Author Year; Country PEDro Score Research Design Total Sample Size	Methods	Outcome
Amitriptyline		
Agarwal & Joshi, 2017 India RCT PEDro=6 N=147	**Population:** Age=18+ yr; Gender: males=136, females=11; Level of injury: paraplegia=64, tetraplegia=83; Severity of injury: AIS A=112. B/C/D=35; Type of pain=neuropathic. **Intervention:** Participants with neuropathic pain (NP) were randomized to either amitriptyline or lamotrigine for 3 wk trials to compare the effects of pain suppression. **Outcome Measures:** Short-form MC Gill Pain Questionnaire (SFMPQ2) score on pain, adverse events and withdrawn patients.	1. No significant differences between reduction of pain scores between the amitriptyline and lamotrigine groups (p>0.05). 2. Only notable adverse events were dry mouth and drowsiness, and patients reported exceeding the 50 mg dose recommendation in the amitriptyline group with no adverse events in the lamotrigine group. 3. 140 of the 147 subjects completed the study, 5 dropped out and two passed away.
Rintala et al. 2007 USA RCT PEDro=10 N=38	**Population:** SCI: Mean age=42.6 yr; Gender: males=20, females=2; Level of injury: paraplegia=7, tetraplegia=12; Severity of injury: AIS A-C=19, D=3; Time since injury=12.6 yr; Duration of pain=7.3 yr. Type of pain=neuropathic. **Treatment:** Patients were randomized into one of six groups: 1) gabapentin-amitripyline-diphenhydramine (GAD; n=7); 2) GDA (n=6); 3) AGD (n=6); 4) ADG (n=6); 5) DGA (n=7); 6) DAG (n=6). Each drug was administered for 9 wk with one washout week before and after each drug treatment, for a total of 31 wk. The maximum doses were 50mg 3x/day for amitriptyline, 1200mg 3x/day for gabapentin, and 25mg 3x/day for diphenhydramine (control). **Outcome Measures:** Center of Epidemiologic Studies Depression Scale-Short Form (CESD-SF)	1. Amitriptyline was significantly more effective than diphenhydramine at 8 weeks, in subjects with high (≥ 10) baseline CESD-SF scores (p=0.035). 2. No significant difference was seen at 8 weeks in subjects with high (≥ 10) baseline CESD-SF scores in : • Effectiveness of amitriptyline over gabapentin (p=0.061). • Effectiveness of gabapentin over diphenhydramine (p=0.97). 3. Subjects with low (<10) baseline CESD-SF scores showed no significant difference among the medications.
Cardenas et al. 2002 USA RCT PEDro=9 N=84	**Population:** Mean age=41 yr; Gender: males=80%, females=20%; Level of injury: cervical, lumbar; Severity of injury: AIS: A-D; Time since injury=169 mo. Type of pain=.europathic and musculoskeletal. **Treatment:** Subjects with chronic pain randomized to a 6 wk course of amitriptyline or placebo 1-2 hr before bedtime. **Outcome Measures**: Average pain measure (scale 0-10), Short form McGill Pain Questionnaire (SF-MPQ), Brief Pain Inventory (BPI), Center of Epidemiologic Studies Depression Scale (CESD) , Functional Independence Measure (FIM).	1. There were no significant differences between the two groups at baseline and at the 6 wk time period for any of the measures except satisfaction with life which showed higher scores for those in the placebo group (p=0.004). 2. For those who remained on the two medications, it was noted that those in the amitriptyline group had significantly higher severity ratings for increased spasticity (p=0.005) than those in the control group.
Duloxetine		

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Vranken et al. 2011 Netherlands RCT PEDro=9 N=48	**Population:** Age=53 yr; Type of pain=neuropathic. **Intervention:** Participants were randomized to one of two groups: flexible dose placebo who received 1-2 capsules a day or placebo. **Outcome Measures:** Visual Analogue Scale (VAS)	1. A two-point reduction on VAS in pain intensity was seen in the duloxetine group after 8 wk of treatment. 2. A decrease in pain was seen in the duloxetine group compared to the control group (p=0.05). 3. No significant between group differences were seen in SF-36.
Venlafaxine		
Richards et al. 2015 USA RCT PEDro=9 N=123	**Population:** Mean age=40yr; Gender: males=99, females=34; Time since injury=10.9yr. Type of pain=neuropathic, nociceptive, or mixed. **Treatment:** Participants were randomized to receive either venlafaxine or placebo. The treatment group received a starting dose of 37.5mg/d which was titrated up to a max of 225mg/d by week 6 if tolerated. Doses could be increased by another 300mg at week 10 if needed to treat depression. **Outcome Measures**: Numeric Rating Scale (NRS)	1. No significant improvement in pain related outcomes were seen among those with neuropathic or mixed pain. 2. Individuals with nociceptive pain reported significant improvement in outcomes including: pain intensity (p=0.018) and pain interference subscales general activity (p=0.018), mood (p=0.048), mobility (p=0.005), normal work (p<0.001), relations with other people (p=0.021), sleep (p=0.014), and enjoyment of life (p=0.017).
Trazodone		
Davidoff et al. 1987b USA RCT PEDro=6 Initial N=19; Final N=18	**Population:** Mean age=39 yr; Gender: males=16, females=2; Time since injury=49 mo. Type of pain=neuropathic. **Treatment:** Subjects underwent a 2 wk placebo lead-in period with a 6 wk randomization to 150 mg trazodone per day or placebo. **Outcome Measures**: McGill Pain Questionnaire **(**MPQ), Sternbach Pain Intensity (SPI), Zung Pain and Distress Index (PAD)	1. No significant differences were noted between the groups on MPQ, SPI, or PAD. 2. More subjects reported side effects in the experimental group (p<0.05). 3. More subjects in the placebo group completed the 8 wk study (p<0.01).