

FALSE CONCLUSIONS REGARDING DULOXETINE'S PURPORTED EFFICACY IN PAIN AMONG DEPRESSED PATIENTS - REPLY

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Dear Editor,

We would like to thank Dr. Spielmans for his interest in our paper. However, the issues he raised in his letter need to be addressed and clarified. The basic point that Dr. Spielmans missed is the difference in the aims and scopes of both papers. Whereas Dr. Spielmans restricted himself to painful symptoms in depression, we included all double-blind controlled trials of duloxetine in treatment of painful symptoms, with or without depressive disorder, that were to our best knowledge available to the public at the time our paper was written. We identified the total of 13 trials published in extenso, all of them placebo-controlled. Dr. Spielmans incorrectly claimed that we found only 3 studies with painful symptoms in depression, the actual number is 5 studies, the same number as in his work.

Moreover, Dr. Spielmans suggested that our 'incomplete' literature review or 'invalid' interpretation of the evidence may be influenced by the duloxetine manufacturer's support. We are happy to assure him that our review was based on the authors' sincere interest in the topic and their work was not affected by any external interference. The paper's disclosure statement reflects the pure fact that their meetings over the draft occurred at the company-sponsored events.

We gladly acknowledge Dr. Spielmans' contribution to the field, as well as methodological superiority of a meta-analytical approach over narrative review. Nevertheless, it has to be reminded again that the principal goal of our paper was not to provide a statistical analysis, but an overview of the data on comorbidity of depression and pain, from epidemiology, through pathophysiological mechanisms to non- and pharmacological management. In this case, the narrative method reviewing available data is a standard strategy.

Finally, our conclusions of the duloxetine's analgesic properties, questioned by Dr. Spielmans, are further supported by more recent comprehensive reviews and meta-analyses and fully consistent with their conclusions (e.g., Häuser et al. 2009, 2010, Dworkin et al. 2010, Marangell et al. 2010).

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