**INTRODUCTION:** Chronic low back pain (CLBP) is common, with a lifetime prevalence of up to 70%. CLBP can cause significant patient suffering and economic impact. Up to 20%-35% of CLBP is considered to be of neuropathic pain (NP), but its diagnosis is challenging and largely relies on good history and patient examination. Gabapentin and Pregabalin are anticonvulsants, used commonly in the treatment of NP. The evidence support for their use in CLBP is unclear.

**METHODS:** A Systematic review was performed to assess the effectiveness of Pregabalin or Gabapentin in CLBP. We comprehensively searched Medline and Cochrane databases (along with a secondary search for references), looking for comparative studies, published in English.

**RESULTS:** From 46 relevant articles, 5 comparative studies, all assessing Pregabalin were identified (Figure 1). Only 2 of them specifically assessed for NP symptoms. Combination therapy involving Pregabalin, with Buprenorphine or Celecoxib, were more effective than Pregabalin alone. Compared with usual care, Pregabalin improved pain and depression, with indirect benefits in cost. However, Pregabalin was less effective than Amitriptyline alone for pain relief and disability.

**CONCLUSIONS:** No evidence exists to support the use of Gabapentin in CPBP. Use of Pregabalin is supported by small RCTs (level 2 evidence), demonstrating moderate effect. Combination therapy should be considered, rather than Pregabalin alone for CLBP. Further controlled studies are required to establish its actual benefit.

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