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THE BENEFIT AND SAFETY OF DIACEREIN IN AGED AND OBESE PATIENTS WITH SYMPTOMATIC KNEE OSTEOARTHRITIS: DATA FROM THE DISSCO CLINICAL STUDY

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Background: The DISSCO trial (6-month international, multicentre, double-blind, randomised study on the effect of diacerein vs celecoxib in symptomatic knee osteoarthritis [OA] patients) showed that diacerein had comparable efficacy to celecoxib at reducing the level of pain (WOMAC pain).

Objectives: To assess the effect of age, body mass index (BMI), and gender on the efficacy/safety profile of diacerein following 6 months of treatment.

Methods: Of the patients (n=380) that were randomised, 186 received treatment with 50mg diacerein once daily for the first month and twice daily thereafter. This study was done on the intent-to-treat population (n=183). Efficacy outcome assessments which included absolute change in WOMAC pain (score 0-50) and function (score 0-170), and VAS (score 0-10) were analysed following stratification based on age (< 65 vs ≥ 65 years old) and BMI (< 30 vs ≥ 30 kg/m²) at time of randomisation. Treatment effects on continuous efficacy outcomes were performed using covariance analysis (ANCOVA). For gastrointestinal (GI) safety outcomes, the adverse events (AEs), including diarrhoea, soft faeces, abdominal pain and dyspepsia, and the time-to-onset from baseline were stratified according to age of patients at randomisation. Treatment-related GI AEs were also assessed according to the gender. The independent variables were treatment, stratification variable, interaction between both, and the outcome measure at baseline. Comparisons between groups were carried out using Chi-square.

Results: No significant differences were found between the two age groups (<65 years old [n=105], ≥65 years old [n=78]) in the level of reduction in WOMAC pain (-10.3 ± 1.1, -8.6 ± 1.3, respectively; p=0.30), VAS (-2.3 ± 0.2, -2.2 ± 0.3, p=0.73) or improved physical function (-29.7 ± 3.7, -22.1 ± 4.2, p=0.18). The reported incidences of treatment-related GI AEs were also similar between the two age groups; more specifically for diarrhoea, incidence for patients <65 years old [n=12] 11.3% and for those ≥65 years old [n=7] 8.8% (p=0.63) with a mean time-to-onset (day 43 ± 49, 61 ± 51, respectively; p=0.11). Moreover, gender had no influence on treatment-related GI AEs (p=0.42).

In regard to treatment response of obese (n=101) vs. non-obese (n=82) patients in terms of pain reduction (WOMAC: -10.1 ± 1.2, -9.1 ± 1.1, respectively; p=0.58; VAS: -2.6 ± 0.3, -2.0 ± 0.3; p=0.15), or improved WOMAC physical function (-29.8 ± 4.2, -23.5 ± 3.8; p=0.26), there were also no significant differences.

Conclusion: In symptomatic knee OA patients, the level of effectiveness and safety profile of treatment with diacerein were found not to be influenced by age, BMI or gender.

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CLINICAL EFFICACY AND SAFETY PROFILE OF TOPICAL ETOFENAMATE IN THE TREATMENT OF PATIENTS WITH MUSCULOSKELETAL DISORDERS: RESULTS OF A SYSTEMATIC REVIEW

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Background: Musculoskeletal disorders affect millions of people of all ages around the world [1]. Nonsteroidal anti-inflammatory drugs (NSAIDs) are, in general, the cornerstone of musculoskeletal pain management; however, systemic adverse events with oral formulations of NSAIDs are common. To address this, topical formulations of some NSAIDs have been developed. [2] Although there are many nonsteroidal anti-inflammatories, only a few are used as local therapeutics. This is because the physicochemical properties of these substances, which were originally developed for oral administration, frequently do not guarantee a satisfactory pharmaceutical formulation with satisfactory topical absorption. [3]

Objectives: The aim of this systematic review was to assess the available evidence on the efficacy and safety of the topical formulations of the NSAID etofenamate in patients with musculoskeletal disorders.

Methods: A systematic search of PubMed and Web of Science was conducted, using the key words (topical etofenamate efficacy) OR (topical etofenamate safety) OR (topical etofenamate effectiveness) to identify studies of etofenamate published from inception to November 2018. Some published manuscripts of interest known by the authors but not identified in the PubMed search were also added to ensure the review article was as comprehensive as possible.

Results: Overall, 12 studies were identified. [3-14] These studies demonstrated the ability of topical etofenamate (administered either in gel [5% or 10%], cream [10%] or lotion [10%] formulations) to improve pain and reduce inflammation in patients with musculoskeletal disorders, including blunt injuries and rheumatic diseases. Etofenamate was shown to have an overall efficacy that was superior to other topical NSAIDs, such as 1% indomethacin and 1% diclofenac, and to be as effective as topical formulations of 2.5% ketoprofen gel and 2% ketorolac gel (although ketorolac suggested a better elimination of pain at some time points). Overall, when compared to placebo, etofenamate gel 5% demonstrated significant better results in the reduction of pain symptoms (with or without combination with ultraphonophoresis). Furthermore, clinical evidence indicates that etofenamate is generally well tolerated in these indications.

Conclusion: The available clinical evidence suggests that etofenamate could be an effective therapeutic option for the management of musculoskeletal disorders, such as blunt traumas, lumbago or osteoarthritis. However, larger and well-controlled clinical trials comparing the efficacy and safety of etofenamate with other newer topical NSAIDs are warranted.

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AB0878

THE COMPARISON EFFECTS OF INTRA-ARTICULAR INJECTION OF PLATELET RICH PLASMA (PRP), PLASMA RICH IN GROWTH FACTOR (PRGF), HYALURONIC ACID (HA), AND OZONE IN KNEE OSTEOARTHRITIS: A ONE YEAR RANDOMIZED CLINICAL TRIAL

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Background: Knee osteoarthritis (OA) as a common progressive degenerative condition is one of the most important leading causes of disability and relative dependence. Worldwide prevalence of symptomatic knee OA has estimated 3.8%. It affects more than 20% of over 45-year-old population. Among the minimally invasive methods recommended for knee OA management is intra-articular injections for which a large array of products have been used. Despite all the