

Joint injections ineffective for hand osteoarthritis symptoms, finds evidence review

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Joint injections to relieve the symptoms of hand osteoarthritis are no better than placebo, while the effectiveness of topical creams and gels is



uncertain, finds a <u>pooled data analysis</u> of the available evidence, published in the open access journal *RMD Open*.

But painkiller tablets and steroid pills do work, with the latter the most effective, the evidence suggests.

The findings prompt the researchers to call for a review of the evidence supporting current recommendations on joint injections for hand osteoarthritis, which affects around one in six women and one in 12 men over the age of 40.

Osteoarthritis results from the wearing away of the protective cartilage on the ends of bones, causing pain, swelling, and impaired joint mobility. While any joint can be affected, it's most common in the knees, hips, and hands.

Various forms of medical treatment are available, but the evidence to date for some of them has been contradictory, while new evidence has emerged for others.

In a bid to provide some clarity, the researchers trawled research databases for relevant comparative clinical trials published up to the end of 2021.They found 72 trials, involving a total of 7,609 participants and 29 pharmacological interventions provided over an average period of three months.

Sixty (5,246 participants) of these trials looked specifically at pain and were included in a pooled data analysis.

The results of this showed that non-steroidal anti-inflammatories (NSAIDs) and steroid tablets were better than placebo, with steroid tablets edging ahead of standard painkillers.



The effectiveness of topical creams and gels wasn't clear, the analysis indicated, but joint injections of hyaluronate (a type of therapeutic lubricant) or steroids, and <u>hydroxychloroquine</u> tablets (a drug used to treat arthritis) were no better than placebo, it showed.

NSAID and steroid tablets performed well in reducing pain, improving physical function, and in patient feedback. But while the analysis points to the safety of both steroid and NSAID tablets, the researchers caution that they only assessed treatment withdrawals due to side effects and not long term safety.

Most of the trial participants were women (85) with an average age of 62. And most were of white ethnicity, so potentially limiting the generalizability of the findings, acknowledge the researchers. And the quality of the included studies varied, with two thirds (48) at high risk of bias—in other words, containing systematic errors that might favor one outcome over another.

While the findings on joint injections echo those of previous pooled data analyses, they contradict the recommendations of existing clinical guidelines, highlight the researchers.

"These findings raise questions about the evidence supporting the current treatment recommendation for intra-articular therapies and emphasize the need for future large scale trials with rigorous methodology to establish the efficacy of promising interventions such as topical NSAIDs," they suggest.

They conclude, "Many pharmacological treatments for hand [osteoarthritis] OA <u>pain</u> are available, of which most have no proven efficacy. For hand OA, oral NSAIDs and oral glucocorticoids appear effective, whereas the efficacy of topical NSAIDs remains questionable. Current intra-articular therapies are ineffective for thumb OA."



More information: Anna Døssing et al, Comparative effectiveness of pharmacological interventions for hand osteoarthritis: a systematic review and network meta-analysis of randomised trials, *RMD Open* (2023). DOI: 10.1136/rmdopen-2023-003030

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