

Antidepressants have small benefit for pain, function in osteoarthritis

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Antidepressants lead to a small, but clinically unimportant, improvement



in pain and function in patients with osteoarthritis, according to a review published online Oct. 21 in the *Cochrane Library*.

Alexandra A. Leaney, from Monash University in Melbourne, Australia, and colleagues examined the benefits and harms of antidepressants for the treatment of symptomatic knee and hip osteoarthritis in adults. Data were included from nine trials with 2,122 participants: Seven only examined knee osteoarthritis and two also included https://doi.org/10.1007/j.j.gov/hip-nt/4 and two also included https://doi.org/hip-nt/4 and two also included <a href="https://doi.org/hip-nt/4 and two also included <a href="https://doi.org/hip-nt/4 and two also included <a href="https://doi.org/hip

The researchers found high-certainty evidence for a clinically unimportant improvement in pain for antidepressants versus placebo. The mean reduction in pain was 1.7 and 2.3 points with placebo and antidepressants, respectively (mean difference, -0.59). High-certainty evidence indicated that 45.0 and 28.6 percent of participants receiving antidepressants and placebo, respectively, had a clinical response, defined as achieving a 50 percent or greater reduction in 24-hour mean pain (risk ratio, 1.55).

High-certainty evidence also indicated that the mean improvement in function was 10.51 and 16.16 points on the Western Ontario and McMaster Universities Arthritis Index with placebo and antidepressants, respectively, demonstrating a small, but clinically unimportant, response. High-certainty evidence indicated that total adverse events occurred in 64 and 49 percent of the antidepressant and placebo groups, respectively (risk ratio, 1.27).

"As pain is multifactorial in <u>osteoarthritis</u> and there was high level of evidence for a higher likelihood of a clinically important improvement in treated participants compared to untreated participants, identifying those more likely to benefit would reduce the number of people needed to treat for an additional beneficial outcome," the authors write.



More information: <u>Abstract/Full Text (subscription or payment may be required)</u>

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