

## Effect sizes uncertain for meds versus placebo in knee OA

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(HealthDay)—For patients with knee osteoarthritis and at least 12

months of follow-up, there is uncertainty around estimates of effect size for the change in pain in association with medications versus placebo, according to a meta-analysis published in the Dec. 25 issue of the *Journal of the American Medical Association*.

Dario Gregori, Ph.D., from the University of Padova in Italy, and colleagues reviewed and analyzed long-term ( $\geq 12$  months) outcomes from randomized [clinical trials](#) (RCTs) of medications for knee osteoarthritis. Data were included from 47 RCTs with 22,037 patients.

The researchers studied 31 interventions for pain, 13 for physical function, and 16 for joint structure. The duration of trials varied from one to four years. Decreases in pain were seen in association with the nonsteroidal anti-inflammatory drug celecoxib (standardized mean difference [SMD],  $-0.18$ ) and the symptomatic slow-acting drug in osteoarthritis glucosamine sulfate (SMD,  $-0.29$ ); for all estimates, there was large uncertainty versus placebo. When data were analyzed using the mean difference on a scale of 0 to 100 and excluding trials at [high risk](#) for bias, the correlation with pain improvement remained significant only for glucosamine sulfate. Improvement in joint space narrowing was seen in association with glucosamine sulfate, chondroitin sulfate, and strontium ranelate (SMDs,  $-0.42$ ,  $-0.20$ , and  $-0.20$ , respectively).

"Larger RCTs are needed to resolve the uncertainty around efficacy of medications for [knee osteoarthritis](#)," the authors write.

Several authors disclosed financial ties to Rottapharm Biotech, which partially funded the study; Rottapharm has been taken over by another pharmaceutical company (Mylan).

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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