scale). SF-MPQ, SF-36, sleep interference, PGIC, CGIC	*Mean pain score (all outcomes CI 95%) Significant decrease in mean pain score for pregabalin compared with placebo -1.47 (-2.19, -0.75), p=0.0001. This was effective from the end of week 1 and consistent throughout the study. *SF-MPQ The SF-MPQ showed a total score reduction with the pregabalin compared with placebo -4.41 (95%CI -7.32 to -1.49), p=0.033. This was also seen in the VAS (visual analog scale) with -16.19 (95%CI -24.52 to -7.86), p=0.0002 and the PPI (present pain intensity) -0.37 (95%CI -0.72 to -0.02), p=0.0364 *SF-36 Significantly higher mean scores (increase in score denotes improvement) were found with pregabalin compared with placebo for	Pfizer

			<p>control was to remain stable during the study.</p> <p>Exclusion criteria: any serious or unstable medical condition, medications that could affect the painful symptoms of DPN. Failure to respond to previous treatment with gabapentin at dose of \geq 1200mg/day for pain associated with DPN was also an exclusion criterion in this study.</p> <p>The treatment groups were similar with respect to demographic and metabolic characteristics</p>				<p>bodily pain 6.87 (95%CI, 0.70 to 13.04), $p=0.0294$. Other findings were not significant</p> <p>*Sleep Interference Sleep interference scores showed significant differences favouring pregabalin over placebo at end point ($p<0.0001$).</p> <p>*PGIC Pregabalin showed significant improvements compared with the placebo ($p=0.001$) with 67% reporting improvement in global impression of change (pregabalin) and 39% (placebo).</p> <p>*CGIC These results paralleled the PGIC results ($p=0.004$).</p> <p>*Adverse events Pregabalin compared with placebo; dizziness (35.5%, 11.4%), somnolence (19.7%, 2.9%), infection (14.5%, 5.7%), peripheral oedema (10.5%, 1.4%)</p> <table border="0"> <thead> <tr> <th>*Discontinuation</th> <th>n</th> <th>(%)</th> </tr> </thead> <tbody> <tr> <td>Pregabalin</td> <td>11</td> <td>14.5</td> </tr> <tr> <td>- due to adverse events</td> <td>8</td> <td>10.5</td> </tr> <tr> <td>Placebo</td> <td>8</td> <td>11.4</td> </tr> <tr> <td>- due to adverse events</td> <td>2</td> <td>2.9</td> </tr> </tbody> </table>	*Discontinuation	n	(%)	Pregabalin	11	14.5	- due to adverse events	8	10.5	Placebo	8	11.4	- due to adverse events	2	2.9	
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¹ Specific values for the findings for sleep interference, PGIC and CGIC not available as represented graphically in all three studies.