Results: Physicians reported decreasing satisfaction with treatment for their OA patients as disease severity increased, despite increasing use of opioids and numbers of classes of prescribed drugs.


Conclusion: Physicians reported decreasing satisfaction with treatment for their OA patients as disease severity increased, despite increasing use of opioids and numbers of classes of prescribed drugs.


Background: Both tramadol (narcotic-like drug) and nonsteroidal anti-inflammatory drugs (NSAIDs) are prescribed for pain relief among osteoarthritis (OA) patients. Evidence comparing risks of adverse events between tramadol and NSAIDs users is inconclusive.

Objectives: To examine the association of tramadol with all-cause mortality, cardiovascular disease (CVD), venous thromboembolism (VTE) and hip fractures (HFx) compared with NSAIDs and codeine in OA.

Methods: Design: Sequential propensity score-matched cohort study. Sample: All patients with OA who received medical care from 2005 to 2014 in the entire province of British Columbia, Canada. Tramadol cohort: Initial prescription of tramadol (n=56325), Four comparator cohorts: the initiation of one of the following: naproxen (n=13768), diclofenac (n=17875), cyclooxygenase-2 [Cox-2] inhibitor (n=17039), or codeine (a weak opioid) (n=7813). Patients required to be from 1.2 to 1.7. Furthermore, tramadol was also associated with a higher risk of VTE compared with the diclofenac and Cox-2 inhibitor initiators with HRs ranging from 1.4 to 1.5. No significant difference was found between tramadol and codeine (Table 1).

Conclusion: OA patients initiating tramadol have an increased risk of mortality, CVD, VTE, and HFx within 1 year compared with NSAIDs, but no statistically significant difference in the risk was observed between tramadol and codeine.