Are there different predictors of analgesic response between antidepressants and anticonvulsants in painful diabetic neuropathy?

To investigate baseline demographics and disease characteristics as predictors of the analgesic effect of duloxetine and pregabalin on diabetic peripheral neuropathic pain (DPNP). Based on data from the COMBO-DN study, a multinational clinical trial in DPNP, the potential impact of baseline characteristics on pain relief after 8-week monotherapy with 60 mg/day duloxetine or 300 mg/day pregabalin was assessed using analyses of covariance. Subgroups of interest were characterized regarding their baseline characteristics and efficacy outcomes. A total of 804 patients were evaluated at baseline. A significant interaction with treatment was observed in the mood symptom subgroups with a larger pain reduction in duloxetine-treated patients having no mood symptoms [Hospital Anxiety and Depression Scale (HADS) depression or anxiety subscale score=65 years), gender, baseline pain severity [Brief Pain Inventory Modified Short Form (BPI-MSF) average pain=6], diabetic neuropathy duration (2 years), baseline haemoglobin A1c (HbA1c) (=8%), presence of comorbidities and concomitant medication use. Our analyses suggest that the efficacy of duloxetine and pregabalin for initial 8-week treatment in DPNP was
consistent across examined subgroups based on demographics and disease characteristics at baseline except for the presence of mood symptoms. Duloxetine treatment appeared to be particularly beneficial in DPNP patients having no mood symptoms.