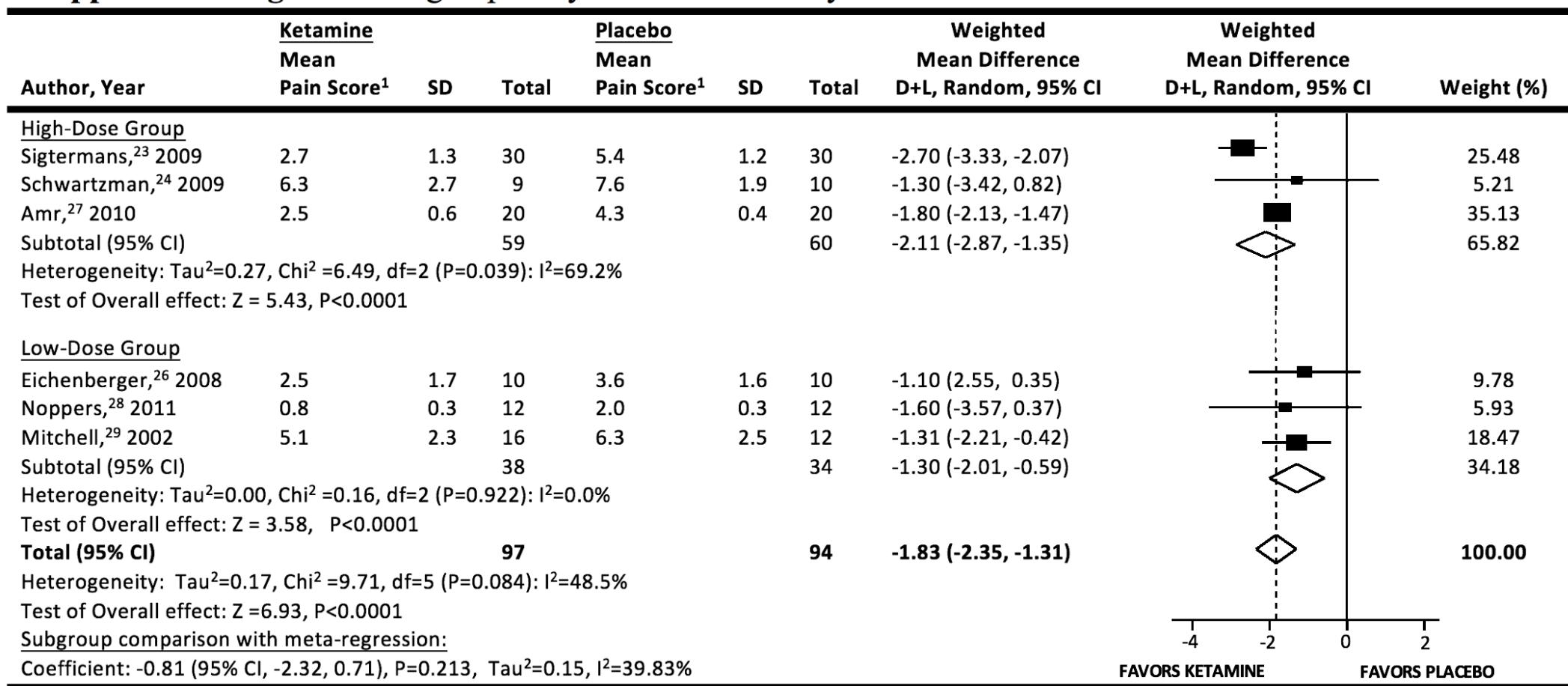


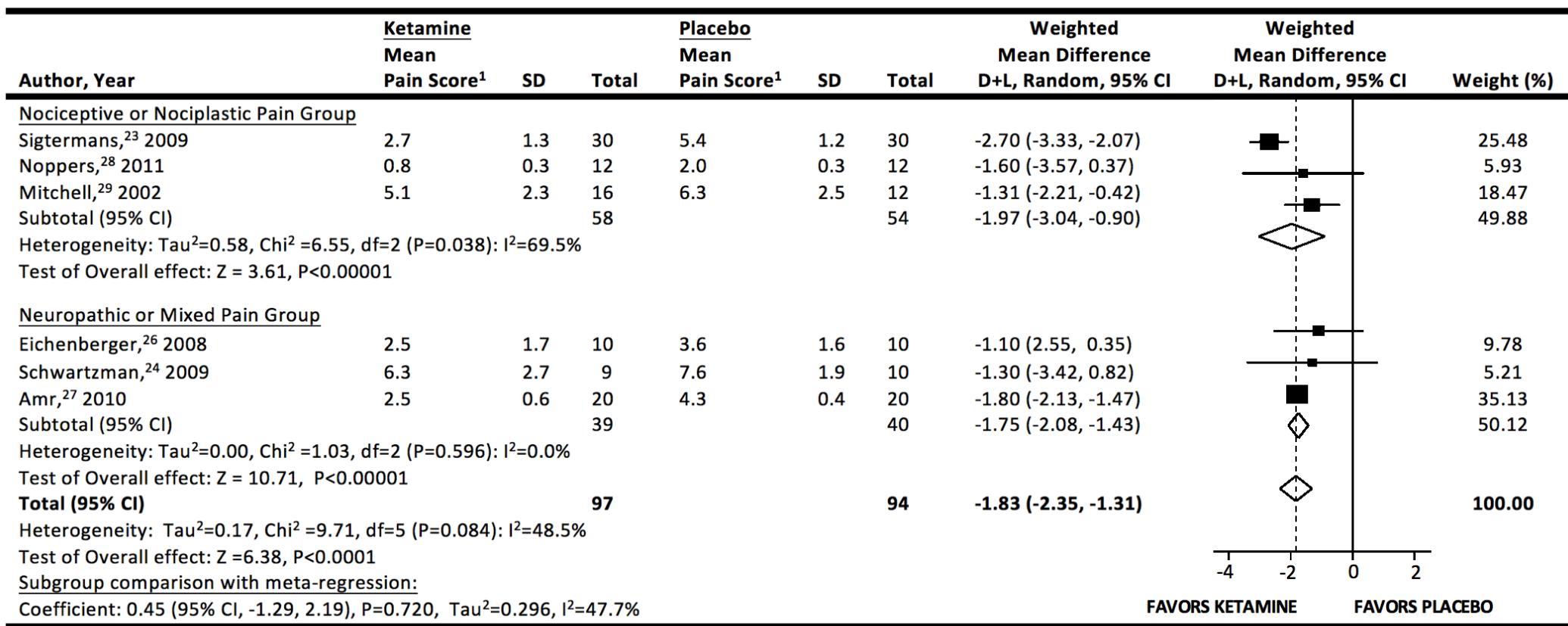
Supplemental Figure 1: Subgroup analysis broken down by ketamine dose



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

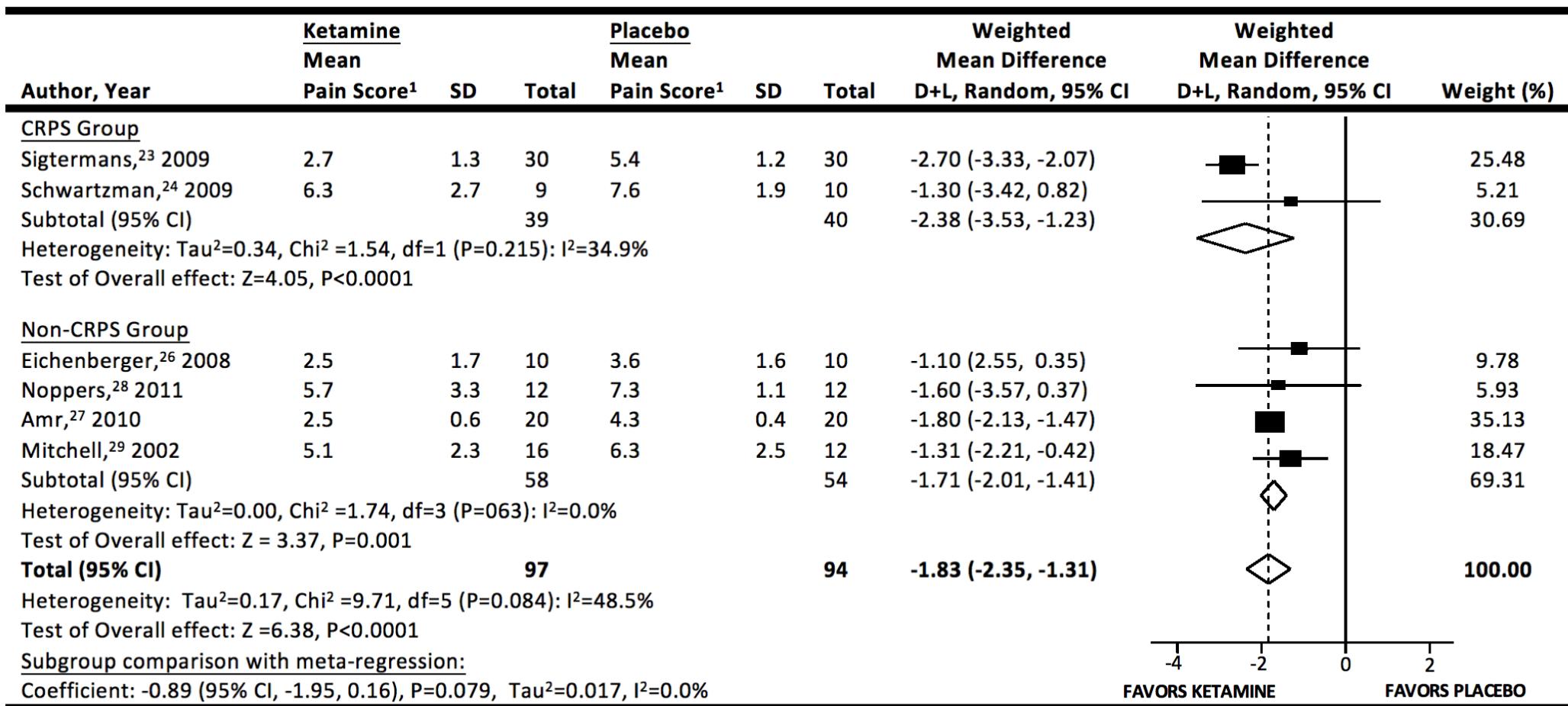
Supplemental Figure 2. Subgroup analysis broken down by Nociceptive or Nociplastic pain and Neuropathic or Mixed pain group



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

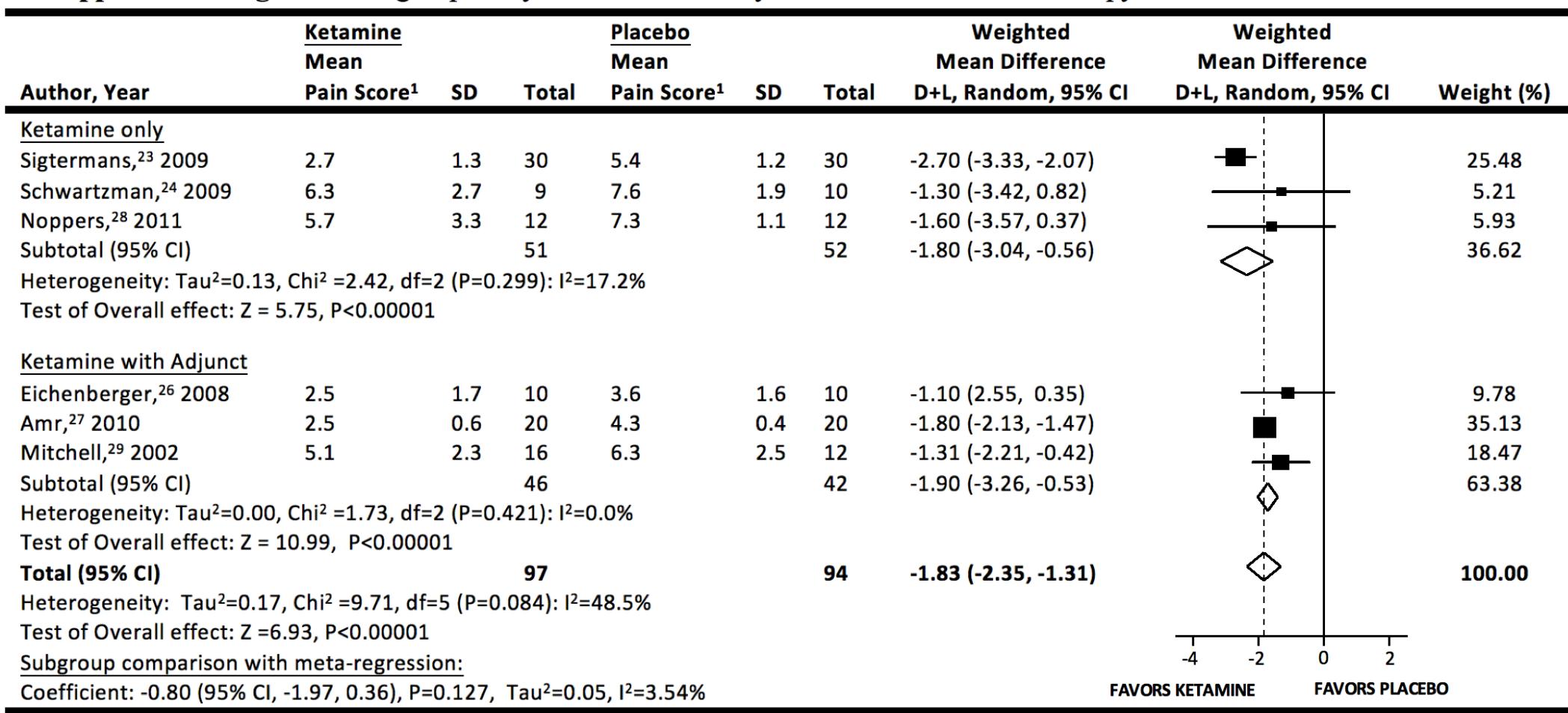
Supplemental Figure 3. Subgroup analysis broken down by CRPS vs non-CRPS diagnosis



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

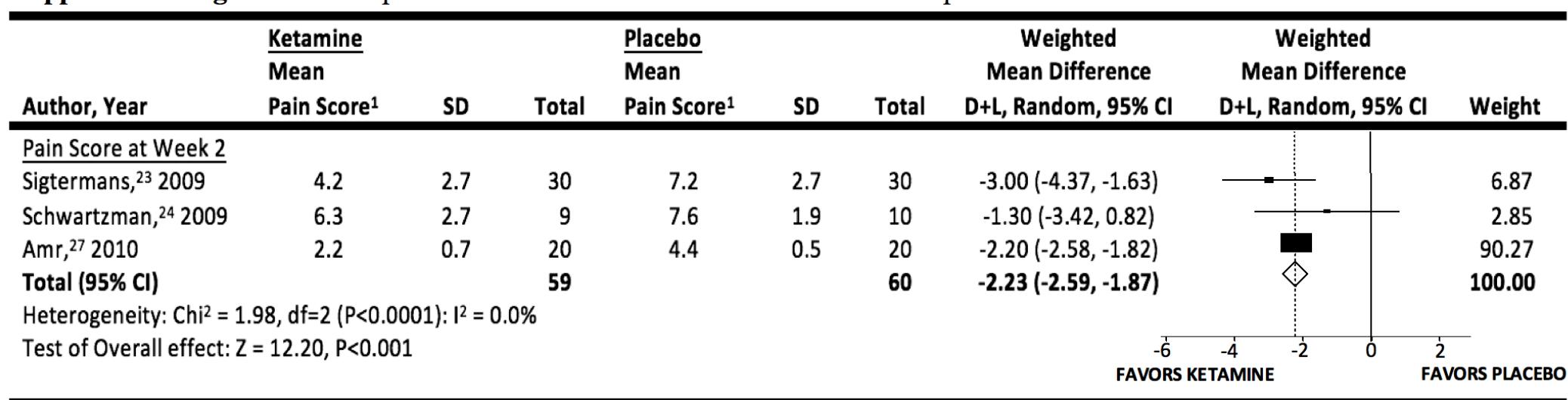
Supplemental Figure 4. Subgroup analysis broken down by add-on vs stand-alone therapy



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

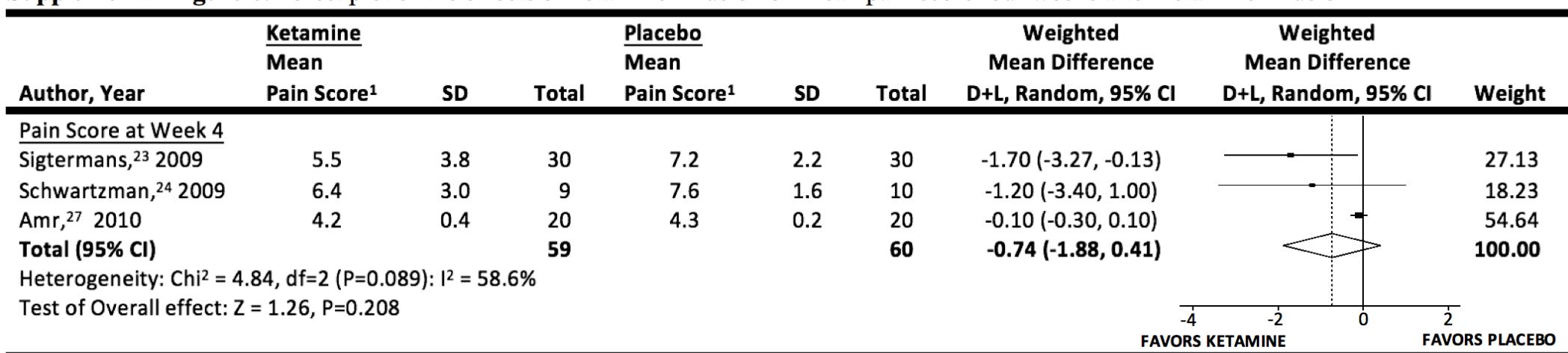
Supplemental Figure 5. Forest plot of the effects of ketamine Infusion on mean pain score two weeks after ketamine infusion



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

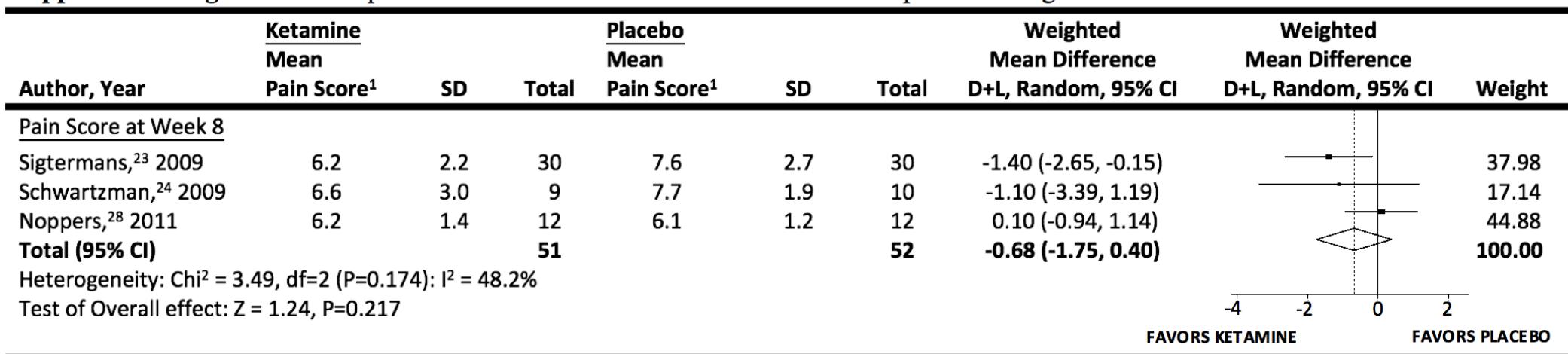
Supplemental Figure 6. Forest plot of the effects of ketamine Infusion on mean pain score four weeks after ketamine infusion



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

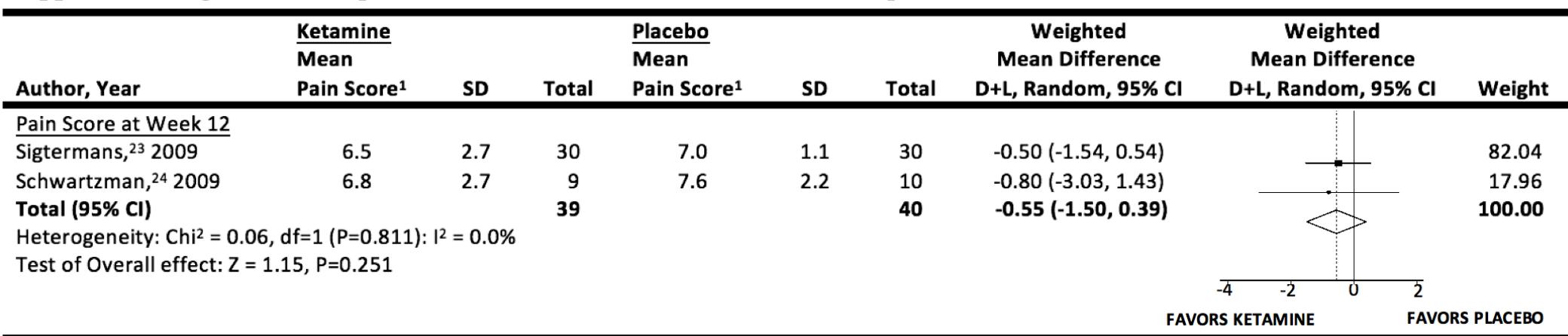
Supplemental Figure 7. Forest plot of the effects of ketamine Infusion on mean pain score eight weeks after ketamine infusion



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

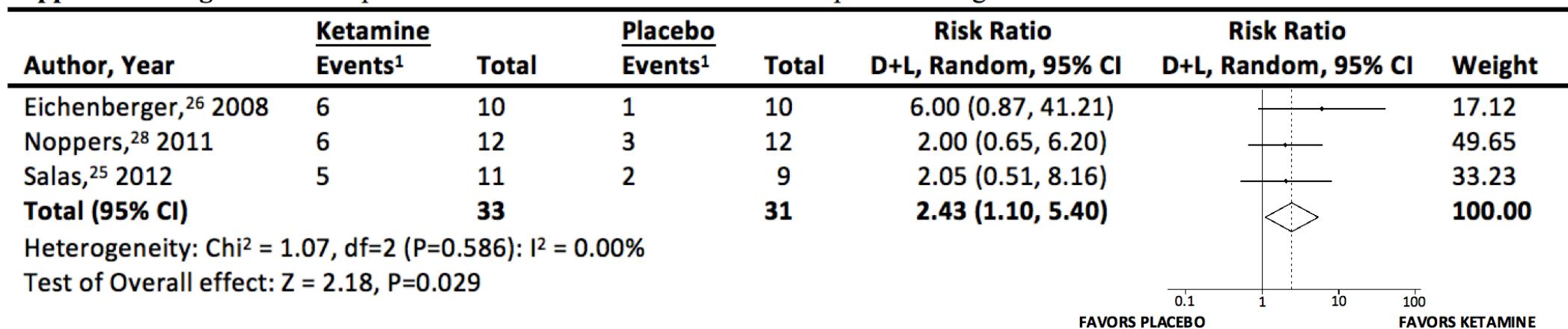
Supplemental Figure 8. Forest plot of the effects of ketamine Infusion on mean pain score twelve weeks after ketamine infusion



¹ Lowest mean pain score \geq 48-hours post-infusion

D + L represents DerSimonian and Laird random effects meta-analysis model

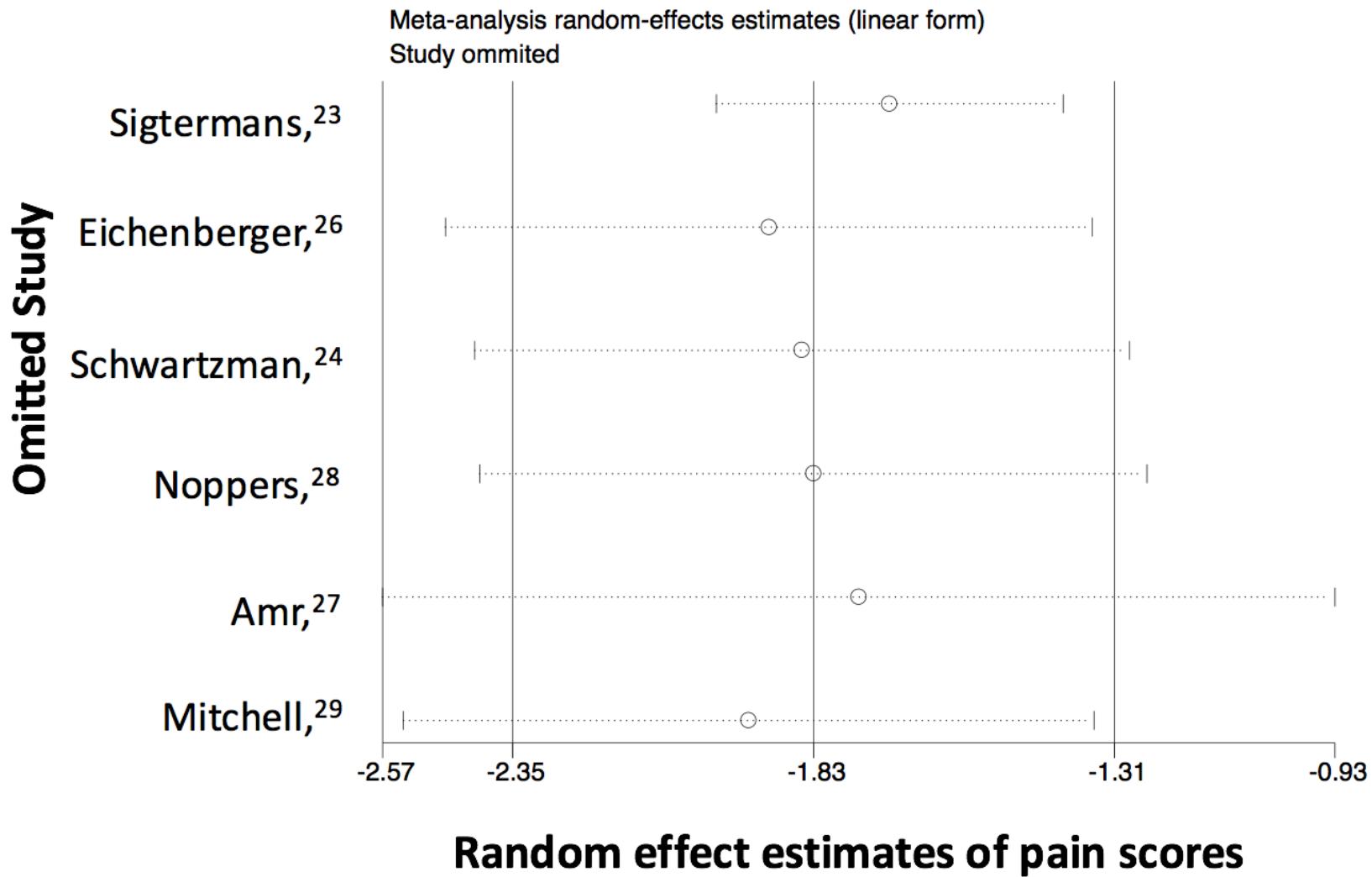
Supplemental Figure 9. Forest plot of the effects of ketamine Infusion for positive categorical outcome



¹ Defined as $\geq 30\%$ pain²⁵ or $\geq 50\%$ ^{26,28} pain relief

D + L represents DerSimonian and Laird random effects meta-analysis model

Supplemental Figure 10: Sensitivity analysis of the primary outcomes from six studies



Review/Search Topic: Ketamine + Neuropathic Pain + limited to human, adults (where possible)	Searcher: Dr. Vwaike Orhurhu
Investigator(s): Dr. Vwaike Orhurhu, Dr. Mariam Salisu, Dr. Anuj Bhatia, Dr. Steven Cohen, Anesthesia, Critical Care and Pain Medicine	Date: Tuesday, 16 October, 2017

Databases	Database Dates covered	Date Database was searched	# Citations	# Duplicate Citations	Total Citations remaining	Notes/Comments
Embase and MEDLINE	< 1966 to December 19 th 2017	Tuesday, December 19 th , 2017	277			Limited to articles, abstracts, adults, reviews, meta-analysis, RCT, and controlled trials
Web of Science	1900 to December 19 th 2017	Tuesday, December 19 th 2017	313			Conference Proceedings Citation Index-Science (CPCI-S)
PubMed-NOT-Medline (NLM)	Inception to December 19th, 2016	Tuesday, December 16 th 2017	102			Clinical trial, full text, human study
			692	0	0	Final Results

Embase and MEDLINE Search Term

((((ketamine OR 'n methylketamine' OR 's ketamine' OR nmda) AND antagonist AND crps OR complex) AND regional AND pain AND syndrome OR fibromyalgia OR chronic) AND pain OR analgesia OR pain OR neuropathic) AND pain AND ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim OR [controlled clinical trial]/lim OR [randomized controlled trial]/lim) AND [article in press]/lim AND [adult]/lim AND [humans]/lim AND [abstracts]/lim AND [clinical study]/lim AND [embase]/lim

Web of Science Search Term

(ketamine or N-methylketamine or S-ketamine or NMDA antagonist) and (CRPS or complex regional pain syndrome or fibromyalgia or chronic pain or analgesia or pain or neuropathic pain)

Pubmed-NOT-Medline (NML)

(("ketamine"[MeSH Terms] OR "ketamine"[All Fields]) OR ("N-methylketamine"[Supplementary Concept] OR "N-methylketamine"[All Fields] OR "n methylketamine"[All Fields]) OR S-ketamine[All Fields] OR (("n-methylaspartate"[MeSH Terms] OR "n-methylaspartate"[All Fields] OR "nmda"[All Fields]) AND antagonist[All Fields])) AND (CRPS[All Fields] OR ("complex regional pain syndromes"[MeSH Terms] OR ("complex"[All Fields] AND "regional"[All Fields] AND "pain"[All Fields] AND "syndromes"[All Fields]) OR "complex regional pain syndromes"[All Fields] OR

("complex"[All Fields] AND "regional"[All Fields] AND "pain"[All Fields] AND "syndrome"[All Fields]) OR "complex regional pain syndrome"[All Fields]) OR ("fibromyalgia"[MeSH Terms] OR "fibromyalgia"[All Fields]) OR ("chronic pain"[MeSH Terms] OR ("chronic"[All Fields] AND "pain"[All Fields])) OR "chronic pain"[All Fields]) OR ("analgesia"[MeSH Terms] OR "analgesia"[All Fields]) OR ("pain"[MeSH Terms] OR "pain"[All Fields]) OR ("neuralgia"[MeSH Terms] OR "neuralgia"[All Fields] OR ("neuropathic"[All Fields] AND "pain"[All Fields])) OR "neuropathic pain"[All Fields] OR "cancer"[All Fields])) AND (Clinical Trial[ptyp] AND "loattrfull text"[sb] AND "humans"[MeSH Terms])

* ***The authors have made every effort to provide accurate and complete database search results. However, we assume no liability for information retrieved, its interpretation, applications or omissions.***

Supplemental Table 1: Details of search strategy

Adverse Outcomes	Ketamine				Placebo				I ² , %
	Studies, n	Patients, n	Rate (95%CI), %	I ² , %	Studies, n	Patients, n	Rate (95%CI), %	I ² , %	
Nausea	3	49	55.3 (40.4 – 69.9)*	96.5	3	50	11.0 (1.2 – 26.4)	--	34.6
Vomiting	1	30	46.6 (30.2 – 63.9)*	--	1	30	10.0 (3.5 – 25.6)	--	
Psychotomimetic effects	4	76	52.5 (9.8 – 93.2)	93.7	4	72	4.69 (0.0 – 16.2)	--	51.0
Headache	2	39	38.2 (22.8 – 54.6)	--	2	40	29.6 (15.8 – 45.4)	--	
Tiredness	2	29	18.5 (5.40 – 35.7)	--	2	30	8.70 (0.41 – 22.9)	--	
Sedation	1	10	50.0 (23.7 – 73.6)	--	1	10	20.0 (5.7 – 51.0)	--	

Supplemental Table 2: Incidence of adverse outcomes amongst chronic pain patients receiving ketamine infusion.

* indicates significantly higher incidence in ketamine group as compared to placebo.