SUPPLEMENTARY MATERIAL

Title: A European Delphi consensus to support the diagnosis, management, and appropriate positioning of topical treatments for postherpetic neuralgia (PHN)

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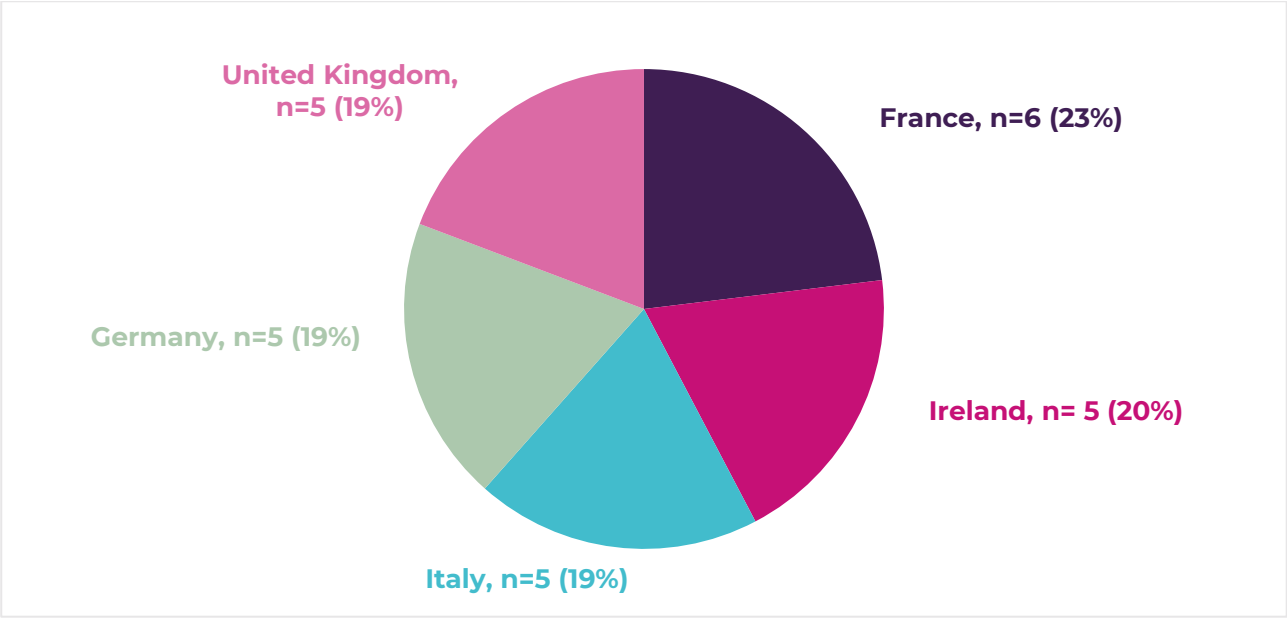
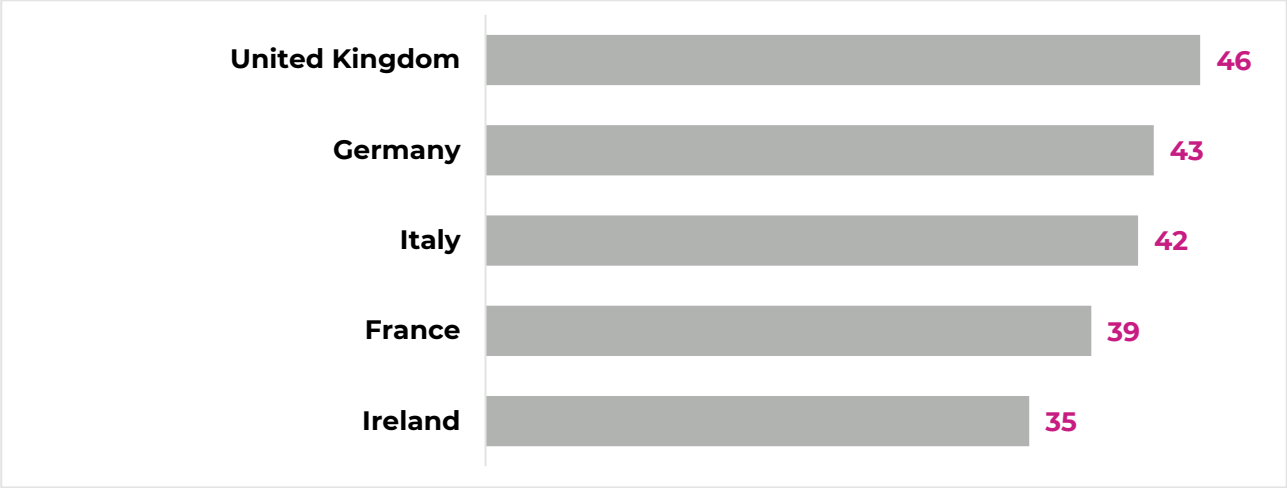
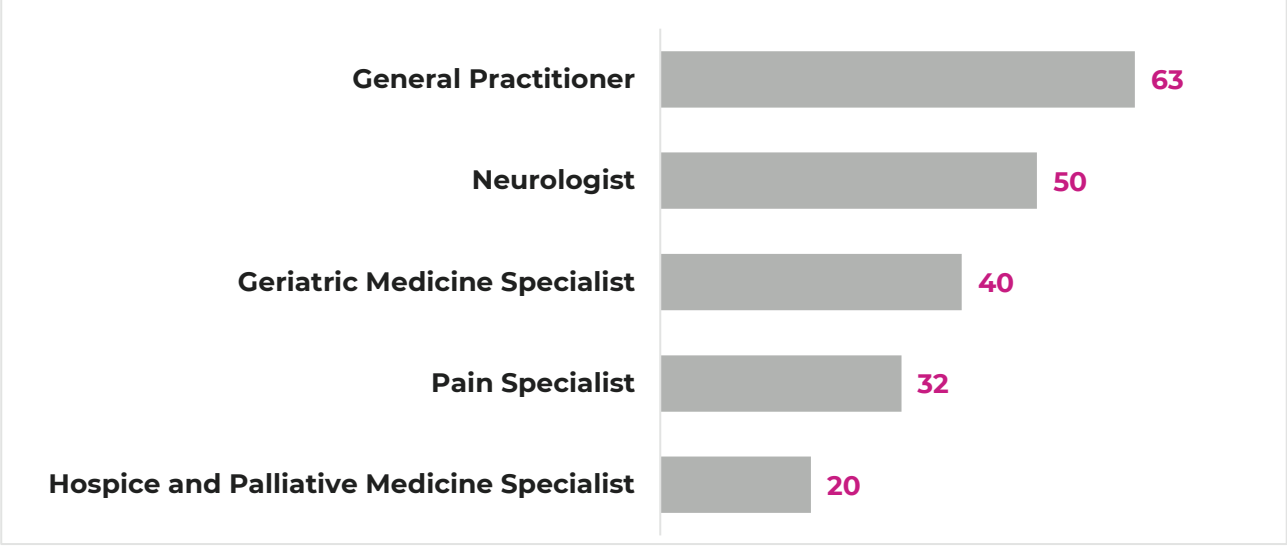


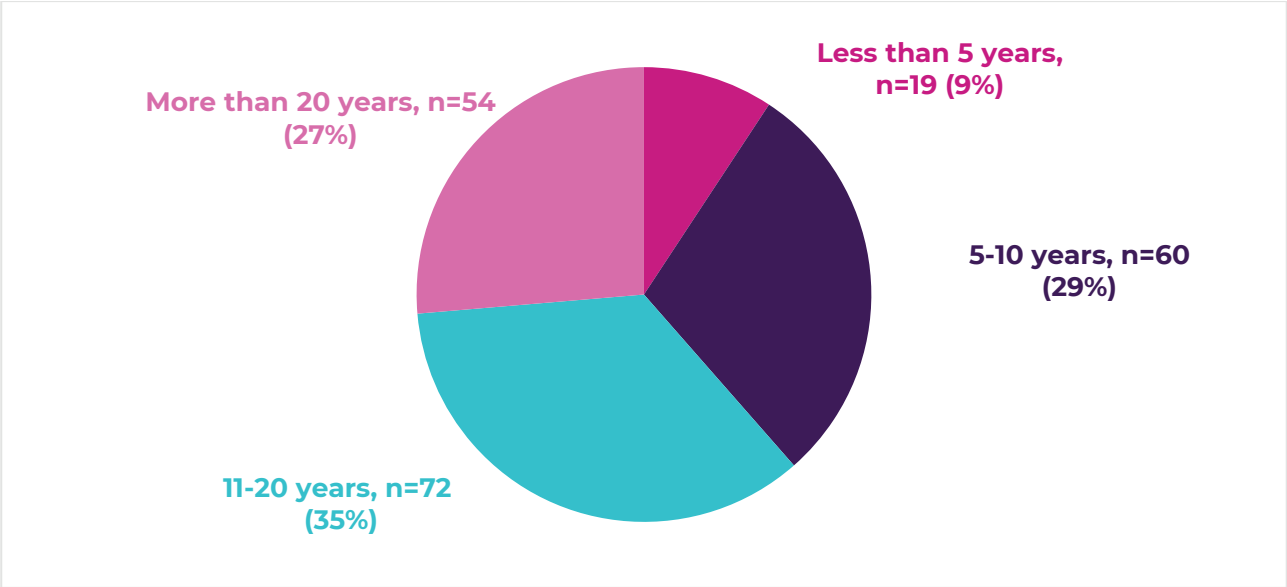
Supplementary figure 1. Number of patient respondents per region.



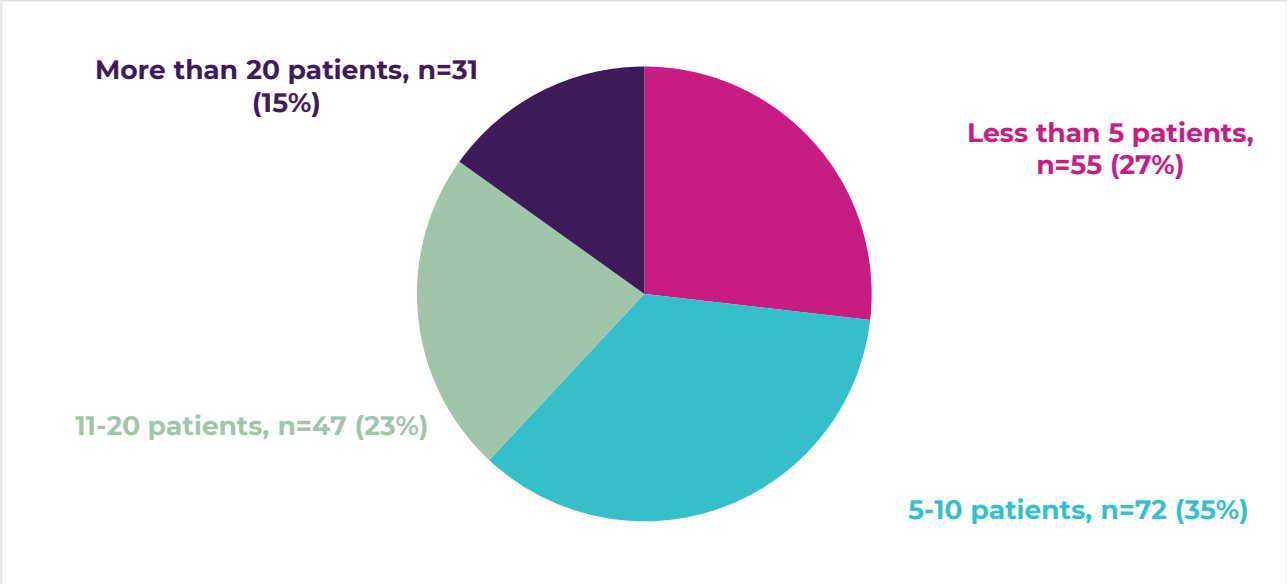
Supplementary figure 2. Number of healthcare professional (HCP) respondents per region.



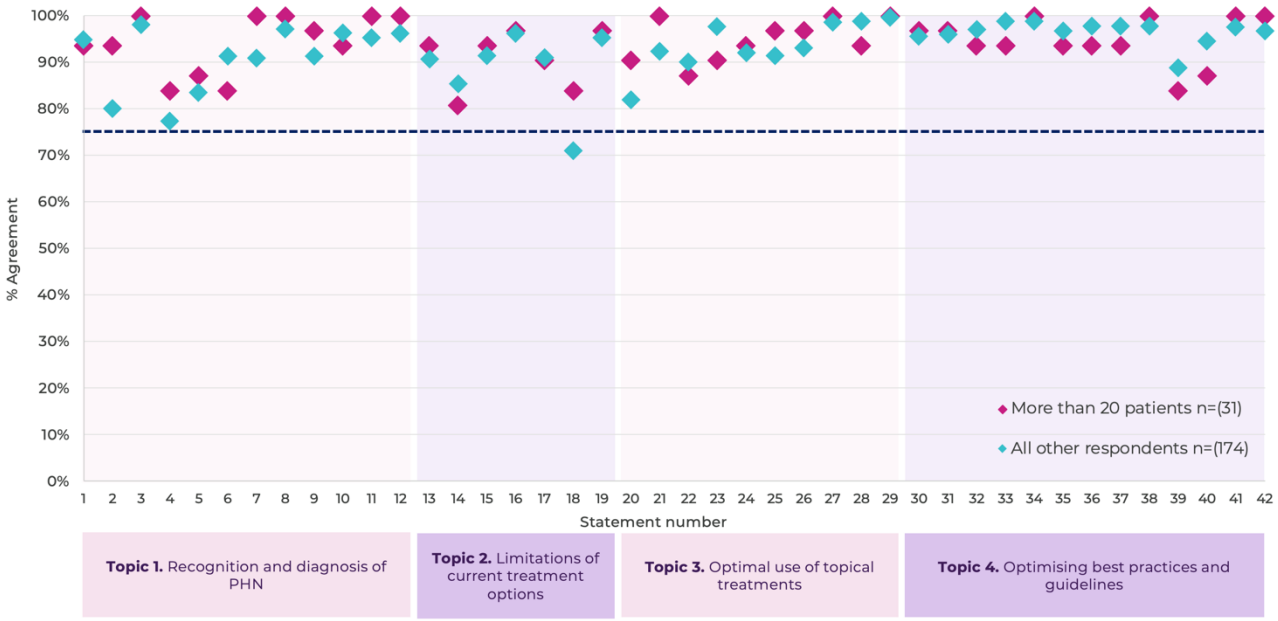
Supplementary figure 3. Number of healthcare professional (HCP) respondents per specialty.



Supplementary figure 4. Number of healthcare professionals (HCP) respondents by years of experience in role.



Supplementary figure 5. Number of healthcare professionals HCP respondents by caseload of patients with PHN managed per month.



Supplementary figure 6. Sensitivity analysis by those who manage more than 20 patients with Postherpetic neuralgia (PHN) per month vs all other respondents.

Supplementary table 1. Variation of consensus scores by country. Subgroup and overall mean agreement percentages were rounded to the nearest whole number before assessing whether subgroup values differed by greater than ±10% from the overall mean.

No:	Statement:	Mean Score n=205	United Kingdom n=46	Germany n=43	Italy n=42	France n=39	Ireland n=35
Topic 1. Recognition and diagnosis of PHN							
2	Complications of HZ such as postherpetic neuralgia (PHN) are often underdiagnosed	82%	80%	93%	83%	72%	80%
Topic 2. Limitations of current treatment options							
18	Cost considerations limit access to certain therapies, such as lidocaine medicated plasters, despite proven safety and efficacy	73%	83%	58%	64%	74%	86%
Topic 3. Optimal use of topical treatments							
20	Topical treatments such as lidocaine medicated plasters should be used upon first diagnosis of PHN, where appropriate	83%	72%	77%	86%	92%	91%
22	Topical treatments, such as lidocaine medicated plasters, should be used as a first-line treatment for PHN in individuals that are elderly, frail, comorbid, or on multiple medications, where appropriate	89%	87%	77%	95%	92%	97%

Abbreviations: PHN, postherpetic neuralgia.

Supplementary table 2. Variation of consensus scores by specialty. Subgroup and overall mean agreement percentages were rounded to the nearest whole number before assessing whether subgroup values differed by greater than ±10% from the overall mean.

No:	Statement:	Mean Score n=205	GP n=63	Neurologist n=50	Geriatric medicine specialist n=40	Pain specialist n=32	Hospice and palliative medicine specialist n=20
Topic 1. Recognition and diagnosis of PHN							
2	Complications of HZ such as postherpetic neuralgia (PHN) are often underdiagnosed	82%	75%	82%	88%	94%	75%
4	PHN is frequently undertreated due to under-recognition among primary care physicians	79%	68%	76%	88%	91%	80%
6	The impact and severity of PHN-related pain are underestimated by HCPs	90%	79%	92%	95%	94%	100%
Topic 2. Limitations of current treatment options							
18	Cost considerations limit access to certain therapies, such as lidocaine medicated plasters, despite proven safety and efficacy	73%	78%	62%	78%	75%	70%
Topic 3. Optimal use of topical treatments							
22	Topical treatments, such as lidocaine medicated plasters, should be used as a first-line treatment for PHN in individuals that are elderly, frail, comorbid, or on multiple medications, where appropriate	89%	89%	88%	90%	100%	75%
Topic 4. Optimising best practices and guidelines							
31	It should be standard practice for HCPs to discuss complications, including PHN, upon diagnosis of HZ	96%	94%	100%	100%	97%	85%

Abbreviations: HCP(s), healthcare professional(s); HZ, herpes zoster; PHN, postherpetic neuralgia.

Supplementary table 3. Variation of consensus scores by years of experience in role. Subgroup and overall mean agreement percentages were rounded to the nearest whole number before assessing whether subgroup values differed by greater than ±10% from the overall mean.

No:	Statement:	Mean Score n=205	Less than 5 years n=19	5-10 years n=60	11-20 years n=72	More than 20 years n=54
Topic 1. Recognition and diagnosis of PHN						
5	PHN is frequently undertreated due to lack of consensus on treatment options among primary care physicians	84%	95%	88%	86%	74%
9	Delayed diagnosis of PHN may reduce the effectiveness of available treatments	92%	79%	97%	93%	91%
Topic 2. Limitations of current treatment options						
17	Clinicians concerns of systemic drug side effects can lead to suboptimal dosing, reducing treatment effectiveness	91%	79%	97%	93%	85%
Topic 3. Optimal use of topical treatments						
25	Lidocaine medicated plasters can be cut to fit the affected area, as long as adhesion is not compromised and the site is appropriate for topical application	92%	74%	90%	93%	100%
Topic 4. Optimising best practices and guidelines						
39	Neuropathic pain assessment tools designed to evaluate treatment efficacy and pain progression, along with quality of life measures, should be used at every routine visit to monitor treatment efficacy and patient satisfaction	90%	79%	87%	89%	91%

Abbreviations: PHN, postherpetic neuralgia.

Supplementary table 4. Variation of consensus scores by caseload of patients with PHN managed per month. Subgroup and overall mean agreement percentages were rounded to the nearest whole number before assessing whether subgroup values differed by greater than ±10% from the overall mean.

No:	Statement:	Mean Score n=205	Less than 5 patients n=55	5-10 patients n=72	11-20 patients n=47	More than 20 patients n=31
Topic 1. Recognition and diagnosis of PHN						
2	Complications of HZ such as postherpetic neuralgia (PHN) are often underdiagnosed	82%	71%	82%	87%	94%
4	PHN is frequently undertreated due to under-recognition among primary care physicians	79%	67%	82%	83%	84%
9	Delayed diagnosis of PHN may reduce the effectiveness of available treatments	92%	80%	96%	98%	97%
Topic 2. Limitations of current treatment options						
18	Cost considerations limit access to certain therapies, such as lidocaine medicated plasters, despite proven safety and efficacy	73%	67%	69%	77%	84%

Abbreviations: HZ, herpes zoster; PHN, postherpetic neuralgia.