Dear Joe Bloggs,

Welcome to your Evidence Update email from KnowledgeShare. The resources listed below have been chosen based on the interests you have provided. I hope they are useful. Please contact me via email if you would like a copy of any of the journal articles. If you would like to change the interests we have listed, stop receiving the notifications, or request a search on a specific topic, please don’t hesitate to let me know.

If you need help getting hold of the full text of anything here then please email me back. For more information about the KnowledgeShare Current Awareness service contact me using the details below.

Cate

**Pain**

**Articles**

*The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into your nearest library.*

**Facet-joint injections for non-specific low back pain: a feasibility RCT.**  
Snidvongs S. *Health Technology Assessment* 2017;21(74):https://doi.org/10.3310/hta21740.  
[Objectives: To assess the feasibility of carrying out a definitive study to evaluate the clinical effectiveness and cost-effectiveness of lumbar facet-joint injections compared with a sham procedure in patients with non-specific low back pain of > 3 months’ duration.]  
*Freely available online*

**Medical Cannabinoids in Children and Adolescents: A Systematic Review.**  
Wong SS. *Pediatrics* 2017;140(5):e20171818.  
[Evidence for benefit was strongest for chemotherapy-induced nausea and vomiting, with increasing evidence of benefit for epilepsy. At this time, there is insufficient evidence to support use for spasticity, neuropathic pain, posttraumatic stress disorder, and Tourette syndrome.]  
*Available with an NHS OpenAthens password for eligible users*

**Oxcarbazepine for neuropathic pain.**  
Zhou M. *Cochrane Database of Systematic Reviews* 2017;(12):CD007963.  
[This review found little evidence to support the effectiveness of oxcarbazepine in painful diabetic neuropathy, neuropathic pain from radiculopathy and a mixture of neuropathies. Some very-low-quality evidence suggests efficacy but small trials, low event rates,
heterogeneity in some measures and a high risk of publication bias means that we have very low confidence in the measures of effect.]

*Freely available online*

**Reports**

*The following report(s) may be of interest:*

**NIHR Signal: Two nerve drugs are not suitable for treating long-term low back pain.**
NIHR Dissemination Centre; 2017.
[https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000515](https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000515)
[The drugs gabapentin and pregabalin (gabapentinoids) were found not to help lower back pain that had lasted more than three months. Gabapentin gave no benefit compared with placebo, while pregabalin was less effective than other painkillers. Both were associated with several side effects, such as dizziness.]

*Freely available online*