

published literature—the efficacy of TENS is indeterminate, not negative.

Use of a press release to reach a lay audience and their providers with this negative message is misleading at best and counterproductive at worst. Our infatuation with evidence-based medicine must be balanced by the humility of providers and the potential benefit derived by individuals, not groups. Medicine is as much an art as it is a science, a focus on individual well-being often arrived at by trial and error.

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*Disclosure:* Dr. Riker is the President and Founder of On Point Advisors, LLC, a health care consultancy devoted to over-the-counter drug products.

**Reply from the Authors:** Drs. Riker, Binder, and Baron<sup>2</sup> incorrectly apply the adage “Absence of evidence is not evidence of absence.” When it comes to TENS and chronic low back pain, there is no absence of evidence.

We found 2 Class I studies showing the lack of efficacy of TENS in the treatment of chronic low back pain.<sup>1</sup> These 2 studies were adequately powered to detect a clinically meaningful difference between TENS and TENS-sham. Thus we found evidence of lack of efficacy. Systematic, evidence-based reviews are not meta-analyses and do not share their limitations.

We believe Drs. Binder and Baron are incorrect when they conclude that given the favorable risk-benefit ratio, TENS should be part of the treatment

of chronic pain. Given the favorable risk-benefit ratio, we could conclude that TENS-sham should be part of the same treatment. The benefit is the same and the risk as low as for TENS. Using treatments without benefit means that resources (financial, technical, and health care provider access) are given to one group of patients at the expense of another group. Hence, all physicians should ensure that prescribed therapies have benefit and not just little risk.

Medicine is practiced by clinician scholars and physician scientists who daily combine the art and the science of medicine. In the case of TENS, the science is clear that it does not work for chronic low back pain and does provide benefit for diabetic neuropathy.

It is still the decision of the health care provider, in partnership with the patient, that directs therapy.

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*Disclosure:* See original article for full disclosure list.

**Editor’s Note:** The editorialists were offered the opportunity to respond but declined.

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1. Dubinsky RM, Miyasaki J. Assessment: Efficacy of transcutaneous electric nerve stimulation in the treatment of pain in neurological disorders (an evidence-based review). *Neurology* 2010;74:173–176.
2. Binder A, Baron R. Utility of transcutaneous electrical nerve stimulation in neurologic pain disorders. *Neurology* 2010;74:104–105.

## CORRECTION

### 2010 Annual Meeting Program

In the 2010 Annual Meeting Program for the American Academy of Neurology (*Neurology*<sup>®</sup> Volume 74, Number 9, Supplement 2, March 2, 2010), a late renumbering of abstracts caused a number of entries in the Index of Participants to be misidentified. The corrected entries are available on the *Neurology*<sup>®</sup> Web site at [www.neurology.org](http://www.neurology.org) as a data supplement to this erratum.

In addition, in poster presentation P03.005, “Pruritus in Creutzfeldt-Jakob Disease,” the author Amos D. Korczyn was inadvertently omitted.

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