



A systematic review and meta-analysis of oral paracetamol versus combination oral analgesics for acute musculoskeletal injuries

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1/5/19

Background

- ▶ Acute MSK injuries are common
- ▶ Management: RICE + analgesia
- ▶ Commonly used analgesics
 - paracetamol / NSAIDs / opioids

Background – which agent to use?

- ▶ Prescribing practice varies widely
- ▶ Jones et al. Cochrane review
 - compared NSAIDs with other oral analgesics for soft tissue injuries
 - 16 trials ; > 2000 patients
 - “no clinically important difference in analgesic efficacy between NSAIDs and other oral analgesic agents”
- ▶ What about combining agents?

Aim

- ▶ compare paracetamol alone vs in combination with other oral analgesics for treating acute MSK injuries
 - Analgesic efficacy
 - Side effect profile

METHODS

- ▶ Inclusion criteria

- RCTs comparing paracetamol monotherapy with combination oral analgesics for acute MSK injuries

- ▶ Exclusions

- Chronic back pain, c-spine injury, overuse injuries, DOMS, primary inflammatory conditions

METHODS

- ▶ Study registered with PROSPERO (CRD42019123040)
- ▶ Systematic search
 - MEDLINE (via PubMed), EMBASE and Cochrane databases

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((musculoskeletal injury OR trauma OR peripheral injury OR limb injury)) AND (analgesic OR paracetamol OR acetaminophen OR NSAID OR Opioid) AND (Paracetamol OR Acetaminophen OR Paracetamol monotherapy OR Paracetamol only OR Paracetamol alone OR Acetaminophen monotherapy OR Acetaminophen only OR Acetaminophen alone)
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Builder

	All Fields	musculoskeletal injury OR trauma OR peripheral injury OR limb injury	-	Show index list
AND	All Fields	analgesic OR paracetamol OR acetaminophen OR NSAID OR Opioid	-	Show index list
AND	All Fields	Paracetamol OR Acetaminophen OR Paracetamol <u>monotherapy</u> OR Paracetamol only OR	-	Show index list
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METHODS

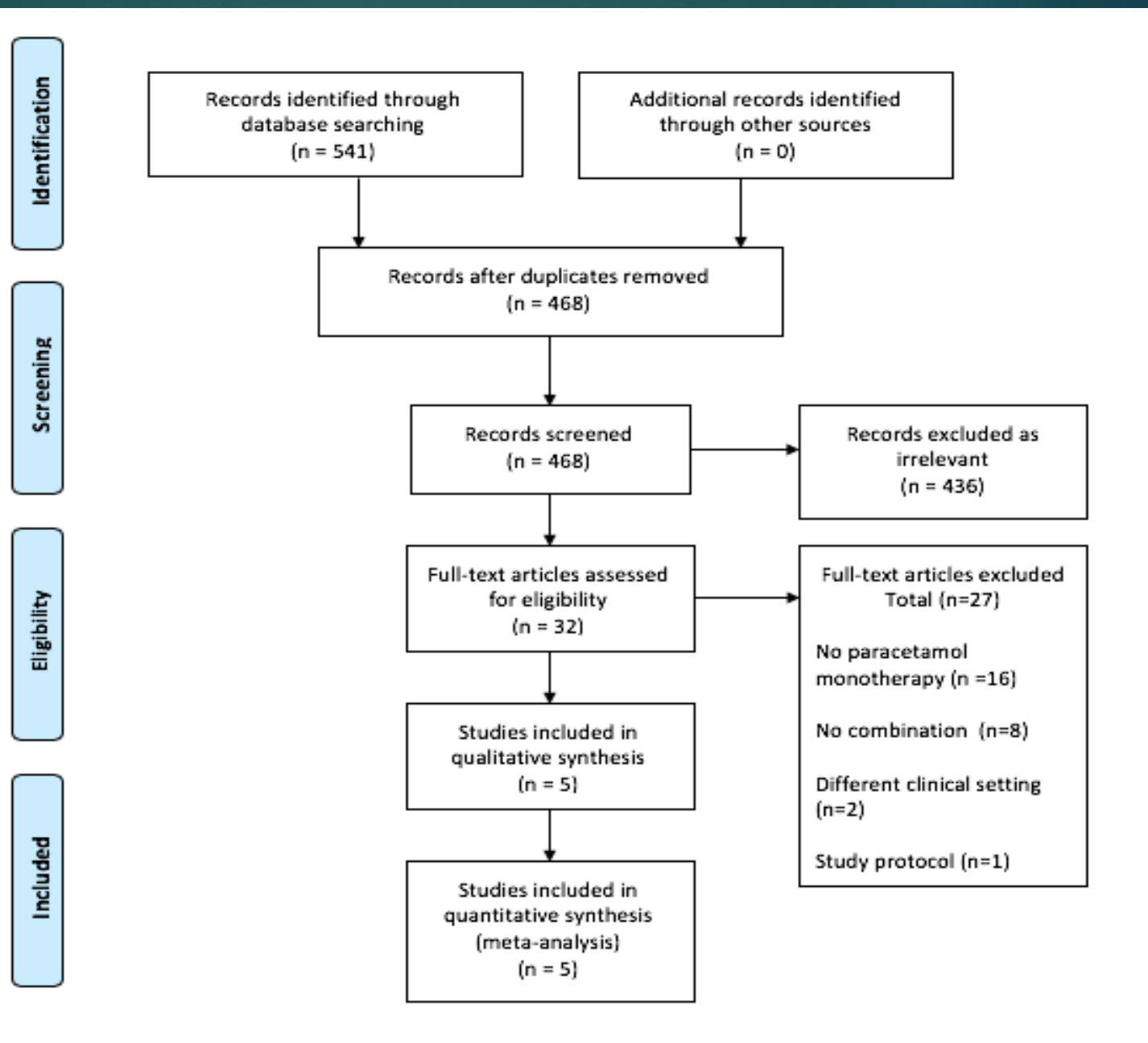
▶ Clinical Outcome Measures

- Difference in pain score (VAS: 0-100mm)
 - at rest / on movement
 - t = 2h, 24h, 72h
 - 13mm = clinically significant
- Need for additional analgesia
- Adverse Events

METHODS

- ▶ Independent extraction of data – standardised forms
- ▶ Discrepancies resolved through discussion / 3rd reviewer
- ▶ Risk of Bias – Cochrane Risk of Bias Assessment Tool
- ▶ Statistical analysis :
 - Revman software
 - I² test for heterogeneity

RESULTS



RESULTS

- ▶ Studies included in analysis: n = 5
- ▶ Total number of patients = 1 135

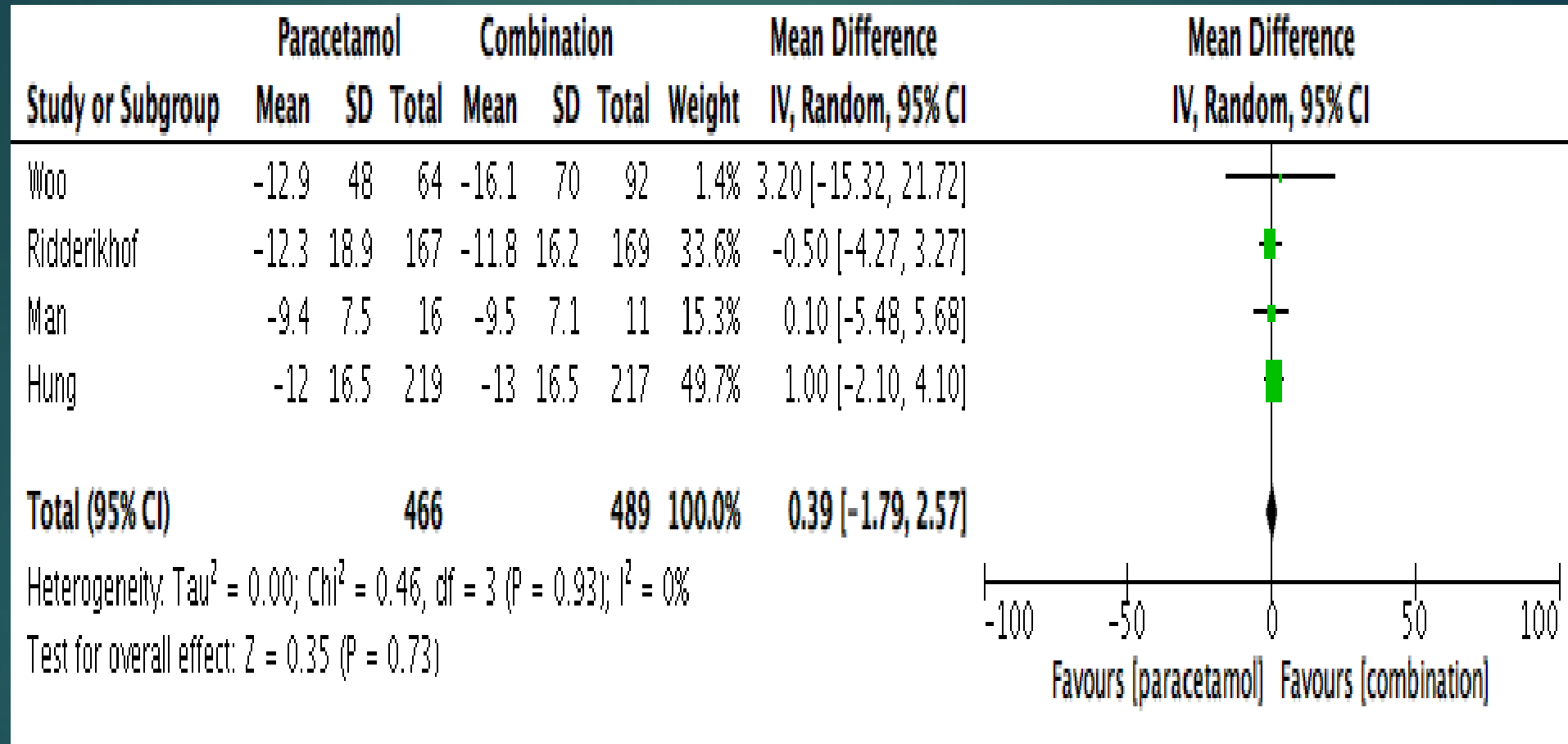
Study	Study Site	Sample size (n)	% male	Mean Age (years)	Comparison groups
Man, 2004	1 x ED	27	55.6	36.5	1G paracetamol QID 1G paracetamol QID+25mg diclofenac TDS
Woo,2005	1x ED	160	61.9	37	1G paracetamol QID 1G paracetamol QID+25mg diclofenac TDS
Bondarsky, 2013	1 x ED	60	55	35.5	1G paracetamol 1G paracetamol+800mg ibuprofen
Hung, 2018	1 x ED	524	65.4	39	1G paracetamol QID 1G paracetamol QID+400mg ibuprofen TDS
Ridderikhof, 2018	2 x ED 2 x GP 1 x UC	364	57.1	30*	1G paracetamol QID 1G paracetamol QID+50mg diclofenac TDS

RESULTS

Cochrane Risk of Bias Assessment

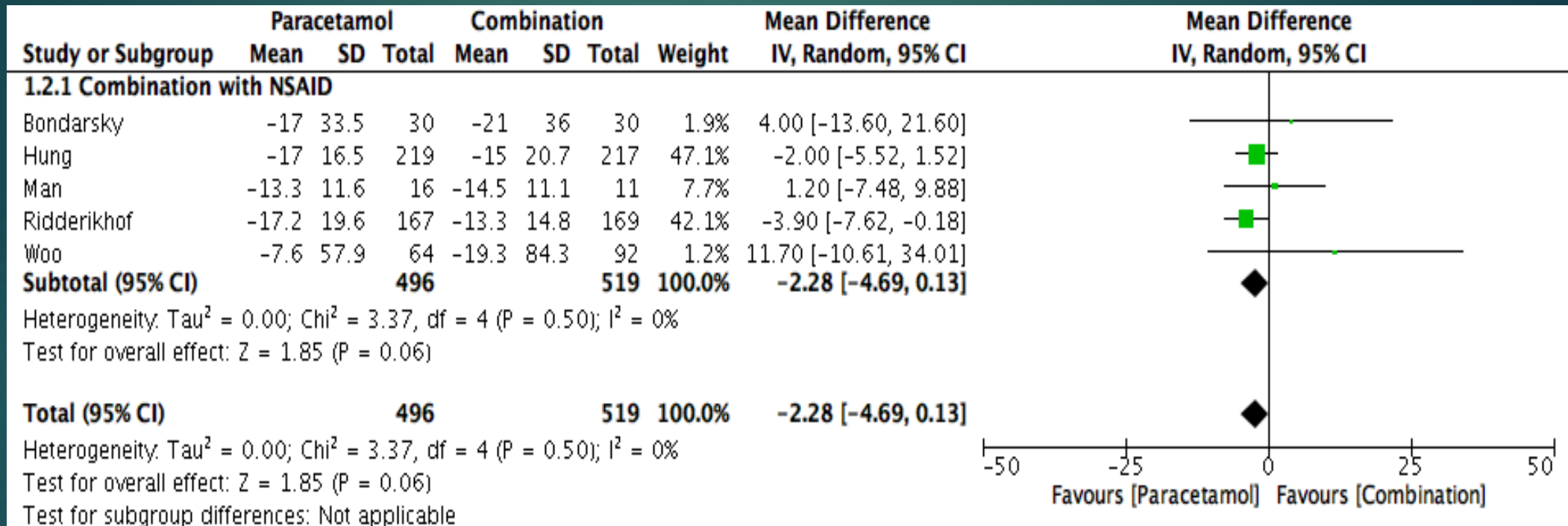
	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Bondarsky	+	+	+	+	+	+	?
Hung	+	+	+	+	+	+	?
Man	+	?	+	+	+	+	?
Ridderikhof	+	+	+	+	+	+	-
Woo	+	?	+	+	+	+	?

RESULTS – Pain Score (Rest)



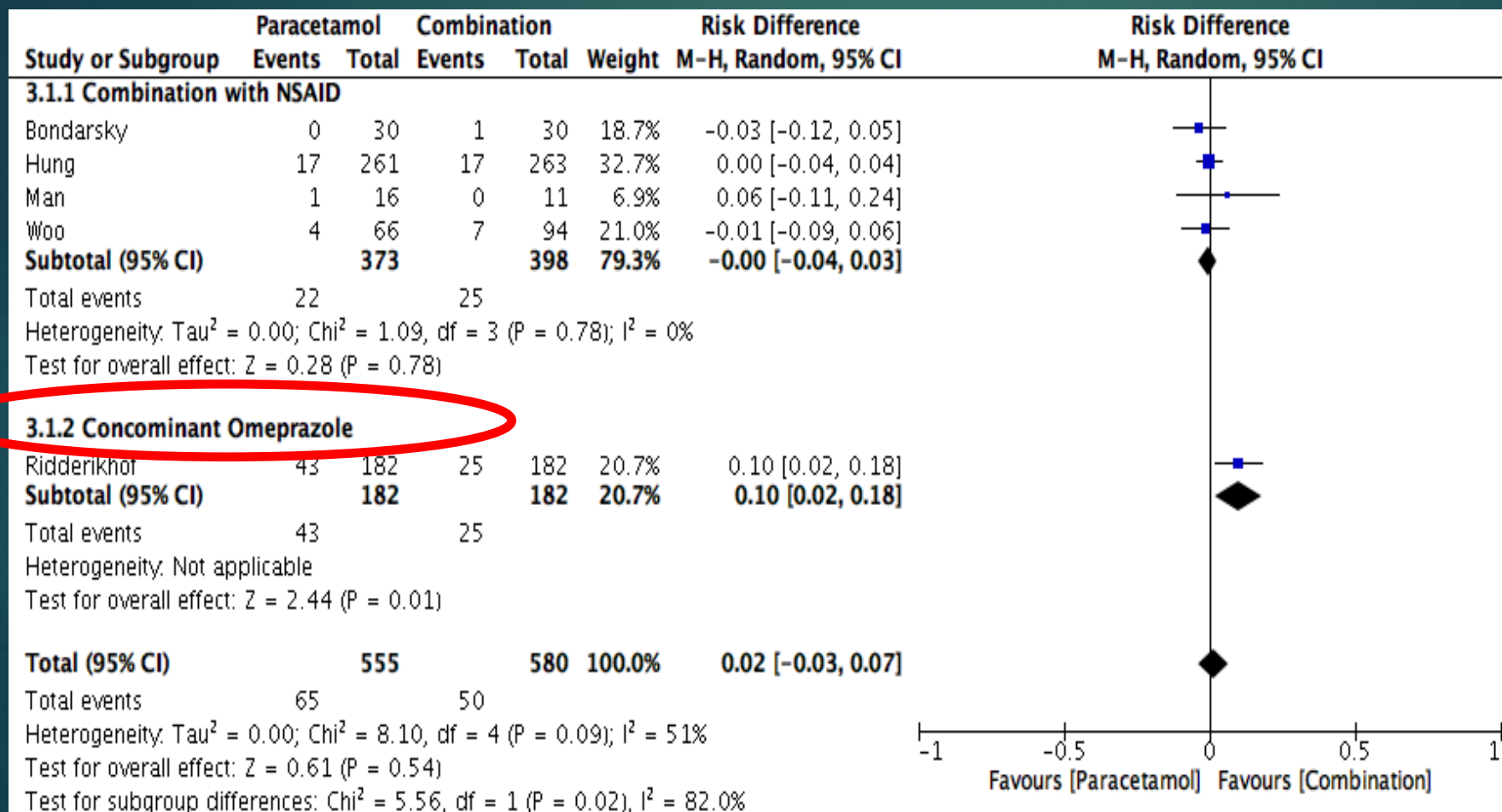
- No difference in reduction in pain score at 2 hours

RESULTS – Pain Score (Activity)



- Greatest reduction in pain score at 2 hours seen with paracetamol monotherapy - <13mm
- No difference in pain scores at 24 hours or 72 hours

RESULTS – Adverse Events

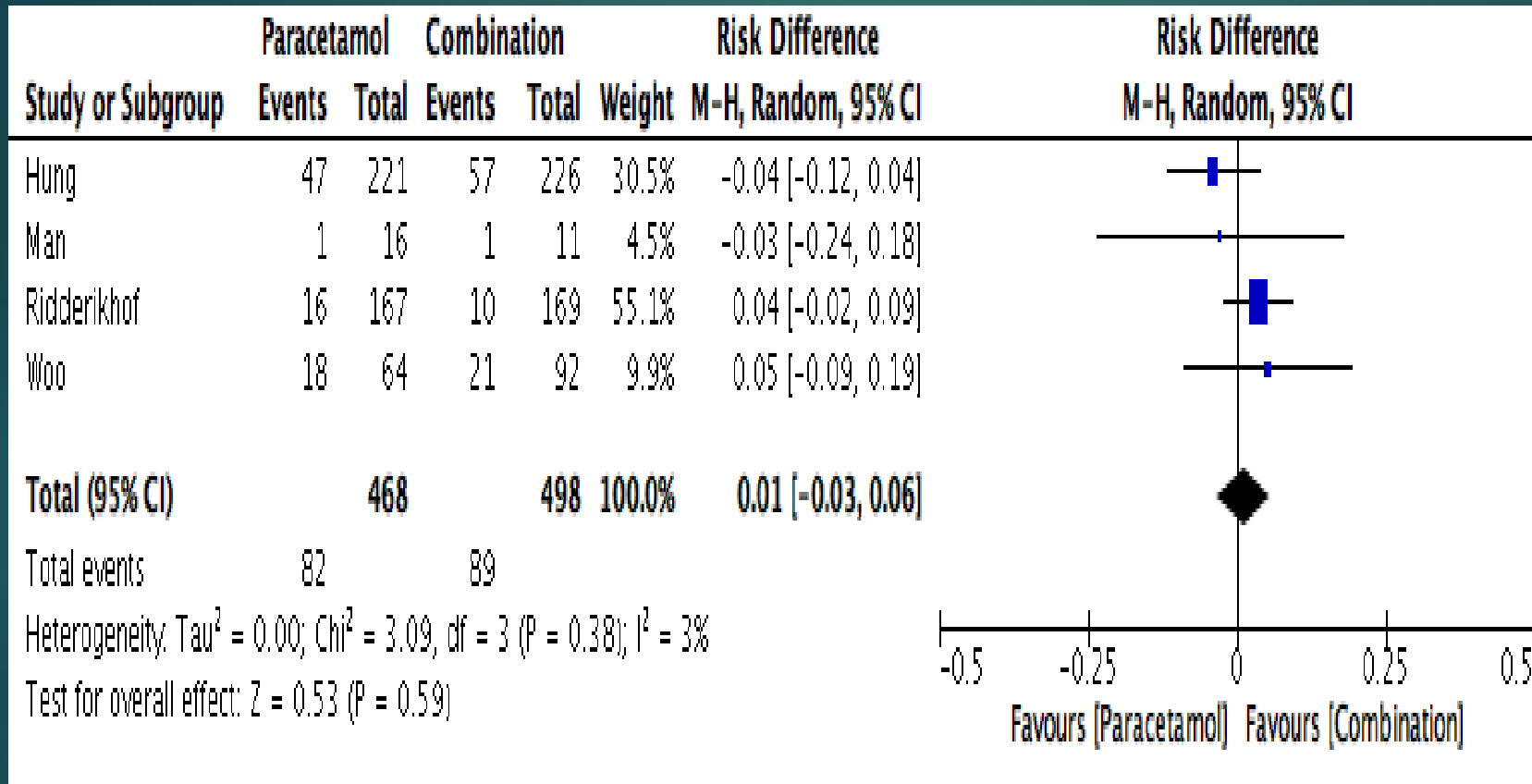


- No difference between groups at :

- 2 hours: -0.00 (-0.04, 0.03)
- 1 week: 0.02 (-0.02, 0.07)

- Concomitant omeprazole used in 1 study

RESULTS –Additional Analgesia



- No difference between groups at:
 - 2hrs: -0.03 (-0.06, -0.00)
 - 1week : 0.01 (-0.03, 0.06)

DISCUSSION

- ▶ No significant difference in reduction in pain score, adverse events & need for additional analgesia
- ▶ Variable findings in other clinical settings
 - post-op pain
 - dental pain
- ▶ No studies comparing paracetamol monotherapy with paracetamol + NSAID + opioid

LIMITATIONS

- ▶ Limited number of studies ($n = 5$)
- ▶ Minor discrepancies extrapolating data from graphs in one study
- ▶ Variation in NSAID drug and dose between studies

CONCLUSIONS

- ▶ No significant difference in analgesic efficacy between oral paracetamol and oral paracetamol + NSAID in the management of acute MSK injuries in ED
- ▶ Combining oral analgesic agents does not necessarily result in better pain relief
- ▶ Paracetamol monotherapy is a reasonable 1st line in this clinical setting

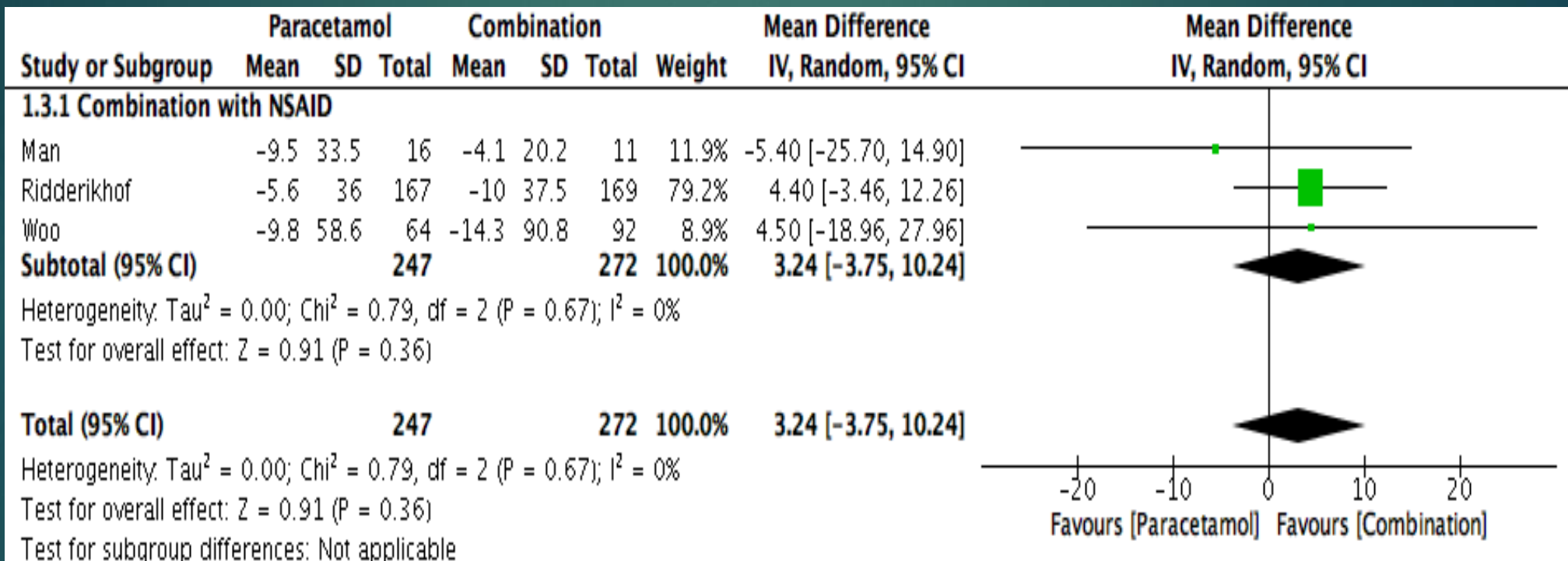
ACKNOWLEDGEMENTS

- ▶ Associate Professor Peter Jones
- ▶ Jay Gong – Clinical Pharmacist

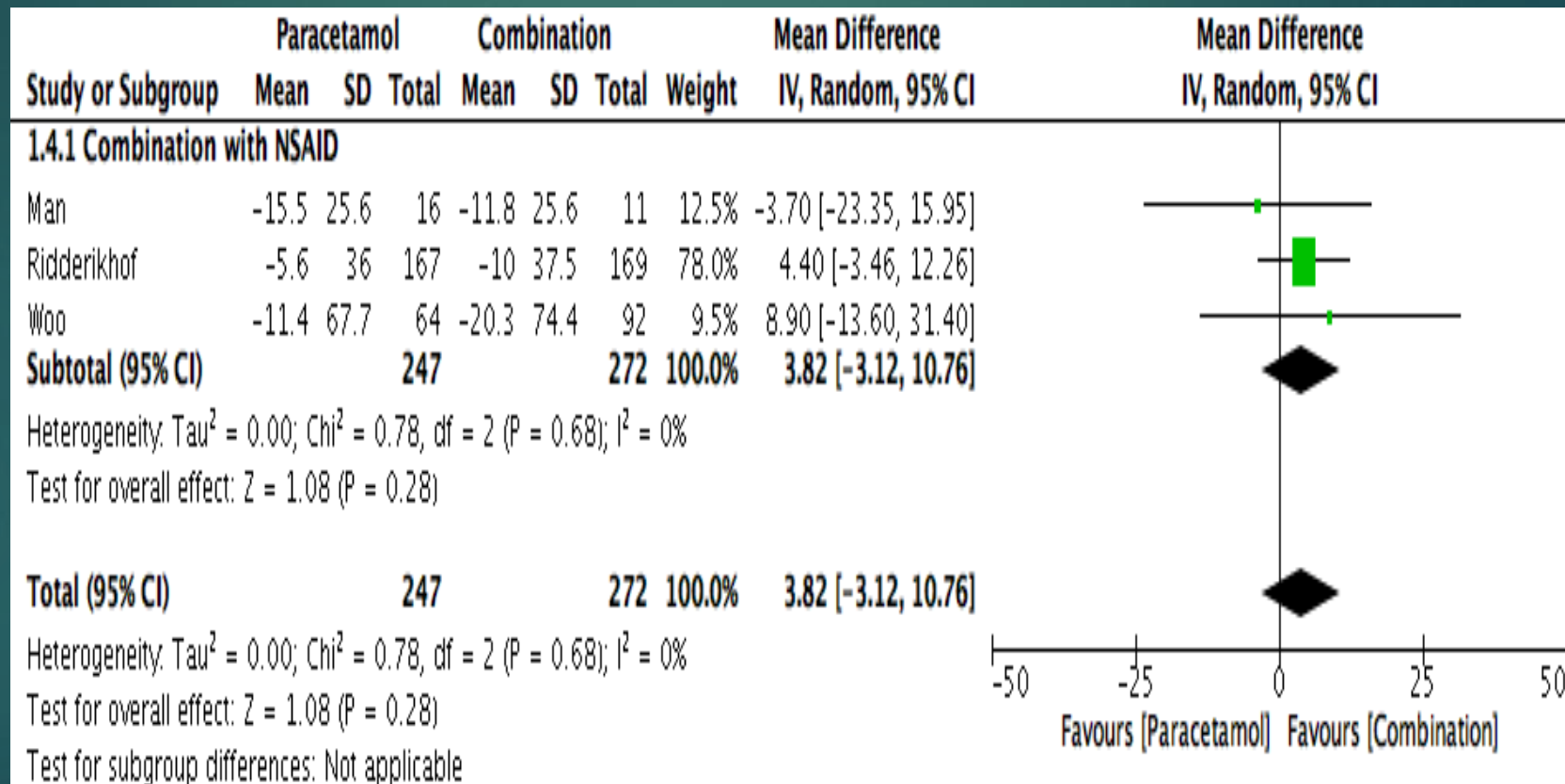
QUESTIONS



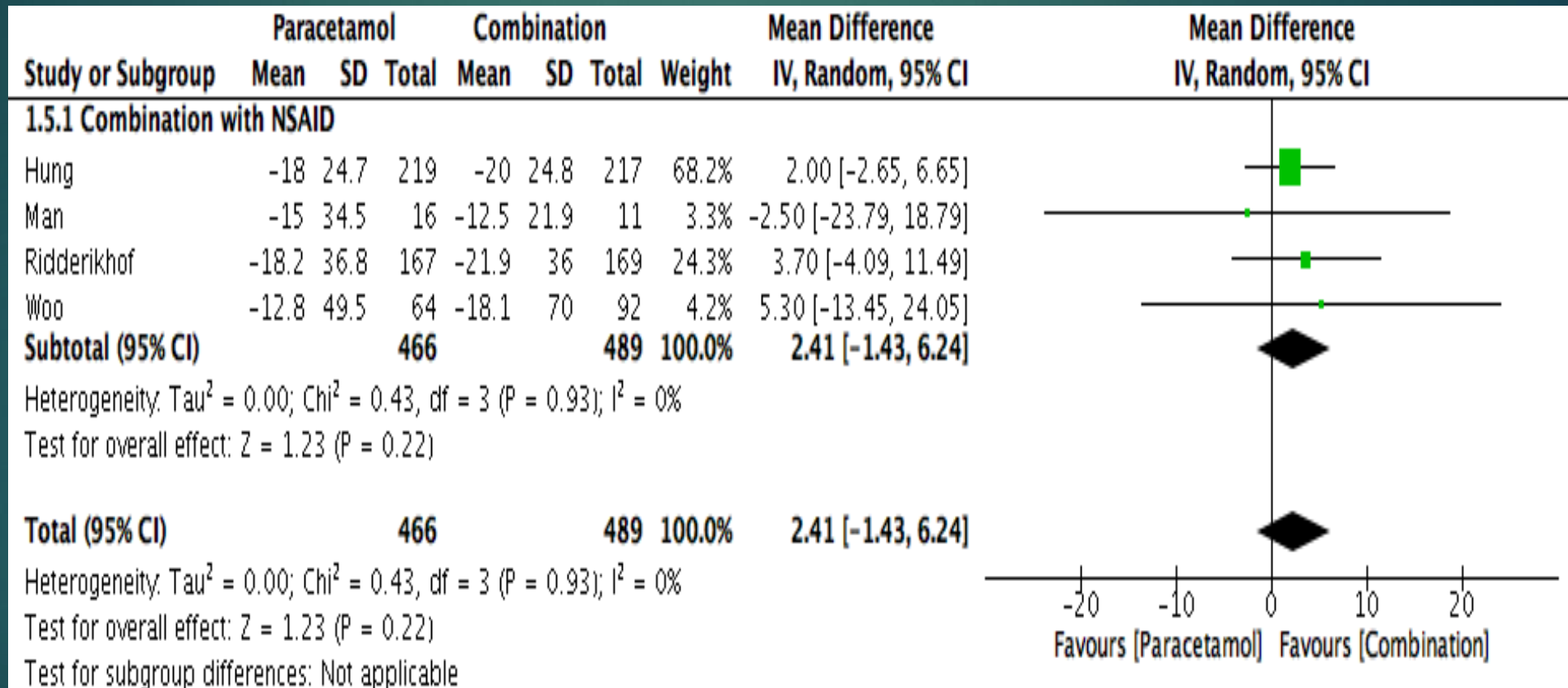
Reduction in Pain Score – 24 hours (rest)



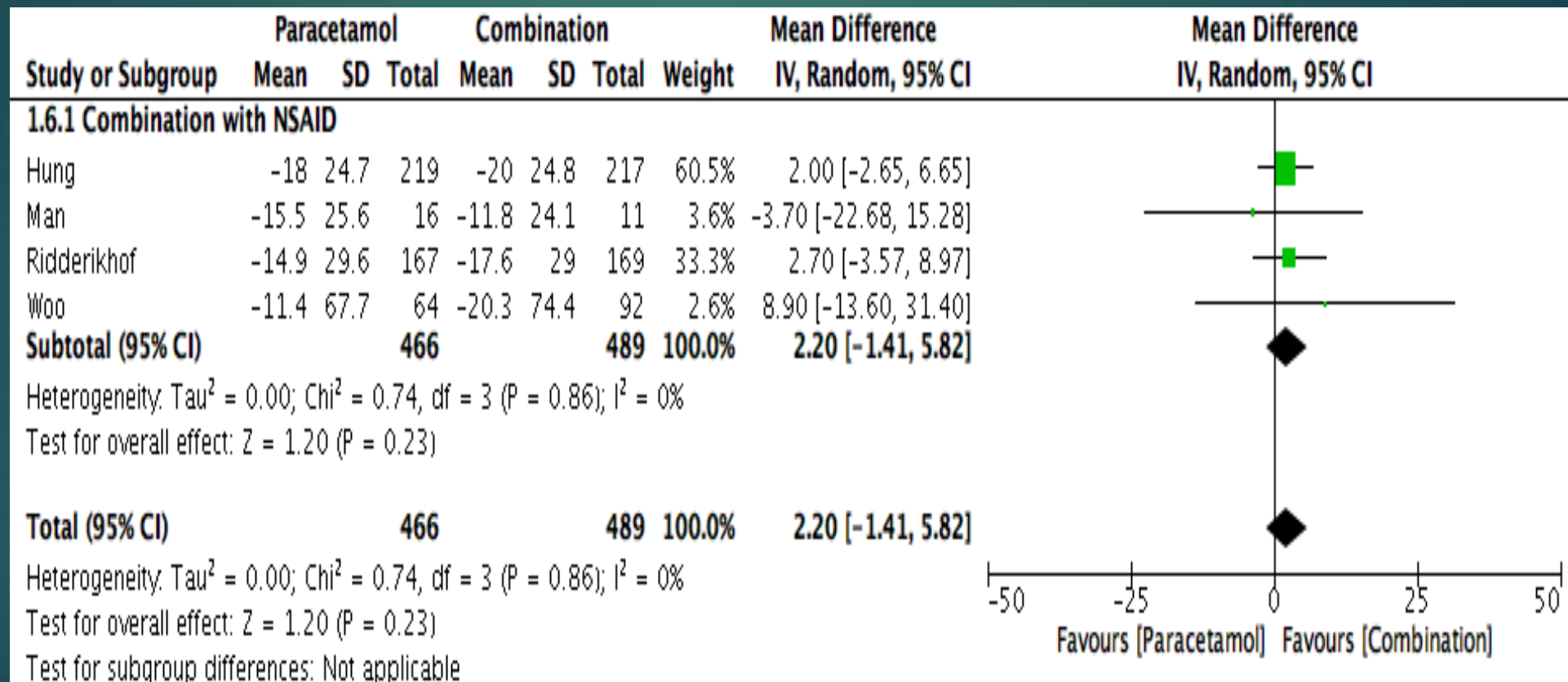
Reduction in Pain Score – 24 hours (activity)



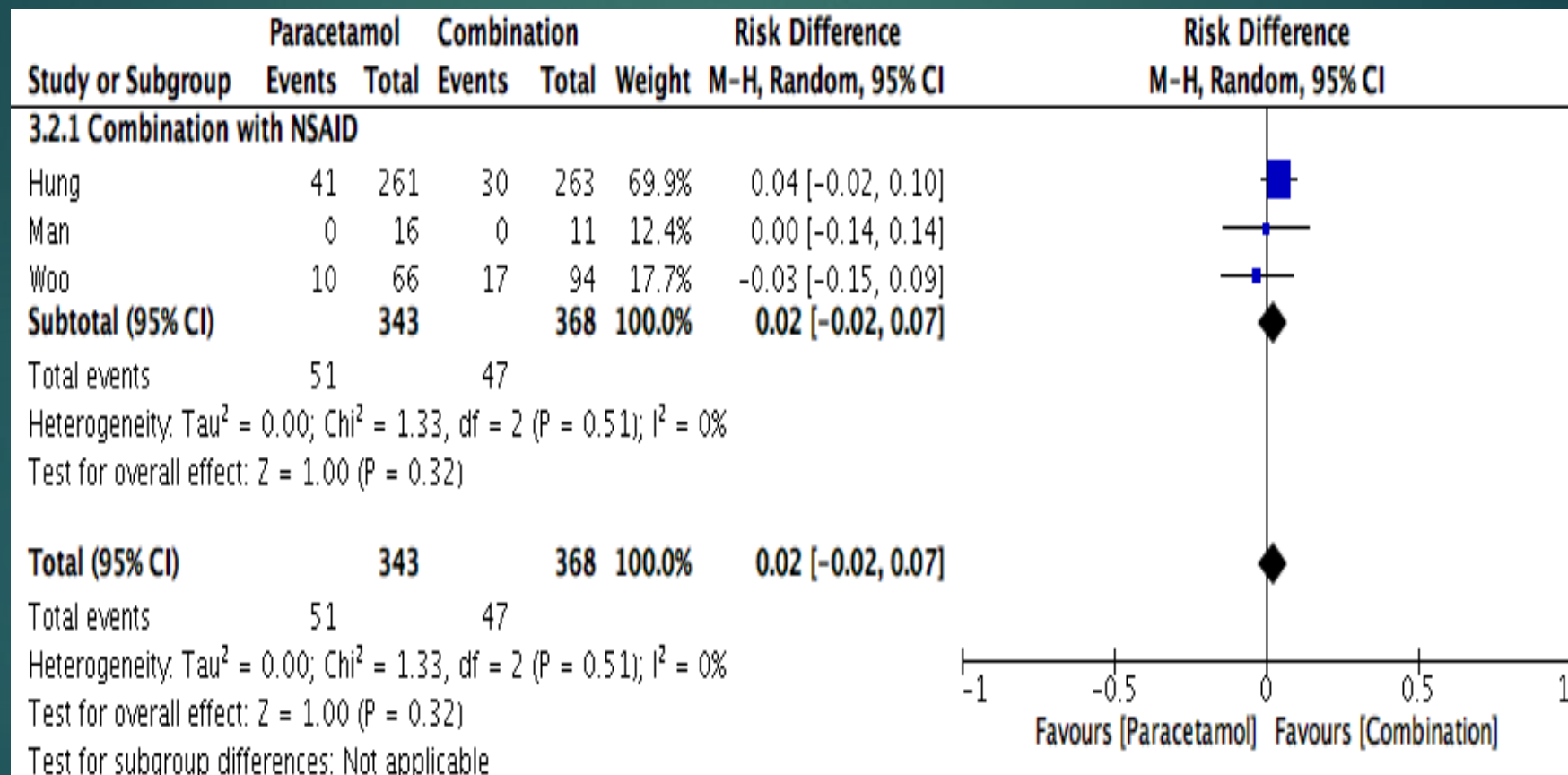
Reduction in Pain Score – 72 hours (rest)



Reduction in Pain Score – 72 hours (activity)



Adverse Events – 1 week



Sub-group analysis – reduction pain score at rest

