

# Mirogabalin for Central Neuropathic Pain Following Spinal Cord Injury



Central neuropathic pain (CNeP) is:

- Common in patients with spinal cord injury (SCI)
- Recognized as challenging to treat

Is mirogabalin, which eases peripheral neuropathic pain, effective and safe for the treatment of CNeP?

## Analysis of the efficacy and safety of mirogabalin for CNeP treatment in patients with traumatic SCI



Randomized, double-blind, placebo-controlled, phase 3 study



Mirogabalin group  
(n = 150)



Placebo group  
(n = 150)

### Efficacy analysis showed:

Based on the change from baseline at week 14, mirogabalin provided:



Pain reduction, as manifested in lower weekly average daily pain scores (ADPS)

Difference in LS mean for ADPS [95% CI] vs placebo: -0.71 [-1.08, -0.34]\*



Higher proportion of patients with clinically significant pain reduction (Better responder rates per ADPS)

For  $\geq 30\%$  reduction, OR [95% CI]: 1.91 [1.11, 3.27]  
For  $\geq 50\%$  reduction, OR [95% CI]: 2.52 [1.11, 5.71]

\*LS: Least-squares, CI: Confidence interval



Pain reduction, as manifested in lower weekly average Short-Form McGill Pain Questionnaire (SF-MPQ) scores

SF-MPQ [95% CI] vs placebo: -2.4 [-3.8, -1.1]

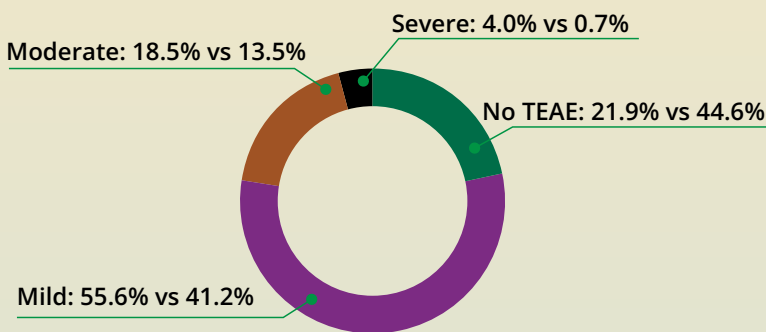


Better sleep, as manifested in lower weekly average daily sleep interference scores (ADSIS)

Difference in LS mean for ADSIS [95% CI] vs placebo: -0.71 [-1.04, -0.38]

### Safety analysis showed:

Treatment-emergent adverse events (TEAE) in the mirogabalin group vs placebo group:



Somnolence  
(29.8% vs 5.4%)



Dizziness  
(8.6% vs 3.4%)



Peripheral edema  
(6.0% vs 1.4%)



Nasopharyngitis  
(7.9% vs 5.4%)



Constipation  
(6.0% vs 1.4%)



Weight gain  
(7.3% vs 0.7%)

None of the members of the mirogabalin group reported severe levels of the above-mentioned TEAE

This study provides Class I evidence that in adult patients with CNeP due to traumatic SCI, mirogabalin effectively improves weekly ADPS at week 14