Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Cardenas et al. 2007 USA RCT Level 1 (PEDro = 6) N=91	**Objective:** Assess safety and efficacy of sustained-release fampridine in subjects with chronic spinal cord injury. **Population:** 91 participants with motor-incomplete SCI randomized to three groups: (I) Fampridine, sustained release, 25 mg bid: Level of injury: 23 cervical, 7 thoracic; AIS grade: 14 C, 16 D; 22M:8F; Age: mean (range) 44 (23-66)yrs; Duration of injury: mean (range) 8.3 (1-30)yrs (II) 40 mg bid: Level of injury: 24 cervical, 6 thoracic; AIS grade: 12 C, 18 D 26M:,4F; Age: mean (range) 42 (21-67)yrs; Duration of injury: 10.8 years, range 1-35; (III) Placebo: Level of injury: 26 cervical, 5 thoracic; AIS grade: 18 C, 13 D; 24M:7F; Age: mean (range) 38 (19-61)yrs; Duration of injury: mean (range) 8.3 (1-37)yrs **Treatment:** Drug treatment (Fampridine orally 25mg bid or 40mg bid) or placebo for 8 weeks **Outcome Measures:** Number of days with bowel movement, Participant Global Impression (PGI), Ashworth	1. A significantly larger number of participants in the 25 mg bid (6/30 participants) and 40 mg bid (7/30 participants) groups had an increase in the number of days with bowel movements compared to participants in the placebo group (p=0.02 and p=0.01 respectively). Number of days increase not reported. 2. In total 78% of participants completed the study. More (13/30) discontinued from Group II than Group I (4/30) and Group III (3/31). The most frequent AEs were hypertonia, generalized spasm, insomnia, dizziness, asthenia, pain, constipation, and headache. One participant in Group II suffered a seizure.
Cardenas et al. 2014 USA/Canada RCT	**Objective:** To evaluate the efficacy and safety of fampridine sustained-release tablets (fampridine-SR) 25 mg	1. In SCI-F301 there were no significant differences between treatments for bladder and bowel function.

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Level 2 (PEDro = 2) N=213 in SCI-F301 N=204 in SCI-F302	twice daily for moderate-to-severe spasticity in patients with chronic spinal cord injury (SCI). **Population:** Men and women with chronic, incomplete, traumatic SCI between C3 and T10, with injury occurring more than 18 months ago and ASIA B, C, or D, and stable neurological status for more than 6 months. SCI-F301 Placebo: Age: 40.1 ± 13.1; 13 % female, 28% ASIA B, 32% ASIA C, 38% ASIA D Fampridine-SR: Age: 41.6 ± 12.1; 14% female; 42% ASIA B, 29% ASIA C, 43% ASIA D SCI-F302 Placebo: Age: 40.5 ± 12.3; 14% female; 32% ASIA B, 30% ASIA C, 38% ASIA D Fampridine-SR: Age: 41.3 ± 11.8; 17% female; 32% ASIA B, 26% ASIA C, 45% ASIA D **Treatment:** 25 mg fampridine-SR twice a day vs. Placebo in two identical RCTs (SCI-F301 in the US and SCI-F302 in Canada) **Outcome Measures:** Bowel and bladder outcomes were measured by a daily diary questionnaire (including number of accidental leakage per day, number of bowel	2. In SCI-F302 there was a significantly greater increase in number of bowel movement per day with fampridine-SR compared to placebo (p=0.006).

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
	movements per days, and minutes per day for bowel routine). Penn Spasm Frequency Scale, International Standards for Neurological Classification for Spinal Cord Injury motor/sensory scores, and International Index of Erectile Function (IIEF) were used to measure secondary outcomes.	