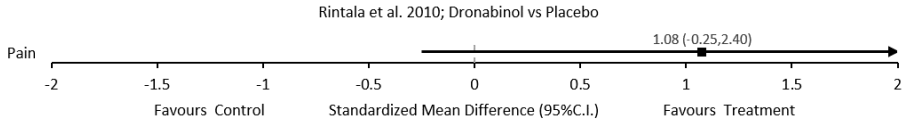
Author Year Country Research Design Score Total Sample Size	Methods	Outcome
Andresen et al. 2016 Denmark RCT PEDro = 11 Level 1 N=73	**Population**: Mean age=56.3±11.6 yr; Gender: males=54, females=19; Time since injury=10.3±11.7 yr; Level of injury: tetraplegia=32, paraplegia=41; Severity of injury: AIS A=24, B=3, C=15, D=31; Type of pain=neuropathic. **Intervention**: Participants were randomized to a ultramicronized palmitoylethanolamide (Normast) group or a placebo group taking dosages 2 times daily with 12 h between dosages, for 12 wks. **Outcome Measures:** Numeric Rating scale (0-10) for change in neuropathic pain intensity from baseline wk to wk 12. Secondary outcomes: analysis and effects on spasticity, evoked pain, sleep problems, anxiety, depression and global impression of change.	1. No significant difference between change in neuropathic pain intensity observed between the Normast and placebo groups (p=0.46). 2. No significant difference over time between the two groups when using covariates (p=0.82). 3. Normast group had a significant reduction in their use of rescue medication compared to the placebo group (p=0.02). 4. Normast group showed a significant increase in intensity of spasticity observed in the pain diary recordings compared to a decrease in the placebo group (p=0.013). 5. No significant differences observed in any of the other outcome measures (p>0.05).
Wilsey et al. 2016 USA RCT Crossover PEDro=8 Level 1 N=42 (29 SCI)	**Population**: Mean age=46.4±13.6 yr; gender: males=29, females=13; Level of injury: C=22, T=14, L=6. Intervention: crossover design with placebo, 2.9% and 6.7% THC vapour; 4 puffs at t=0 and 4 puffs at t = 240 min. Treatment periods were 480 min. for each exposure with measurements every 60 min. **Outcome Measures**: 11-point pain scale, Patient Global Impression of Change, Neuropathic Pain Scale, VAS allodynia, Heat-pain threshold.	1. 2.9% THC group (2nd dose at t = 240 min.): a. Pain intensity was significantly reduced at all measurement points (p<0.05, a t = 120/240 min. <0.01). b. Pain relief was significantly higher at all measurement points (p<0.0001) except 360 minutes. c. All neuropathic pain measures improved except itching at all measurement points (p<0.0001). 2. 6.7% THC group (2nd dose at t = 240 min.): a. Pain intensity was significantly reduced at t = 60, t = 300, t = 360 and t = 420 min. (p<0.05). b. Pain relief was significantly higher at all measurement points (p<0.0001). c. All neuropathic pain measures improved except itching at all measurement points (p<0.0001).
Rintala et al. 2010 USA Crossover-RCT PEDro=5 Level 2 N=5	**Population:** Convenience sample. Mean age: 50.1 yr; Level of injury: paraplegia=4, tetraplegia=3; Level of severity: AIS A=4, B=1, D=2; Mean time since injury: 21.9 yr; Type of pain: neuropathic (>6 months)	1. Pain intensity was not significantly different between the dronabinol and diphenhydramine groups. (n=5) 2. Seven people started the study, but 2 participants dropped out

	Intervention: Participants were randomized into two groups: i) 5 mg dronabinol titrated every third day (max 20 mg/day); ii) 25 mg diphenhydramine day once then titrated up to 75 mg/day. Participants remained in a 7 day stabilization phase once titration was complete and then a 28 day maintenance phase. After a 9 day down-titration period and 7 day washout period, participants crossed over to the other arm. Participants stopped all pain medication prior to the study and were allowed break-through medication during the study, consisting of 5mg/325mg oxycodone/acetaminophen max. 8d./24h. **Outcome Measures:** Brief Pain Inventory (BPI).	during the first round while in the Dronabinol group, one participant due to side-effects and the other unwilling to stop taking dronabinol. 3. 3 participants used break-through medication during the study. Their patterns of use were occasionally, 2 tablets daily and 8 tablets daily. 4. No significant difference was seen in side effects between the groups. 5. Most common side effects included dry mouth, constipation, fatigue and drowsiness.
	Effect Sizes: Forest plot of standardized mean differences (SMD±95%C.I.) as calculated from pre- and post-intervention data. 	
Hagenbach et al. 2007 Switzerland Phase 1 Open-label Clinical Trial N=15 RCT PEDro=4 Level 2 N=13	**Population:** SCI (N=15): Age range: 29-66 yr; Gender: males=11, females=2; Level of injury: C4-T11; Level of severity: AIS A,B,C,D; Type of pain: spastic. **Intervention:** Phase 1-2: Patients received 10 mg oral tetrahydrocannabinol (THC) on day one. Dose titration began on day two until the maximum tolerated dose or treatment aim was achieved and maintained for 6 wk. Phase 3: In a double-blind design, SCI patients from phase 1 of the study were randomly assigned to either maximum oral THC doses (6 participants) or placebo doses (7 participants) for 6 wk. **Outcome Measures:** Self ratings.	1. Mean average tolerated dose was 31 mg/day orally and 43 mg/day rectally delivered THC. 2. Significant improvement in pain was seen on day one compared to baseline measures (p=0.047). 3. No significant improvement in pain was seen compared to placebo on day 8 and 43. 4. Individuals in the oral THC group showed no significant difference in mood or attention compared to the placebo group or to baseline. 5. Total of 9 dropouts during open-label phases were due to increased pain, anxiety, decreased compliance, decreased attention and mood.