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

GEMMA SCOTT 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

- ▶ 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

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

(((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)

Edit Clear

#### Builder

	All Fields	musculoskeletal injury OR trauma OR peripheral injury OR limb injury	0	Show index list
AND 🗘	All Fields	analgesic OR paracetamol OR acetaminophen OR NSAID OR Opioid	0	Show index list
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► 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

- Independent extraction of data standardised forms
- ▶ Discrepancies resolved through discussion / 3<sup>rd</sup> reviewer
- Risk of Bias Cochrane Risk of Bias Assessment Tool
- Statistical analysis : Revman software
  - I<sup>2</sup> test for heterogeneity

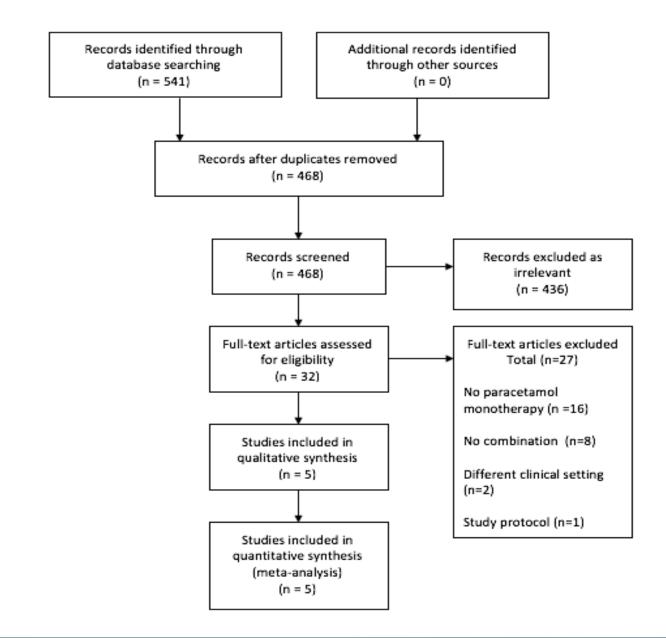
### RESULTS

Identification

Screening

Eligibility

Included



## RESULTS

- ▶ Studies included in analysis: n = 5
- ▶ Total number of patients = 1135

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 TD\$
Woo,2005	1x ED	160	61.9	37	1G paracetamol QID 1G paracetamol QID+25mg diclofenac TD\$
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

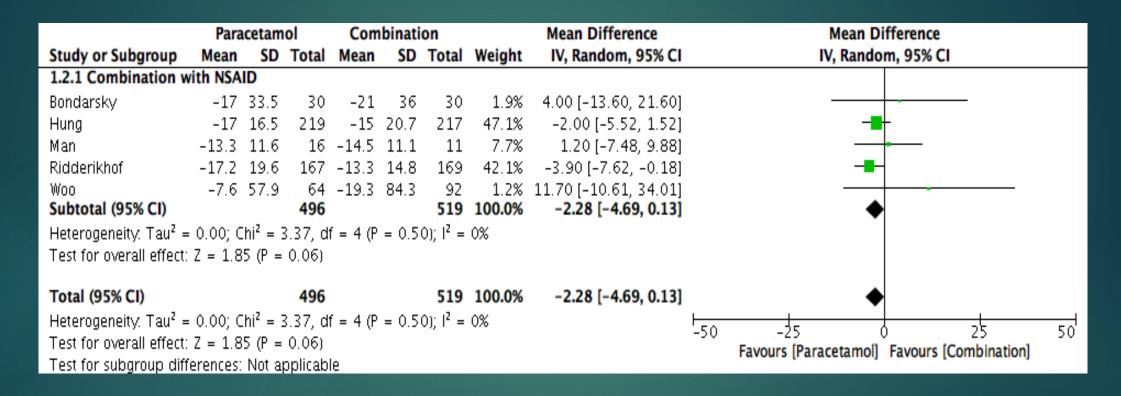


## RESULTS – Pain Score (Rest)

	Paracetamol				binati	on		Mean Difference	Mean Difference				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI				
Woo	-12.9	48	64	-16.1	70	92	1.4%	3.20 [-15.32, 21.72]					
Ridderikhof	-12.3	18.9	167	-11.8	16.2	169	33.6%	-0.50 [-4.27, 3.27]	+				
Man	-9.4	7.5	16	-9.5	7.1	11	15.3%	0.10 [-5.48, 5.68]	+				
Hung	-12	16.5	219	-13	16.5	217	49.7%	1.00 [-2.10, 4.10]					
Total (95% CI)	۸ ۸۸۰ ۵	·u;2 /	<b>466</b>	ח/ כ	۸۸		<b>100.0%</b>	0.39 [-1.79, 2.57]					
- '	Heterogeneity. Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 0.46, df = 3 (P = 0.93); $I^2$ = 0%  Test for overall effect: Z = 0.35 (P = 0.73)  Favours [paracetamol] Favours [combination]												

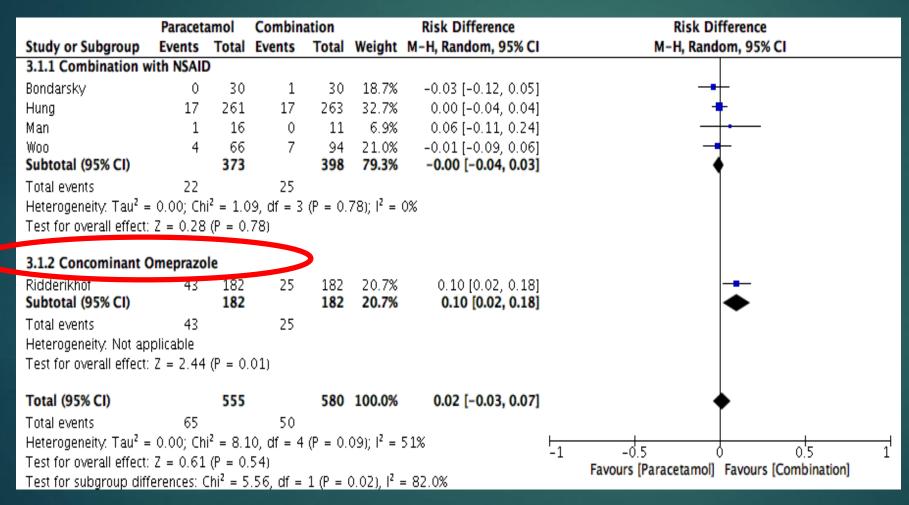
• No difference in reduction in pain score at 2 hours

## RESULTS – Pain Score (Activity)



- Greatest reduction in pain score at 2 hours seen with paracetamol monotherapy
   <13mm</li>
- 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)

 Concominant omeprazole used in 1 study

## RESULTS – Additional Analgesia

	Paracet	Combin	ation		Risk Difference	Risk Difference	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Hung	47	221	57	226	30.5%	-0.04 [-0.12, 0.04]	
Man	1	16	1	11	4.5%	-0.03 [-0.24, 0.18]	
Ridderikhof	16	167	10	169	55.1%	0.04 [-0.02, 0.09]	<del>                                      </del>
W00	18	64	21	92	9.9%	0.05 [-0.09, 0.19]	-
Total (95% CI)		468		498	100.0%	0.01 [-0.03, 0.06]	•
Total events	82		89				
Heterogeneity. Tau <sup>2</sup> =	: 0.00; Ch	j <sup>2</sup> = 3.(	)9, df = 3	(P = 0.	38);  2 =	3%	-0.5 -0.25 0 0.25 0.5
Test for overall effect:	Z = 0.53	(P = 0)	59)				Favours [Paracetamol] Favours [Combination]
							rarous haracannol rarous feemsumon)

- 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 1<sup>st</sup> line in this clinical setting

### ACKNOWLEDGEMENTS

Associate Professor Peter Jones

▶ Jay Gong – Clinical Pharmacist

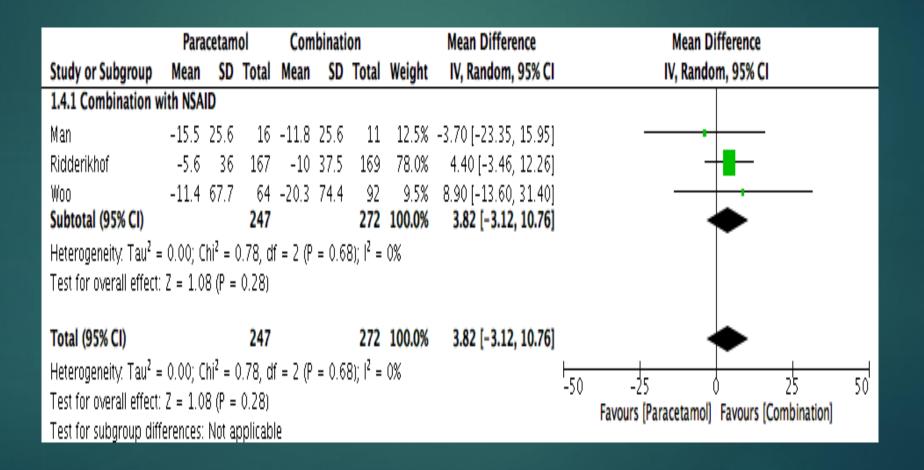
## QUESTIONS



# Reduction in Pain Score – 24 hours (rest)

	Para	cetam	ol	Com	binati	on		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.3.1 Combination v	with NSA	ID							
Man	-9.5	33.5	16	-4.1	20.2	11	11.9%	-5.40 [-25.70, 14.90]	•
Ridderikhof	-5.6	36	167	-10	37.5	169	79.2%	4.40 [-3.46, 12.26]	<del>-   •   •   •   •   •   •   •   •   •   </del>
Woo	-9.8	58.6	64	-14.3	90.8	92	8.9%	4.50 [-18.96, 27.96]	<del></del>
Subtotal (95% CI)			247			272	100.0%	3.24 [-3.75, 10.24]	
Heterogeneity. Tau <sup>2</sup> :	= 0.00; 0	lhi² = 1	0.79, d	f = 2 (P	= 0.6	(7); I <sup>2</sup> =	0%		
Test for overall effect	: Z = 0.9	1 (P =	0.36)						
Total (95% CI)			247			272	100.0%	3.24 [-3.75, 10.24]	<b>*</b>
Heterogeneity. Tau <sup>2</sup> :	= 0.00; 0	lhi² = 1	0.79, d	f = 2 (P	= 0.6	(7); I <sup>2</sup> =	0%	-	-20 -10 0 10 20
Test for overall effect	: Z = 0.9	1 (P =	0.36)						Favours [Paracetamol] Favours [Combination]
Test for subgroup dif	ferences:	Not a	pplicab	le					ravours (raracetamon ravours (combination)

## Reduction in Pain Score – 24 hours (activity)



# Reduction in Pain Score – 72 hours (rest)

	Para	cetam	ol	Com	binati	on		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.5.1 Combination	with NSA	ID							
Hung	-18	24.7	219	-20	24.8	217	68.2%	2.00 [-2.65, 6.65]	<del>-</del>
Man	-15	34.5	16	-12.5	21.9	11	3.3%	-2.50 [-23.79, 18.79]	•
Ridderikhof	-18.2	36.8	167	-21.9	36	169	24.3%	3.70 [-4.09, 11.49]	-
Woo	-12.8	49.5	64	-18.1	70	92	4.2%	5.30 [-13.45, 24.05]	
Subtotal (95% CI)			466			489	100.0%	2.41 [-1.43, 6.24]	•
Heterogeneity. Tau² :	= 0.00; 0	[hi² = (	0.43, di	= 3 (P	= 0.9	3); l² =	0%		
Test for overall effect	: Z = 1.2	3 (P =	0.22)						
Total (95% CI)			466			489	100.0%	2.41 [-1.43, 6.24]	•
Heterogeneity. Tau² :	= 0.00; 0	[hi² = (	0.43, di	-20 -10 0 10 20					
Test for overall effect	: Z = 1.2	3 (P =	0.22)						Favours [Paracetamol] Favours [Combination]
Test for subgroup dif	ferences:	Not a	oplicab	е					Tavours (ratacetation) Tavours (combination)

## Reduction in Pain Score – 72 hours (activity)

	Paracetamol Combination							Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.6.1 Combination	with NSA	ID							
Hung	-18	24.7	219	-20	24.8	217	60.5%	2.00 [-2.65, 6.65]	<b></b>
Man	-15.5	25.6	16	-11.8	24.1	11	3.6%	-3.70 [-22.68, 15.28]	<del></del>
Ridderikhof	-14.9	29.6	167	-17.6	29	169	33.3%	2.70 [-3.57, 8.97]	<del>- •</del>
Woo	-11.4	67.7	64	-20.3	74.4	92	2.6%	8.90 [-13.60, 31.40]	<del></del>
Subtotal (95% CI)			466			489	100.0%	2.20 [-1.41, 5.82]	◆
Heterogeneity. Tau <sup>2</sup>	= 0.00; 0	[hi² = (	0.74, d	f = 3 (P	= 0.8	6); I <sup>2</sup> =	0%		
Test for overall effect	:: Z = 1.2	0 (P =	0.23)						
Total (95% CI)			466			489	100.0%	2.20 [-1.41, 5.82]	◆
Heterogeneity: Tau <sup>2</sup>	= 0.00; 0	[hi² = (	0.74, d	f = 3 (P	= 0.8	6); I <sup>2</sup> =	0%		1-50
Test for overall effect	:: Z = 1.2	0 (P =	0.23)				'-50 -25 Ó 25 50' Favours [Paracetamol] Favours [Combination]		
Test for subgroup dif	ferences:	Not a	oplicab	le					ravours (raracetamon) ravours (combination)

## Adverse Events – 1 week

	Paracetamol			ation		Risk Difference	Risk Difference
Study or Subgroup	<b>Events</b>	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
3.2.1 Combination w	ith NSAID	)					
Hung	41	261	30	263	69.9%	0.04 [-0.02, 0.10]	•
Man	0	16	0	11	12.4%	0.00 [-0.14, 0.14]	<del></del>
Woo	10	66	17	94	17.7%	-0.03 [-0.15, 0.09]	<del></del>
Subtotal (95% CI)		343		368	100.0%	0.02 [-0.02, 0.07]	<b>*</b>
Total events	51		47				
Heterogeneity. Tau <sup>z</sup> =	0.00; Chi	$j^2 = 1.3$	3, df = 2	(P = 0.	51); l² =	0%	
Test for overall effect:	Z = 1.00	(P = 0.	32)				
Total (95% CI)		343		368	100.0%	0.02 [-0.02, 0.07]	•
Total events	51		47				
Heterogeneity: Tau <sup>z</sup> =	0.00; Chi	$j^2 = 1.3$	3, df = 2	(P = 0.	51); l² =	0%	-1 -0.5 0 0.5 1
Test for overall effect:	Z = 1.00	(P = 0.	32)				Favours [Paracetamol] Favours [Combination]
Test for subgroup diffe	erences: N	lot app	licable				ratous paraceannon ratous (combination)

## Sub-group analysis – reduction pain score at rest

