

# Letter to the editor regarding systematic review and meta-analysis of the efficacy of gabapentin in chronic female pelvic pain without another diagnosis



**TO THE EDITOR:** We noted with concern the article entitled “Systematic review and meta-analysis of the efficacy of gabapentin in chronic female pelvic pain without another diagnosis” published recently by Marchand et al.<sup>1</sup> Their analyses suggest that compared with placebo, gabapentin significantly improves pain measured with a visual analog scale (VAS) at both 3 and 6 months; however, if measured with a numerical rating scale (NRS), improvements in pain management are seen only at 3 months. We wish to highlight errors in their methodology, which we believe leads to erroneous conclusions and thus potential ongoing risk to women with chronic pelvic pain (CPP).

The authors identified 4 studies meeting their criteria to include in this review, all of which compared gabapentin with placebo in women with CPP and no identified pathology. One of the studies was an independent study undertaken in Egypt that included 60 participants.<sup>2</sup> The other 3 studies were all led by coauthor Professor Andrew Horne: the first study was the Gabapentin for the Management of Chronic Pelvic Pain in Women (GaPP1)<sup>3</sup> trial, a pilot study that included 47 women, which informed the design of the definitive large multicenter randomized placebo-controlled trial; the second study was the Gabapentin for Chronic Pelvic Pain in Women (GaPP2) trial, which included 306 women<sup>4</sup>; and the third study was about pilot neuroimaging data from 12 participants in the GaPP1 trial.<sup>5</sup>

Our first methodological concern is that the outcomes for all women in the neuroimaging study were also reported in the GaPP1 article. Including both studies in this review would mean that the 12 women have been double counted.

Our second issue is with the analysis of outcome measures. The included studies use either a VAS or an NRS of pelvic pain intensity as their primary outcome measure. Rather than attempt to combine these studies in a meaningful way, the authors have analyzed these 2 outcomes separately, thereby reducing the sample size available for their analysis. Although the GaPP1 trial and the Egyptian study did collect outcomes at 3 and 6 months, primary outcomes for the GaPP2 trial were collected at 4 months (13–16 weeks after randomization). Moreover, the number of women reporting outcomes at 6 months is not the same as the sample size described in Table 1, which we believe is misleading. Thus, only 59 women reported VAS scores at 6 months (as opposed to the 107 recruited to these studies and listed in the table).

Most importantly, however, we are concerned about the lack of acknowledgment of the significantly higher rates of adverse

events and side effects with gabapentin vs placebo that was seen in all included studies. In our opinion, any review of clinical effectiveness should consider the side effect profile. Although we too would like to identify a successful treatment for CPP in women, we do not feel that the analyses reported in this systematic review override the negative findings of our adequately powered multicenter trial.<sup>4</sup> Thus, we would encourage clinicians and researchers to consider other approaches to the management of CPP. ■

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