Osteoarthritis Drugs Offer Little Real Pain Relief

BY BRUCE JANCIN
Denver Bureau

AMSTERDAM — None of the commonly used pharmacothera-
pies for pain relief in knee os-
teoarthritis offer clinically mean-
ingful benefit, said Dr. R. Andrew
Moore, professor of rehabilitation
medicine at the University of
Bergen, Norway, included more than 14,000 patients with
knee osteoarthritis in 63 ran-
domized, placebo-controlled clin-
ical trials evaluating oral and top-
ical NSAIDs, acetylsalicylic acid, intraarticular corticosteroid in-
jections, opioids, glucosamine sulfate, and chondroitin sulfate.

The therapies are the highest level of recommenda-
tion in current European League Against Rheumatism
guidelines for the management of knee osteoarthritis, noted Dr.
Moore. Yet the metaanalysis showed that pain-relief benefits,
compared with those of placebo, were limited to the first 2-3
weeks of treatment and were so small as to be below the minimal
patient defined threshold for clinically perceptible improvement.

"In view of the widespread use of pharmacological agents in
[knee osteoarthritis] management, a discussion is needed to
clarify if the limited benefits and considerable costs can justify cur-
rent recommendations,” according to the Norwegian investiga-
tors (Eur. J. Pain 2006 May 6; D O I:1.0 .1 0 .1 0 .6 /j.ejpain.n.2006.02.013).

The investigators found, for ex-
ample, that topical nonsteroidal effica-
cy of oral NSAIDs or opioids in patients with moderate to severe
pain corresponded to a 10-mm better reduction than with
placebo on a 100-mm visual ana-
log scale. Yet prior studies by oth-
er investigators have shown that knee osteoarthritis patients de-
fer a mean 19.9-mm reduction as the minimally clinically im-
portant improvement, and that a shift from “unchanged” to “slight
improvement” in pain requires a mean 12.3-mm decrease.

The best performances among the studied treatments came
from topical NSAIDs and steroid injections; however, neither of-
fered meaningful pain relief after one year.

Dr. Moore noted that the “dis-
appointing” findings of the new metaanalysis were entirely in-
keeping with the results of a study he and his colleagues pre-
presented at the EULAR congress and involved 19,163 participants in 15
randomized osteoarthritis trials in the Pfizer Clinical Trials Reg-
istry, which included various tradi-
tional NSAIDs and cyclooxygen-
ase-2 inhibitors.

“The best we could do was get
60% of patients to have a 10-mm improvement on the visual pain
analogue scale, which isn’t by any means a high threshold. That
means 40% did not even achieve that low end point,” Dr. Moore
said at the satellite symposium sponsored by CombinatoRx Inc.

Chronic pain management, he
stressed, is an exceedingly chal-
Allergist.

The one great success we’ve
had in pain has been in cancer
pain, where the WHO [World
Health Organization] pain lad-
er has really made an enormous
difference over the past 25 years,”
Dr. Moore asserted. “It’s an over-
all package of care. Nobody yet
has tried doing all this in a sys-
tematic way in other chronic
painful conditions.

The results of the two large
metaanalyses fit well with the
clinical experience of discerning
physicians, according to Dr. Tore
K. Kvien. “I don’t mean that
NSAIDs don’t work in os-
teoarthritis. The data just show
they’re not as effective as we usu-
ally believe,” noted the professor
of rheumatology at the Universi-
ty of Oslo, Norway, and immedi-
ate past president of EULAR.

Survey Says: 40% of Patients Find Pain Management Doesn’t Work

IT’S not just the randomized trials that are saying current drug therapies for os-
teoarthritis don’t bring clinically mean-
ingful pain relief—patients and their physi-
icians have been registering the same
complaint as well.

A recent major survey of chronic pain
including more than 46,000 adult respon-
dents in 15 European countries concluded
1 in 5 people experience pain of moderate
to severe intensity that’s present every day
and nearly every day for at least 6 months,
according to Dr. Moore.

Osteoarthritis is a leading cause of this
chronic pain, he added.

Two thirds of survey respondents with
chronic pain were taking prescription
medications for it. Overall, 40% charac-
terized their pain management as inade-
quate and 60% had visited their physician about
their pain 2-9 times in the past 6 months.
Also, 19% had lost their job, and another
13% had changed work because of their pain

Investigators at Frenchay Hospital in
Bristol, England, conducted a face-to-face
survey with 504 British primary care
physicians. Of those, 81% indicated that
fewer than half of their affected patients
experienced optimal control of chronic non-cancer-related pain symptoms, Dr.
Moore said at the satellite symposium
sponsored by CombinatoRx Inc.

Of the British primary care physicians,
60% expressed reservations regarding the efficacy of available therapies. The other
major barriers cited to good control of chronic pain were treatment side effects and
Opin. 2003;19:703-6).

Although CombinatoRx is engaged in
developing new agents for the treatment of osteoarthritis and other chronic inflam-
matory diseases, Dr. Moore said he thinks
the systematic use of additive combina-
tions of current osteoarthritis pain med-
ications has been a neglected and poten-
tially rewarding area.

“We need pragmatic research of well-
designed care pathways,” the pain special-
stall told.

Osteoarthritis Drug Puts 44% of High-Impact Athletes Back in Game

BY MIRIAM E. TUCKER
Senior Writer

M i c r o f r a c t u r e i s an effec-
tive first-line treatment for knee articular cartilage
lesions in athletes who participate in high-
impact sports, Dr. Kai Mithoefer and asso-

iates reported.

Microfracture is an effective first-line treatment for knee articular cartilage
lesions in athletes who participate in high-impact sports, Dr. Kai Mithoefer and asso-

iates reported. Microfracture is a relatively simple tech-

nique in which penetration of the sub-

chondral bone induces clot formation con-
taining marrow-derived mesenchymal stem cells, which produce a mixed fibro-
cartilage repair tissue containing varying amounts of type II collagen. It has become
a popular treatment option for knee arti-
cular cartilage lesions in athletes, due to its low associated morbidity and rapid
postoperative rehabilitation time.

Data are limited, however, regarding its
outcome in athletes who perform high-im-
pact sports with marked mechanical de-
mands, said Dr. Mithoefer of Harvard Vanguard Orthopedics and Sports Medi-
cine and Brigham and Women’s Hospital,
Boston, and associates (Am. J. Sports Med.
2006;34:1413-8).

The study population comprised 32 pa-
tients, mean age 38, with single cartilage
lesions of the femur. Their mean symp-
tom duration was 28 months. All had reg-\nularly participated in high-impact, pivoting
sports (including basketball (14), tennis
(13), football (9), downhill skiing (7), and
soccer (5). All underwent microfracture
arthroplasty performed by a fellowship-
trained orthopedic surgeon. Seven pa-
tients with meniscus tears also received
partial meniscectomy.

At a mean follow-up of 41 months (min-
imum 2 years), 21 (66%) of the athletes re-
ported good or excellent results on the
Fireringtenberg rating of knee function.
Signi-
ficant improvements were seen on the
activity-based Marx activity rating scale
and Tegner scores. Improvements oc-
curred in the activities of daily living scale
in 71% of patients, on the Marx scale in
58%, and in Tegner scales in 72%. After an
initial increase, however, declines in activ-
ity scores were observed in 15 athletes. Dr.
Mithoefer and associates reported.

A total of 14 athletes (44%) were able to
return to regular participation in their high-impact pivoting sports after mi-
crofracture. Functional outcome score in-
creases were lower among those who did
not return to the sport. Two thirds of the
patients who had been symptomatic for 12
months or less before microfracture were
able to return to their high-impact sport,
comparing with just 14% who had been
symptomatic for more than a year before
the procedure.

Athletes who received microfracture as
first-line treatment were far more likely to
return to their sports than were those
who had had previous procedures, but
concomitant meniscectomy did not have
a significant impact on the ability to return
to the sport.

Patients with lesions of 200 mm2 or less
were more likely to return than those
with larger lesions, but location of the lesion
(medial femoral condyle, lateral
femoral condyle, or trochlea) did not af-
flect outcome.

No effect was seen for gender or lesion
type on the athletes’ ability to return to
their high-impact sport.

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