# NKR 16 Smerte PICO 12 SNRI

## Review information

### Authors

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Citation example: S. NKR 16 Smerte PICO 12 SNRI. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Contact person

*[Empty name]*

## Characteristics of studies

### Characteristics of included studies

#### *Arnold 2004*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Allocation concealment (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Blinding of participants and personnel (performance bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Incomplete outcome data (attrition bias) | High risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Selective reporting (reporting bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Other bias | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

#### *Arnold 2005*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Allocation concealment (selection bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Blinding of participants and personnel (performance bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
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| Selective reporting (reporting bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Other bias | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

### *Arnold 2010*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Allocation concealment (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Blinding of participants and personnel (performance bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Incomplete outcome data (attrition bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Selective reporting (reporting bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Other bias | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

### *Arnold 2012*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Allocation concealment (selection bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Blinding of participants and personnel (performance bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Incomplete outcome data (attrition bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Selective reporting (reporting bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Other bias | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

### *Chappell 2008*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Allocation concealment (selection bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Blinding of participants and personnel (performance bias) | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Incomplete outcome data (attrition bias) | High risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Selective reporting (reporting bias) | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |
| Other bias | Unclear risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

### *Murakami 2015*

| | |
|---|---|
| **Methods** | **Study design:** Randomized controlled trial<br>**Study grouping:** Parallel group |
| **Participants** | **Baseline Characteristics**<br>Duloxetine<br>● *Age, median (range)*: 47.8 (12.0) mean, SD<br>● *No. of females (n)*: 157<br>● *BPI, average score mean (SD)*: 6.05 (1.29)<br>Control<br>● *Age, median (range)*: 49.5 (11.7) mean, SD<br>● *No. of females (n)*: 164<br>● *BPI, average score mean (SD)*: 6.13 (1.35)<br>Overall<br>● *Age, median (range)*:<br>● *No. of females (n)*: |

| | |
|---|---|
| | ● *BPI, average score mean (SD)*:<br><br>**Included criteria:** The criteria used in a previous study of duloxetine [25]were adopted. Briefly, male and female outpatients agedbetween 20 and 75 years who met the ACR 1990 criteria for fibromyalgia [2] and had a Brief Pain Inventory (BPI)average pain score≥ 4 [26, 27] at visits 1 and 2 were included.<br>**Excluded criteria:** Exclusion criteria were as follows: past duloxe-tine treatment; serious or medically unstable disease,clinically significant abnormal laboratory values, or ab-normal electrocardiogram (ECG) findings; pain causedby non-fibromyalgia diseases; poorly controlled thyroid dysfunction; rheumatoid, inflammatory, or infectiousarthritis; autoimmune disorders other than thyroid dys-function; psychiatric disorders other than major de-pressive disorder within the past year; and suicidal tendencies as assessed using the Columbia-SuicideSeverity Rating Scale (C-SSRS).<br>**Pretreatment:** Both groups were balanced in terms of baseline demographic characteristics |
| **Interventions** | **Intervention Characteristics**<br>Duloxetine<br>● *Dosage*: In theduloxetine group, patients received 20 mg for 1 week followed by 40 mg for 1 week and then 60 mg for12 weeks during the treatment phase.<br>● *Longest follow-up after end of treatment*:<br>● *Length of treatment* : 14 weeks<br><br>Control<br>● *Dosage*: In the placebo group, subjects received placebo for 14 weeks through-out the treatment phase.<br>● *Longest follow-up after end of treatment*:<br>● *Length of treatment* : 14 weeks |
| **Outcomes** | *Functioning. SF-36 (physical functioning), SEM. final*<br>● **Outcome type**: ContinuousOutcome<br><br>*Quality of life SF-36 (total score) final. SEM*<br>● **Outcome type**: ContinuousOutcome<br><br>*Functioning SF-36 (physical functioning) change. SE*<br>● **Outcome type**: ContinuousOutcome<br>● **Reporting**: Fully reported<br>● **Data value**: Change from baseline<br><br>*Pain. BPI (BOCF) Change, SE*<br>● **Outcome type**: ContinuousOutcome<br>● **Reporting**: Fully reported<br>● **Data value**: Change from baseline<br><br>*Pain BPI (pain on average). Final, SEM*<br>● **Outcome type**: ContinuousOutcome<br><br>*Drowsiness, %*<br>● **Outcome type**: DichotomousOutcome<br>● **Data value**: Endpoint<br><br>*Nausea, %*<br>● **Outcome type**: DichotomousOutcome<br><br>*Dry mouth, %*<br>● **Outcome type**: DichotomousOutcome<br>● **Reporting**: Fully reported<br>● **Data value**: Endpoint<br><br>*Constipation, %*<br>● **Outcome type**: DichotomousOutcome<br>● **Reporting**: Fully reported |

| | |
|---|---|
| | ● **Data value**: Endpoint<br><br>*Weight gain, %*<br>● **Outcome type**: DichotomousOutcome<br><br>*Fatigue/somnolence, %*<br>● **Outcome type**: DichotomousOutcome<br>● **Reporting**: Fully reported<br>● **Data value**: Endpoint<br><br>*Dizziness, %*<br>● **Outcome type**: DichotomousOutcome<br>● **Reporting**: Fully reported<br>● **Data value**: Endpoint<br><br>*Dropout pga bivirkninger*<br>● **Outcome type**: DichotomousOutcome<br><br>*Severe adverse events, n*<br>● **Outcome type**: DichotomousOutcome |
| **Notes** | |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | Quote: "After the screening phase, patients were assigned randomly to receive duloxetine or placebo in a 1:1 ratio, using a web-based patient regis- tration system (ACRONET Corp., Tokyo, Japan) with a stochastic minimization procedure. The following alloca- tion factors were used: (1) BPI average pain score at visit 2 (<6 vs. ≥ 6) and (2) presence or absence of concomitant major depressive disorder diagnosed on the basis of the M.I.N.I. International Neuropsychiatric Interview–Japanese version 5.0.0 [29]. It was ensured that the maxi- mum between-group difference in the number of subjects in each medical institution did not exceed two." |
| Allocation concealment (selection bias) | Low risk | Quote: "The drug allocation con- troller confirmed the study drugs were undiscernible in terms of appearance, packaging, and labeling, and mock titration of placebo pills was also performed to maintain blinding. Only the drug allocation controller was aware of the type of drugs being dispensed." |
| Blinding of participants and personnel (performance bias) | Low risk | Quote: "two. Blinding was maintained until the end of the study by the person responsible for the study drug assignment."<br>Quote: "The drug allocation con- troller confirmed the study drugs were undiscernible in terms of appearance, packaging, and labeling, and mock titration of placebo pills was also performed to maintain blinding. Only the drug allocation controller was aware of the type of drugs being dispensed." |
| Incomplete outcome data (attrition bias) | High risk | Judgement Comment: 76% of the patients in the placebo completed and 85% in the duloxetine group completed. |
| Selective reporting (reporting bias) | High risk | Judgement Comment: Not all the primary oputcome mentioned in the protocol are reproted. |
| Other bias | Low risk | Judgement Comment: No other apparent sources of bias |

### *Russell 2008*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Notes** | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

Risk of bias table

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| Other bias | Low risk | See Lunn et al "Duloxetine for treating painful neuropathy, chronic pain and fibromyalgia". Cochrane Library 2014 |

*Footnotes*

### Characteristics of excluded studies

*Footnotes*

### Characteristics of studies awaiting classification

*Footnotes*

### Characteristics of ongoing studies

*Footnotes*

## References to studies

### Included studies

#### *Arnold 2004*

[Empty]

#### *Arnold 2005*

[Empty]

#### *Arnold 2010*

[Empty]

#### *Arnold 2012*

[Empty]

#### *Chappell 2008*

[Empty]

### *Murakami 2015*

Murakami, Masato; Osada, Kenichi; Mizuno, Hiromichi; Ochiai, Toshimitsu; Alev, Levent; Nishioka, Kusuki. A randomized, double-blind, placebo-controlled phase III trial of duloxetine in Japanese fibromyalgia patients.. Arthritis Research & Therapy 2015;17(Journal Article):224. [DOI: https://dx.doi.org/10.1186/s13075-015-0718-y]

### *Russell 2008*

[Empty]

### Excluded studies

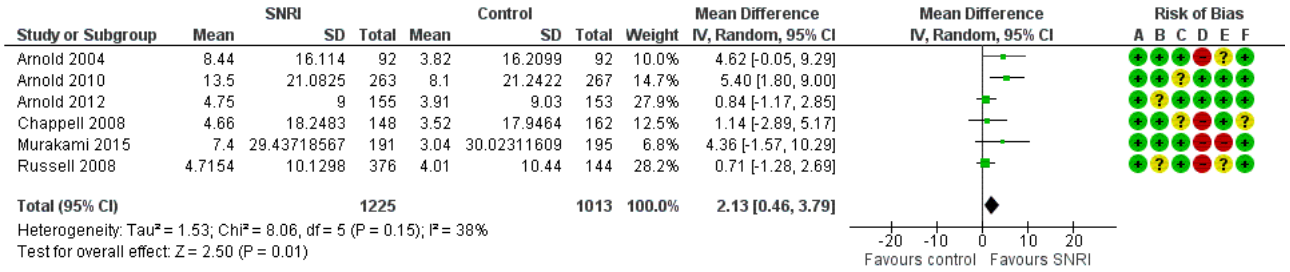
## Data and analyses

### 3 Duloxetine versus placebo in the treatment of fibromyalgia

| Outcome or Subgroup | Studies | Participants | Statistical Method | Effect Estimate |
|---|---|---|---|---|
| 3.1 Functionality (SF-36, physical functioning) Change | 6 | 2238 | Mean Difference (IV, Random, 95% CI) | 2.13 [0.46, 3.79] |
| 3.2 Pain (BPI, average pain+BOCF) Change | 7 | 2474 | Std. Mean Difference (IV, Random, 95% CI) | -0.28 [-0.38, -0.17] |
| 3.3 Quality of life (BPI, enjoyment of life, QoL in depressionsn scale) Change | 2 | 513 | Std. Mean Difference (IV, Random, 95% CI) | -0.40 [-0.58, -0.22] |
| 3.6 Serious adverse event | 6 | 2356 | Risk Ratio (M-H, Random, 95% CI) | 0.66 [0.28, 1.55] |
| 3.6.6 End of treatment | 6 | 2356 | Risk Ratio (M-H, Random, 95% CI) | 0.66 [0.28, 1.55] |
| 3.7 Droput due to adverse events | 7 | 2639 | Risk Ratio (M-H, Random, 95% CI) | 1.61 [1.29, 2.01] |
| 3.7.6 End of treatment | 7 | 2639 | Risk Ratio (M-H, Random, 95% CI) | 1.61 [1.29, 2.01] |
| 3.8 Tired/Somnolence | 4 | 1548 | Risk Ratio (M-H, Random, 95% CI) | 2.76 [1.89, 4.02] |
| 3.8.2 End of treatment | 4 | 1548 | Risk Ratio (M-H, Random, 95% CI) | 2.76 [1.89, 4.02] |
| 3.9 Dizziness | 3 | | Risk Ratio (M-H, Random, 95% CI) | Subtotals only |
| 3.9.3 End of treatment | 3 | 1440 | Risk Ratio (M-H, Random, 95% CI) | 2.16 [1.16, 4.00] |
| 3.10 Nausea | 5 | 2078 | Risk Ratio (M-H, Random, 95% CI) | 3.12 [2.28, 4.27] |
| 3.10.2 End of treatment | 5 | 2078 | Risk Ratio (M-H, Random, 95% CI) | 3.12 [2.28, 4.27] |
| 3.11 Constipation | 4 | 1770 | Risk Ratio (M-H, Random, 95% CI) | 3.36 [2.32, 4.87] |
| 3.12 Weigt gain | 1 | 520 | Risk Ratio (M-H, Fixed, 95% CI) | 6.51 [0.87, 48.48] |
| 3.13 Dry mouth | 4 | 1770 | Risk Ratio (M-H, Random, 95% CI) | 2.89 [2.00, 4.17] |
| 3.15 EKG differences | 0 | | Risk Ratio (M-H, Fixed, 95% CI) | Subtotals only |
| 3.16 Confusion | 0 | | Risk Ratio (M-H, Fixed, 95% CI) | Subtotals only |
| 3.17 Hypotension | 0 | | Risk Ratio (M-H, Fixed, 95% CI) | Subtotals only |
| 3.18 Agitation | 0 | | Risk Ratio (M-H, Fixed, 95% CI) | Subtotals only |

# Figures

## Figure 1 (Analysis 3.1)



| Study or Subgroup | SNRI Mean | SNRI SD | SNRI Total | Control Mean | Control SD | Control Total | Weight | Mean Difference IV, Random, 95% CI |
|---|---|---|---|---|---|---|---|---|
| Arnold 2004 | 8.44 | 16.114 | 92 | 3.82 | 16.2099 | 92 | 10.0% | 4.62 [-0.05, 9.29] |
| Arnold 2010 | 13.5 | 21.0825 | 263 | 8.1 | 21.2422 | 267 | 14.7% | 5.40 [1.80, 9.00] |
| Arnold 2012 | 4.75 | 9 | 155 | 3.91 | 9.03 | 153 | 27.9% | 0.84 [-1.17, 2.85] |
| Chappell 2008 | 4.66 | 18.2483 | 148 | 3.52 | 17.9464 | 162 | 12.5% | 1.14 [-2.89, 5.17] |
| Murakami 2015 | 7.4 | 29.43718567 | 191 | 3.04 | 30.02311609 | 195 | 6.8% | 4.36 [-1.57, 10.29] |
| Russell 2008 | 4.7154 | 10.1298 | 376 | 4.01 | 10.44 | 144 | 28.2% | 0.71 [-1.28, 2.69] |
| **Total (95% CI)** | | | **1225** | | | **1013** | **100.0%** | **2.13 [0.46, 3.79]** |

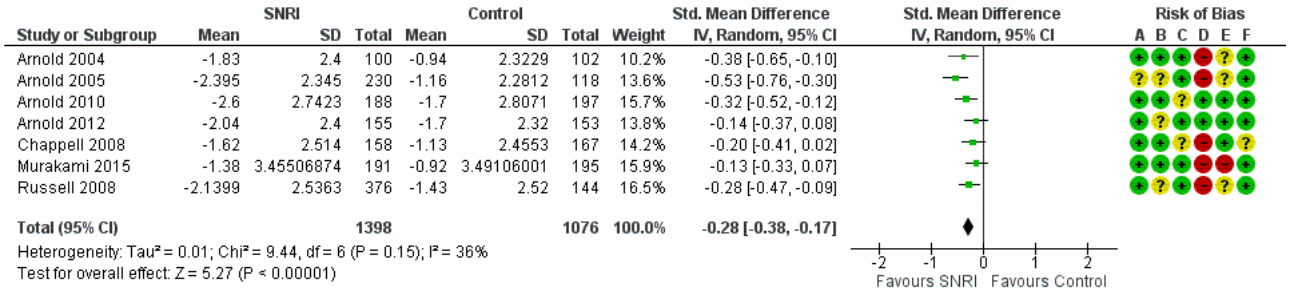
Heterogeneity: Tau² = 1.53; Chi² = 8.06, df = 5 (P = 0.15); I² = 38%
Test for overall effect: Z = 2.50 (P = 0.01)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Incomplete outcome data (attrition bias)
(**E**) Selective reporting (reporting bias)
(**F**) Other bias

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.1 Functionality (SF-36, physical functioning) Change.

## Figure 2 (Analysis 3.2)



| Study or Subgroup | SNRI Mean | SNRI SD | SNRI Total | Control Mean | Control SD | Control Total | Weight | Std. Mean Difference IV, Random, 95% CI |
|---|---|---|---|---|---|---|---|---|
| Arnold 2004 | -1.83 | 2.4 | 100 | -0.94 | 2.3229 | 102 | 10.2% | -0.38 [-0.65, -0.10] |
| Arnold 2005 | -2.395 | 2.345 | 230 | -1.16 | 2.2812 | 118 | 13.6% | -0.53 [-0.76, -0.30] |
| Arnold 2010 | -2.6 | 2.7423 | 188 | -1.7 | 2.8071 | 197 | 15.7% | -0.32 [-0.52, -0.12] |
| Arnold 2012 | -2.04 | 2.4 | 155 | -1.7 | 2.32 | 153 | 13.8% | -0.14 [-0.37, 0.08] |
| Chappell 2008 | -1.62 | 2.514 | 158 | -1.13 | 2.4553 | 167 | 14.2% | -0.20 [-0.41, 0.02] |
| Murakami 2015 | -1.38 | 3.45506874 | 191 | -0.92 | 3.49106001 | 195 | 15.9% | -0.13 [-0.33, 0.07] |
| Russell 2008 | -2.1399 | 2.5363 | 376 | -1.43 | 2.52 | 144 | 16.5% | -0.28 [-0.47, -0.09] |
| **Total (95% CI)** | | | **1398** | | | **1076** | **100.0%** | **-0.28 [-0.38, -0.17]** |

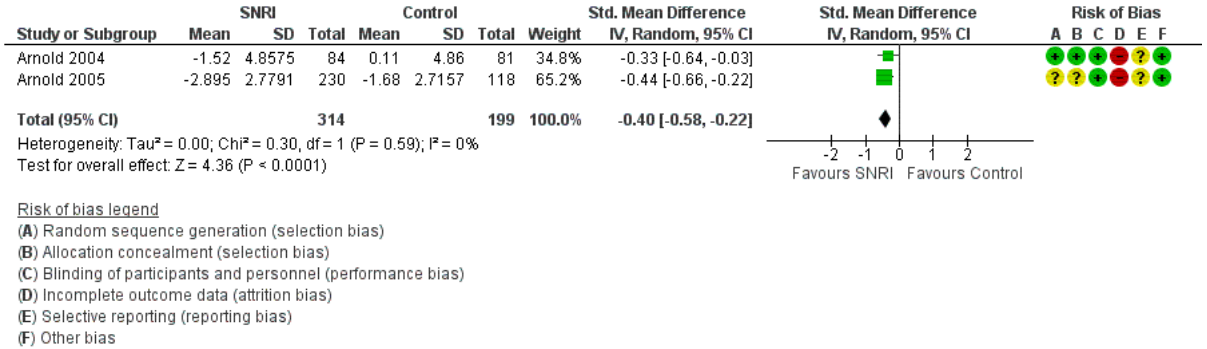
Heterogeneity: Tau² = 0.01; Chi² = 9.44, df = 6 (P = 0.15); I² = 36%
Test for overall effect: Z = 5.27 (P < 0.00001)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Incomplete outcome data (attrition bias)
(**E**) Selective reporting (reporting bias)
(**F**) Other bias

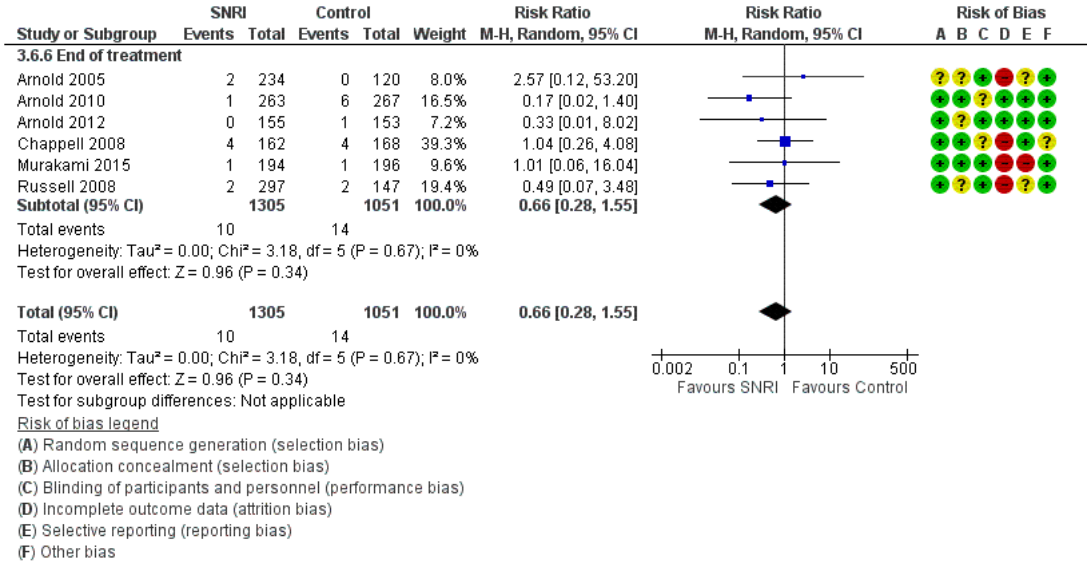
Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.2 Pain (BPI, average pain+BOCF) Change.

## Figure 3 (Analysis 3.3)



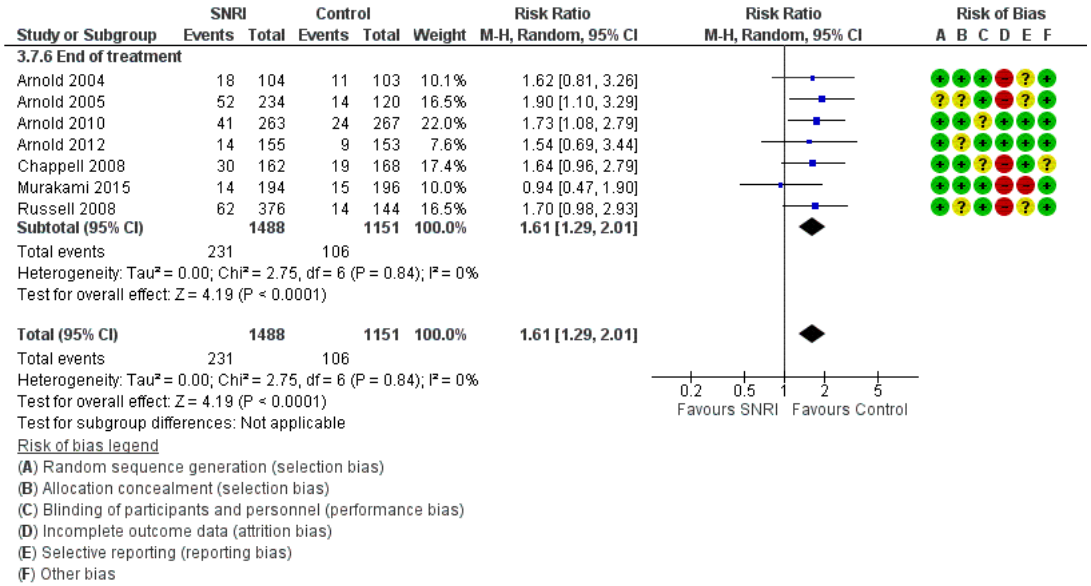

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.3 Quality of life (BPI, enjoyment of life, QoL in depressionsn scale) Change.

## Figure 5 (Analysis 3.6)



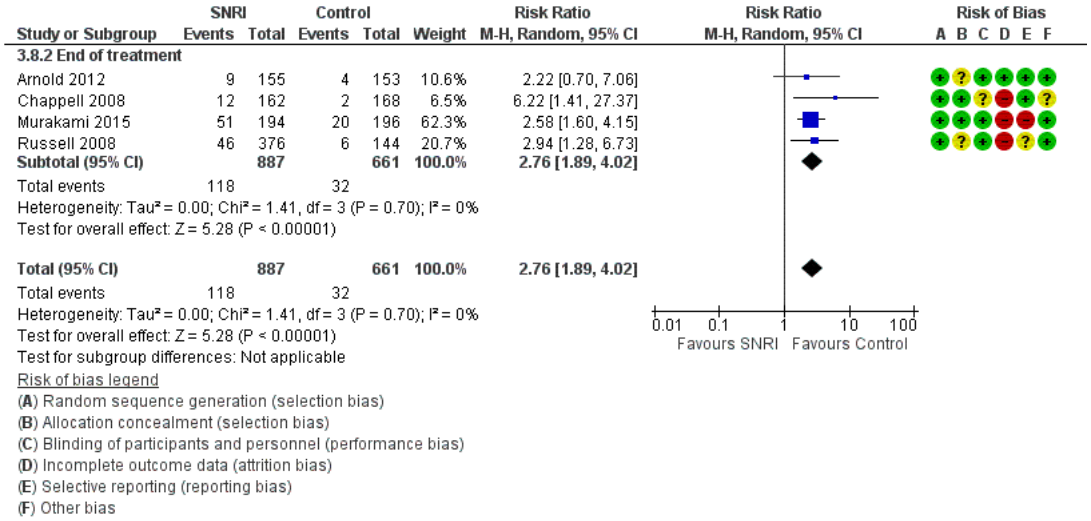

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.6 Serious adverse event.

## Figure 6 (Analysis 3.7)



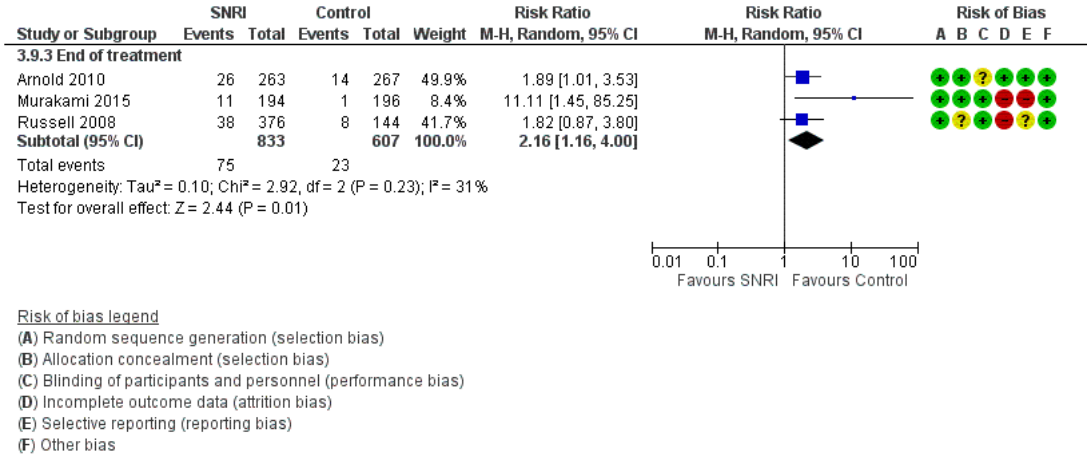

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.7 Dropout due to adverse events.

## Figure 7 (Analysis 3.8)



Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.8 Tired/Somnolence.

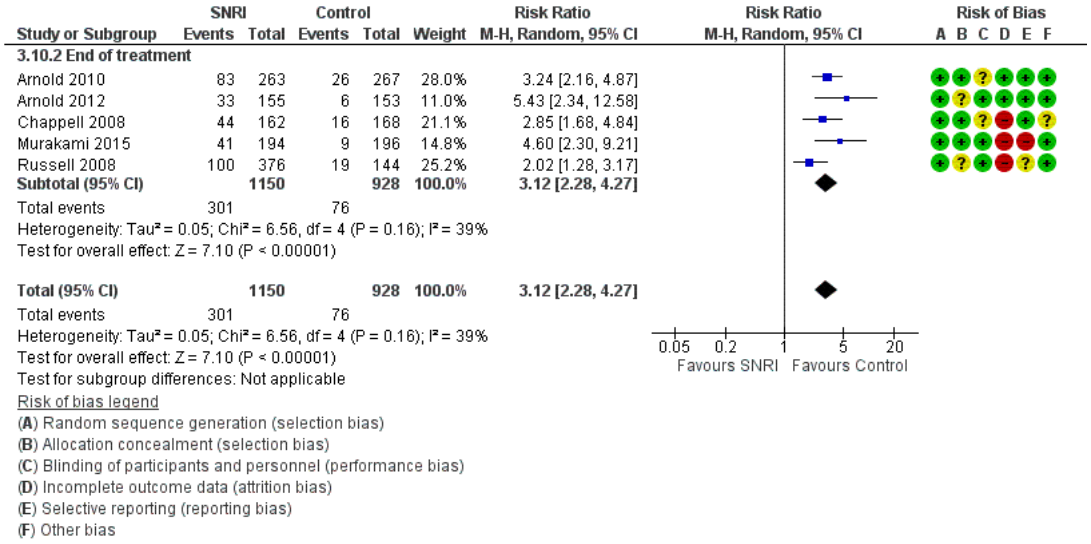
## Figure 8 (Analysis 3.9)




Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Incomplete outcome data (attrition bias)
(**E**) Selective reporting (reporting bias)
(**F**) Other bias

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.9 Dizziness.

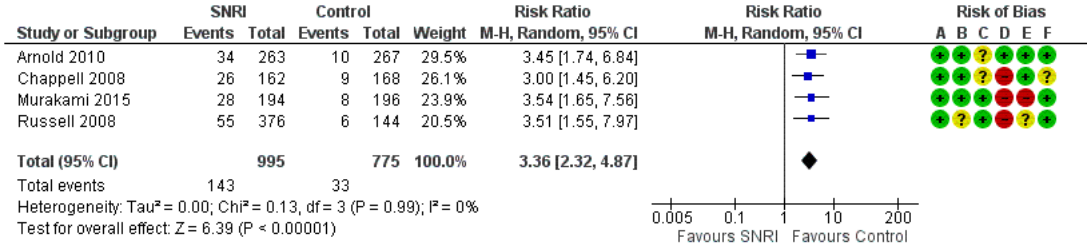
## Figure 9 (Analysis 3.10)




Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Incomplete outcome data (attrition bias)
(**E**) Selective reporting (reporting bias)
(**F**) Other bias

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.10 Nausea.

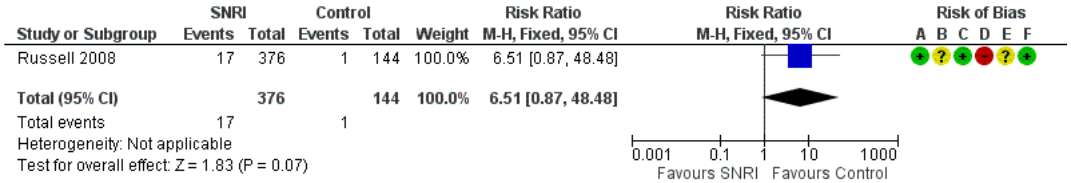
## Figure 10 (Analysis 3.11)




Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Incomplete outcome data (attrition bias)
(E) Selective reporting (reporting bias)
(F) Other bias

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.11 Constipation.

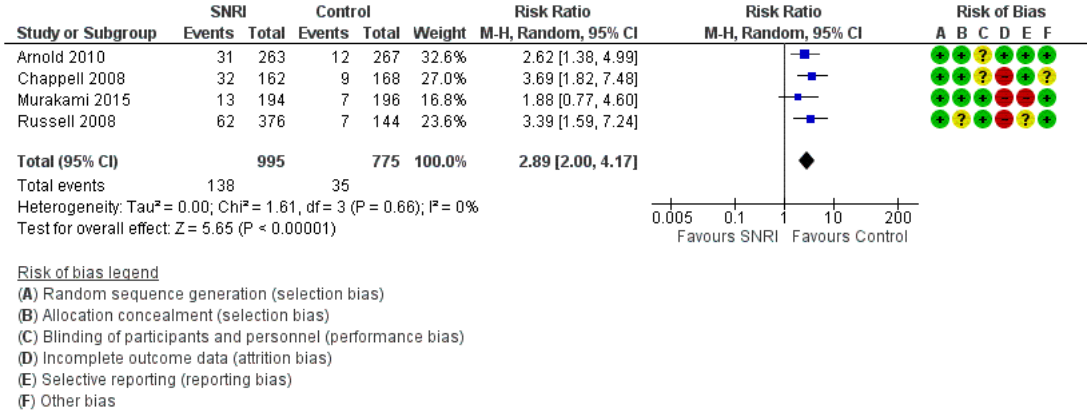
## Figure 11 (Analysis 3.12)




Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Incomplete outcome data (attrition bias)
(E) Selective reporting (reporting bias)
(F) Other bias

Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.12 Weigt gain.

## Figure 12 (Analysis 3.13)




Forest plot of comparison: 3 Duloxetine versus placebo in the treatment of fibromyalgia, outcome: 3.13 Dry mouth.