Reviewer’s report

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

Version: 2 Date: 26 March 2010

Reviewer: Maija Haanpaa

Reviewer’s report:

This is a company-supported systematic review on pregabalin, lidocaine plaster and duloxetine in patients with refractory neuropathic pain. It is fluently written, and it concludes that pregabalin has strongest evidence for its use for refractory neuropathic pain.

The major compulsory revisions

1. Delineation of the subject: Why were only three medications for neuropathic pain included in this review?

2. Delineation of the subject: On what basis was the time-frame chosen? Why not also papers published in 2009? I miss the studies of pregabalin for radicular low back pain and HIV neuropathy! In addition, it looks strange that the original papers from 1998-2008 are included but the congress abstracts from 2004-2008 were included. Give arguments for this delineation.

3. The definition of refractory neuropathic pain is a bit bizarre. If a RCT has included patients with allowed other medication (e.g., Dworkin 2003, pregabalin for PHN), could this study also be included, as the patients fulfill inclusion criterion of certain pain level in spite of other medications? At least if a certain percentage of the patients have concomitant medication?

4. Inclusion criteria: it looks very strange that retrospective reports, open-label studies and reports with a few patients were included. At least number of reported cases should be higher (e.g., minimum ten cases). Usually retrospective and open-label studies are regarded as low-level source of evidence and are excluded from the systematic reviews.

5. Quality evaluation: Why a new classification was used instead of classic ones (e.g. Jadad score)? In addition, the classification data of each study included in the review should be provided (best in an additional table).

6. The peer-reviewed publications should be reported separately from the ‘congress only’ publications, as peer-reviewed publications are regarded as higher-quality and higher-reliable source of data.

7. It would be better to report how many patients support the conclusions and from what type or sources instead of reporting how many studies support the conclusions.

Minor essential revisions
1. Why was American Pain Society congress not included in the congress abstract search?
2. Why were CRPS, fibromyalgia and low-back-pain patients included, although these conditions are not regarded as neuropathic pain states?
3. How was the double publication confirmed?
4. In the reference list source information of the congress abstracts should be provided more widely; which congress and where.
5. Ref. 23: the name of the paper is in capitals, should be changed to ordinary format.
6. Refs 37 and 38: this is the same publication of Rustagi. Delete the other.

**Declaration of competing interests:**

Has given lectures or been a consultant for
–Abott, Astellas, Lilly, Medtronic, MSD, Mundipharma, Pfizer, Sanofi-Pasteur
Has participated in international congresses as a guest of
–Boehringer-Inhgelheim, Medtronic, Pfizer