Vioxx withdrawal—an opportunity to review primary care management for osteoarthritis

To the Editor—The withdrawal of Vioxx means that a substantial number of patients with osteoarthritis (OA) in both primary and secondary care will require alternative analgesics. This offers an opportunity to review the medication and progress of those patients.

When reviewing medication, it is valuable to remember the role that simple analgesics can play. Paracetamol can be considered the cornerstone of analgesia in OA. European and American guidelines recommend initiating analgesic therapy with paracetamol and support its long-term use in OA.[1-3] This is because paracetamol at full therapeutic dose (4 g/d) provides adequate analgesia for many patients, in particular in the primary care setting, with less risk of side-effects or interactions compared with both conventional non-steroidal anti-inflammatory drugs (NSAIDs) and selective COX-2 inhibitors (coxibs). The recently published Hong Kong clinical guidelines for managing lower limb OA echo these recommendations and also emphasise the importance of non-pharmacological measures, such as exercise and weight loss.[4]

There is evidence that 4 g/d paracetamol is effective in the treatment of OA pain and that in many patients it is comparable with ibuprofen in the short term and almost as efficacious as naproxen,[1] but with fewer side-effects.[2] Patient preference studies indicate that around 40% to 45% of patients find paracetamol provides adequate relief for their OA pain.[5]

When using paracetamol and non-pharmacological treatment, additional treatment modalities (including NSAIDs/coxibs and opioids) can be added or substituted as necessary to control 'flare ups'. For patients who are unresponsive to paracetamol, treatment guidelines recommend NSAIDs. An alternative coxib or a conventional NSAID plus an effective gastroprotective agent may be appropriate for those at increased risk of gastrointestinal side-effects.[1-3]

A Lee, MD, FHKAM (Family Medicine)
(e-mail: alee@cuhk.edu.hk)
Family Medicine Unit
Department of Community and Family Medicine
The Chinese University of Hong Kong
Shatin, Hong Kong

References

1. Jordan KM, Arden NK, Doherty M, et al. EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: Report of a Task Force of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCISIT). Ann Rheum Dis 2003;62:1145-55.
2. Zhang W, Doherty M, Arden N, et al. EULAR evidence based recommendations for the management of hip osteoarthritis: report of a task force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics (ESCISIT). Ann Rheum Dis 2004;Nov 4; [Epub ahead of print].
3. Recommendations for the medical management of osteoarthritis of the hip and knee: 2000 update. American College of Rheumatology Subcommittee on Osteoarthritis Guidelines. Arthritis Rheum 2000;43:1905-15.
4. Lee A, Tsang K, Wong WG, Wong SY. An evidence-based approach to manage osteoarthritis in the primary care setting. Hong Kong Pract 2004;26:457-8.
5. Pincus T, Swearingen C, Cummins P, Callahan LF. Preference for nonsteroidal antiinflammatory drugs versus acetaminophen and concomitant use of both types of drugs in patients with osteoarthritis. J Rheumatol 2000;27:1020-7.

Stapled haemorrhoidectomy in Chinese patients

To the Editor—I wish to bring readers' attention to the inappropriate use of statistics in the article by Lau et al[1] on stapled haemorrhoidectomy which had led to a misleading conclusion. The following are some of the these statistical tests and presentation of results in question:

(1) Table 1 (Symptoms): Would the Chi squared test not have been more appropriate than the Mann-Whitney *U* test used by the authors?

(2) Table 2 (Median operation time and median hospital stay): the interquartile range within the brackets should have been presented as a range (25th centile to 75th centile), and not as a