Primary outcomes for amitriptyline vs gabapentin as monotherapy

Table 30 GRADE profiles

No. of studies	Design	Ami (T1)	Gaba (T2)	Relative risk (95% CI) [ARR] [NNTB, 95% CI]	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Quality
PRIMARY OUTCOME: Patient-reported 30% pain reduction										
1 (SCI[1])	RCT	13/22 (59.1%)	5/22 (22.7%)	2.60 (1.12, 6.05) ARR = 36.4% NNTB = 2.8 (1.7, 14.1)	N	N	N	S[b]	N	Moderate
PRIMARY OUTCOME: Patient-reported global improvement/impression of changea										
1 (PDN[2])	RCT	14/21 (66.7%)	11/21 (52.4%)	1.27 (0.77, 2.11) ARR = 14.3% NNTB = N/A	N	N	N	S[b]	N	Moderate
No. of studies	**Design**	**Ami**	**Gaba**	**Relative risk [ARI] [NNTH]**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Quality**
PRIMARY OUTCOME: No. of withdrawals owing to adverse effects										
2 (PDN[2]) (SCI[1])	RCT	4/63 (6.3%)	3/63 (4.8%)	1.33 (0.31, 5.72) ARI = 1.5% NNTH = N/A	N	N	N	VS[c]	N	Low
PRIMARY OUTCOME: Dry mouth (adverse effects)										
1 (PDN[2])	RCT	8/25 (32.0%)	4/25 (16.0%)	2.00 (0.69, 5.80) ARI = 16.0% NNTH = N/A	N	N	N	VS[d]	N	Very low
PRIMARY OUTCOME: Dizziness (adverse effects)										
1 (PDN[2])	RCT	2/25 (8.0%)	7/25 (28.0%)	0.29 (0.07, 1.24) ARI = −20.0% NNTH = N/A	N	N	N	VS[d]	N	Very low

PRIMARY OUTCOME: Blurred vision (adverse effects)										
1 (PDN[2])	RCT	2/25 (8.0%)	1/25 (4.0%)	2.00 (0.19, 20.7) ARI = 4.0% NNTH = N/A	N	N	N	VS [d]	N	Very low
PRIMARY OUTCOME: Sedation (adverse effects)										
1 (PDN[2])	RCT	8/25 (32.0%)	12/25 (48.0%)	0.67 (0.33, 1.35) ARI = −6.0% NNTH = N/A	N	N	N	VS [d]	N	Very low
PRIMARY OUTCOME: Fatigue (adverse effects)										
1 (PDN[2])	RCT	5/25 (20.0%)	4/25 (16.0%)	1.25 (0.38, 4.12) ARI = 4.0% NNTH = N/A	N	N	N	VS [d]	N	Very low
PRIMARY OUTCOME: Weight gain (adverse effects)										
1 (PDN[2])	RCT	6/25 (24.0%)	0/25 (0.0%)	∞ (∞) ARI = 24.0% NNTH = N/A	N	N	N	VS [d]	N	Very low
PRIMARY OUTCOME: Any adverse effects: non-specified										
2 (PDN [2,3])	RCT	28/37 (75.7%)	22/38 (57.9%)	1.58 (0.49, 5.15) ARI = 17.8% NNTH = N/A	S[e]	N	N	VS [c]	N	Very Low

Relative risks were calculated in the direction of T1 compared with T2.

T1 = treatment 1; T2 = treatment 2; N = No serious; S = Serious; VS = Very serious

Ami = amitriptyline; Gaba = gabapentin; PDN = painful diabetic neuropathy; SCI = spinal cord injury; N/A = not applicable..

[a] Categorical scales for patient-reported global improvement/impression of change were dichotomised for analysis. For examples, 'at least moderate improvement' on a 6-item scale, 'at least good improvement' on a 5-item scale or 'much or very much improved' on the patients' global impression of change (PGIC) scale were the cut-offs for dichotomisation.

[b] Total number of events (positive outcome) less than 300.

[c] GDG consensus: Total number of adverse effects less than 100, downgrade 2 levels.

d GDG consensus: if there is only 1 study with total number of adverse effects less than 100, the GDG decided that the quality should be graded as 'very low'.

[e] One of the 2 studies was an open-label study with no blinding; downgrade quality by 1 level.

[1] Rintala et al. (2007)

[2] Morello et al. (1999)

[3] Dallocchio et al. (2000)

【アミトリプチリン（TCA）とカルバマゼピン（抗てんかん薬）との比較】

主要評価項目（疼痛）

- 改善を報告した患者数は、アミトリプチリン投与患者とカルバマゼピン投与患者間に有意差はなかった（中等度の質のエビデンス）。

有害事象

- いかなる有害事象（詳細不明）の発生率も、アミトリプチリン投与患者とカルバマゼピン投与患者間に有意差はなかった（非常に質の低いエビデンス）

Table 33 GRADE profiles – amitriptyline vs carbamazepine as monotherapy

No. of studies	Design	Ami (T1)	Carba (T2)	Relative risk (95% CI) [ARR] [NNTB, 95% CI]	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Quality
PRIMARY OUTCOME: Patient-reported global improvement/impression of changea										
1 (PSP[1])	RCT	10/15 (66.7%)	5/14 (52.4%)	1.87 (0.85, 4.11) ARR = 31.0% NNTB = N/A	N	N	N	S[b]	N	Moderate
No. of studies	**Design**	**Ami**	**Carba**	**Relative risk (95% CI) [ARI] [NNTH, 95% CI]**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Quality**
PRIMARY OUTCOME: Any adverse effects: non-specified										
1 (PSP[1])	RCT	14/15 (93.3%)	13/14 (92.9%)	1.01 (0.82, 1.23) ARI = 0.4% NNTH = N/A	N	N	N	VS[c]	N	Very low

Relative risks were calculated in the direction of T1 compared with T2.

T1 = treatment 1; T2 = treatment 2; N = No serious; S = Serious; VS = Very serious

Ami = amitriptyline; Carba = carbamazepine; PSP = post-stroke pain; N/A = not applicable.

[a] Categorical scales for patient-reported global improvement/impression of change were dichotomised for analysis. For examples, 'at least moderate improvement' on a 6-item scale, 'at least good improvement' on a 5-item scale or 'much or very much improved' on the patients' global impression of change (PGIC) scale were the cut-offs for dichotomisation.

[b] Total number of events (positive outcome) less than 300.

[c] GDG consensus: if there is only 1 study with total number of adverse effects less than 100, the GDG decided that the quality should be graded as 'very low'.

[1] Leijon and Boivie (1989)

【アミトリプチリン(TCA)と局所カプサイシン(抗てんかん薬)との比較】

主要評価項目(疼痛)

- 主要評価項目(疼痛)に関して、アミトリプチリンと局所カプサイシンの比較試験で採択基準及び除外基準に達するものは無かった。

有害事象

- アミトリプチリン投与患者は、局所カプサイシン投与患者と比較して鎮静を報告する可能性が有意に高かった(非常に質の低いエビデンス)。
- 局所カプサイシン投与患者は、アミトリプチリン投与患者と比較して灼熱感を報告する可能性が有意に高かった(非常に質の低いエビデンス)

Table 36 GRADE profiles – amitriptyline vs topical capsaicin as monotherapy

No. of studies	Design	Ami (T1)	T.Cap (T2)	Relative risk (95% CI) [ARI] [NNTH, 95% CI]	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Quality
PRIMARY OUTCOME: Sedation (adverse effects)										
1 (PDN[1])	RCT	69/117 (59.0%)	0/118 (0.0%)	∞ (∞) ARI = 59.0% NNTH = N/A	N	N	N	VS [a]	N	Very low
PRIMARY OUTCOME: Burning (adverse effects)										
1 (PDN[1])	RCT	0/117 (0.0%)	68/118 (57.6%)	0.00 (0.00, ∞) ARI = −57.6% NNTH = N/A	N	N	N	VS [a]	N	Very low

Relative risks were calculated in the direction of T1 compared with T2.

T1 = treatment 1; T2 = treatment 2; N = No serious; S = Serious; VS = Very serious

Ami = amitriptyline; T.Cap = topical capsaicin; PDN = painful diabetic neuropathy; N/A = not applicable.

[a] GDG consensus: if there is only 1 study with total number of adverse effects less than 100, the GDG decided that the quality should be graded as 'very low'.

[1] Biesbroeck et al. (1995)

【アミトリプチリン(TCA)とノルトリプチリン(TCA 薬)との比較】

主要評価項目(疼痛)

- 主要評価項目(疼痛)に関してアミトリプチリンとノルトリプチリンの比較試験で採択基準及び除外基準に達するものは無かった。

有害事象

- 口内乾燥、浮動性めまい、傾眠状態及びいかなる有害作用(詳細不明)の発生率においても、アミトリプチリン投与患者とノルトリプチリン投与患者間に有意差はなかった(非常に質の低いエビデンス)