Reviewer's report

**Title:** Pregabalin, the lidocaine plaster and duloxetine in patients with refractory neuropathic pain: A systematic review

**Version:** 2  **Date:** 21 March 2010

**Reviewer:** Cory Toth

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Manuscript: Pregabalin, the lidocaine plaster and duloxetine in patients with refractory neuropathic pain: A systematic review

Chapman et al

**Major Compulsory Revisions are required**

The authors perform a systematic review of the literature for the use of three agents for neuropathic pain in situations where refractory pain is present. Although I applaud their attempts, they discover that the literature on refractory pain in general is deficient. As a result, they cannot perform a meta-analysis and settle for a systematic review.

Besides the inability to accomplish their initial goal, there are some other strong points and deficiencies in their paper. They do a good job describing their search and the criteria used. However, there are a number of points where improvements in presentation could occur, as listed below.

The Class of Evidence found will be low in all cases, but nonetheless, this should be listed.

No hypothesis was stated prior to the Methods – this is needed.

Some explanation is needed for why the triad of pregabalin, lidocaine, and duloxetine were selected. I could understand selection of gabapentin and pregabalin, or of even TCAs and SNRIs together, but why were these three drugs targeted here?

Upon “Hand-searching”, were the identical criteria for selection of articles used?

Refractory is not well defined anywhere, but the authors should provide their definition of what “refractory” is in terms of their search. Was it simply the use of the term “refractory” in the abstract/title?

Many patients or physicians believe that a patient can be refractory to a medication based upon their own loose individual criteria. Can the authors provide some discussion, and perhaps even a suggestion for the definition of “refractory” based upon their work?

What was the role of the third reviewer? How were discrepancies managed?
Even though it may be obvious, an explanation of why meta-analysis was not performed should be provided.

Why were so many articles excluded? Reasons should be provided.

What is EMEA license? There was no definition provided.

A reference should be provided for the study reporting PGIC improvements (page 7, bottom).

In the authors’ opinion, were some of the individual patients likely having non-neuropathic pain? Chronic lower back pain is certainly not necessarily neuropathic pain. Some of these issues may have further compounded the issues experienced.

Why are some of the pregabalin studies in Table 3 shaded, and others not? I note that a few of the abstracts they reference have subsequently been published – it may be wise to update the search for revisions.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'