**QUESTION:** In patients with postherpetic neuralgia (PHN), are any treatments effective in reducing pain or disability?

**Data sources**
Studies were identified by searching Medline (1966 to October 2000) and the Cochrane Controlled Trials Registry with the terms postherpetic neuralgia, neuropathy, and pain; searching Current Contents, bibliographies of relevant studies, and the US Food and Drug Administration web site; and contacting authors and content experts.

**Study selection**
English language studies were selected if they were full reports of randomised controlled trials that included patients with PHN (history of herpes zoster, pain in the dermatomal distribution of the zoster rash, and pain persisting after resolution of the rash) and addressed relevant outcomes (pain resolution, pain severity, or quality of life).

**Data extraction**
2 reviewers independently reviewed trials for quality and extracted data on patient age and duration of PHN, type of treatment, treatment dosage and duration, results, and adverse effects.

**Main results**
27 trials were included. 6 trials evaluated topical treatments (follow up of 2 to 6 wk). Of 2 trials that compared a lidocaine patch with placebo, I showed no difference and 1 showed a reduction in pain with lidocaine. 2 trials showed greater pain relief with capsaicin 0.075% cream than with placebo. 2 trials comparing benzodiazepine cream with placebo showed no difference between groups for pain relief.

12 trials evaluated oral treatments (follow up of 5 wks to 6 mo). In 6 trials that assessed tricyclic antidepressants, anitriptyline was more effective than placebo (2 trials), lorazepam (1 trial), clonipramine (1 trial), and maprotiline (1 trial) and was as effective as nortriptyline (1 trial); desipramine was more effective than benztropine (1 trial). Gabapentin was more effective than placebo for pain relief and disability scores (1 trial). I trial comparing tramadol with clonipramine with or without levetiracetam showed better pain relief with tramadol but no difference in pain intensity between groups.

9 trials evaluated other treatments (follow up of 8 wks to 2 y). Vincristine iontophoresis was more effective than placebo in 1 trial and reduced pain in another small trial; Acupuncture was also not effective in 1 trial but had a short term effect in another small trial. Intrathecal methylprednisolone plus lidocaine was more effective than intrathecal lidocaine alone or no treatment (1 trial) and was more effective than epidural methylprednisolone (1 trial). 1 trial comparing a mixture of gangliosides with placebo showed improvement in pain and sleep scores with gangliosides but poor tolerability. Bupivacaine was more effective than was intravenous lidocaine for pain scores at up to 1 year (1 trial).

**Conclusions**
In patients with postherpetic neuralgia, tricyclic antidepressants have the strongest evidence of effectiveness in reducing pain or disability. Other treatments with some evidence of effectiveness include anticonvulsants (particularly gabapentin), capsaicin, and oxycodone.