Fentanyl Delivers Relief in Advanced Osteoarthritis

BY BRUCE JANCIN

Vlenna — Transdermal fentanyl brought effective pain relief to patients with advanced knee or hip osteoarthritis in a large randomized, double-blind, placebo-controlled trial, Jozef Vojtassak, M.D., reported at the annual European congress of rheumatology.

Fentanyl patches have previously been shown to be effective for a variety of types of chronic nonmalignant pain, including that associated with osteoarthritis; however, until now the evidence has come largely from open-label studies, according to Dr. Vojtassak of Comenius University, Bratislava, Slovakia.

He enrolled 1,166 patients awaiting knee or hip replacement surgery who were randomized to transdermal fentanyl (Durogesic) or placebo patches in a 6-week double-blind study followed by a 1-week-long taper. All had previously participated in a 6-week double-blind study followed by a week-long taper. None had received strong opioids for more than a week, and all had taken nonsteroidal anti-inflammatory agents, including that associated with osteoarthritis. The starting dose of fentanyl was 25 mcg/hour. It could gradually be raised to 100 mcg/hour as required. Patches were changed every 72 hours. Allowable supplemental pain medication consisted of nonsteroidal anti-inflammatory agents, used by more than two-thirds of patients, and acetaminophen, used at dosages of up to 4 g/day by 27%.

Of note, 57% of participants withdrew from the study prematurely, with roughly equal numbers of dropouts in both study arms. Their reasons for quitting, however, were quite different. Fifteen patients in the fentanyl arm withdrew because of insufficient treatment efficacy, compared with 66 in the placebo group. On the other hand, 62 patients taking fentanyl quit due to adverse events — chiefly nausea and vomiting — compared with 20 patients in the placebo group, he said at the meeting, which was sponsored by the European League Against Rheumatism.

The primary study end point was change in mean pain visual analog scores recorded by patients in a daily pain diary. From a baseline self-rated score of 73 out of a possible 100, fentanyl-treated patients had a mean 23.4-point decrease, significantly better than the 17.9-point reduction with placebo. Morning and evening pain improved by 19%–20% in the fentanyl arm, with a 14% improvement with placebo.

Pain on walking was rated 25% better than at baseline in fentanyl-treated patients with knee osteoarthritis, and 15% better in placebo-treated patients. Similarly, fentanyl-treated patients with hip osteoarthritis rated their pain on walking as 20% improved over baseline, which was significantly better than the nearly 13% improvement among controls.

Measures of functional improvement by the Western Ontario and McMaster Universities Osteoarthritis Index trended in favor of the fentanyl group, a benefit that fell short of statistical significance. The study was sponsored by Janssen Pharmaceutica.

Synvisc Injection Treatments Deemed Beneficial in Hip OA

BY BRUCE JANCIN

Vlenna — Ultrasound-guided intraarticular injection of hyaluronic acid (Synvisc) in patients with hip osteoarthritis is safe, well tolerated, and results in reduced pain and improved function for up to 9 months post injection, Alberto Migliore, M.D., reported at the annual European Congress of Rheumatology.

Synvisc, a hyaluronic derivative, is injected in order to supplement synovial fluid that has lost its elastoc viscosity due to osteoarthritis. It is used routinely in patients with symptomatic knee osteoarthritis, in a setting in which multiple studies have shown the treatment provides pain relief with a low risk of adverse events.

Fewer data are available regarding Synvisc in hip osteoarthritis, in large part because hip injections are technically more difficult and require ultrasound guidance in order to achieve consistently good results, explained Dr. Migliore of San Pietro Hospital, Rome. He reported on 221 patients with symptomatic hip osteoarthritis who received one or more intraarticular 2-mL Synvisc injections. Sixty-two had bilateral hip osteoarthritis.

Patients were followed for up to 9 months. They could receive a repeat injection every 3 months as needed. A total of 360 injections were administered. Nineteen patients left the study in order to undergo hip replacement surgery.

Significant improvement occurred in all three study end points: osteoarthritis pain as self-assessed on a visual analog scale, need for nonsteroidal anti-inflammatory drugs, and clinical improvement as measured using the Lequesne index. (See chart.)

No local infections or systemic adverse events occurred.

The injection technique involved the use of a sterile biopsy guide attached to a 3.5-MHz convex or 7-MHz linear ultrasound transducer. The joint was imaged using an anterior parasagittal approach.

Now that the safety and efficacy of intraarticular Synvisc injections have been demonstrated in hip osteoarthritis, Dr. Migliore’s next goals are to establish the optimal dosing regimen and determine whether the therapy exerts a disease-modifying effect.

Hand Osteoarthritis Predicts Later Hip, Knee Disease Development

BY CHRISTINE KILGORE

Denver Bureau

P
tients with hand osteoarthritis are significantly more likely to develop disease of the hip or knee later in life, a prospective, population-based cohort study of more than 100 women aged 40 years or older has shown.

The new findings are consistent with reports in the press that showed no prevalent OA of the hip or knee later in life, a prospective, population-based cohort study of 100 women aged 40 years or older has shown.

The investigators found that high baseline levels of the OA biomarker CTX-II (type II collagen C-telopeptide degradation product) increased the risk of hip and knee OA, independent of the baseline presence of hand OA or “doubtful” hip or knee OA.

Patients in the study had a mean age of 66 years and 83% had received prior medications. Of the 20 patients with follow-up, 7 (35%) had been prescribed medications.

Interviews with the women revealed that only 7 (17%) thought they were at an increased risk for another fracture.

Surprisingly, having had two or three previous fractures did little to change that perception or to improve medication rates, said Dr. Singh, clinical research associate, Peace Arch Hospital, White Rock, B.C., Canada.

A previous study found similar follow-up and treatment rates, with fewer than 20% of 108 men and women who presented with fragility-type fractures at three Ontario hospitals receiving follow-up 1 year later (CMAJ 2000;163:819-22).

To determine the need for hip and knee replacement surgery in patients with osteoarthritis, the investigators considered the risk of hip and knee OA.

Of the 20 patients with follow-up, 7 (35%) had been prescribed medications.

Interviews with the women revealed that only 7 (17%) thought they were at an increased risk for another fracture.

Surprisingly, having had two or three previous fractures did little to change that perception or to improve medication rates, said Dr. Singh, clinical research associate, Peace Arch Hospital, White Rock, B.C., Canada.

A previous study found similar follow-up and treatment rates, with fewer than 20% of 108 men and women who presented with fragility-type fractures at three Ontario hospitals receiving follow-up 1 year later (CMAJ 2000;163:819-22).

To determine the need for hip and knee replacement surgery in patients with osteoarthritis, the investigators considered the risk of hip and knee OA.

Of the 20 patients with follow-up, 7 (35%) had been prescribed medications.

Interviews with the women revealed that only 7 (17%) thought they were at an increased risk for another fracture.

Surprisingly, having had two or three previous fractures did little to change that perception or to improve medication rates, said Dr. Singh, clinical research associate, Peace Arch Hospital, White Rock, B.C., Canada.

A previous study found similar follow-up and treatment rates, with fewer than 20% of 108 men and women who presented with fragility-type fractures at three Ontario hospitals receiving follow-up 1 year later (CMAJ 2000;163:819-22).

To determine the need for hip and knee replacement surgery in patients with osteoarthritis, the investigators considered the risk of hip and knee OA.

Of the 20 patients with follow-up, 7 (35%) had been prescribed medications.

Interviews with the women revealed that only 7 (17%) thought they were at an increased risk for another fracture.

Surprisingly, having had two or three previous fractures did little to change that perception or to improve medication rates, said Dr. Singh, clinical research associate, Peace Arch Hospital, White Rock, B.C., Canada.

A previous study found similar follow-up and treatment rates, with fewer than 20% of 108 men and women who presented with fragility-type fractures at three Ontario hospitals receiving follow-up 1 year later (CMAJ 2000;163:819-22).

To determine the need for hip and knee replacement surgery in patients with osteoarthritis, the investigators considered the risk of hip and knee OA.

Of the 20 patients with follow-up, 7 (35%) had been prescribed medications.