

LOKAL BEHANDLING MED NSAID

Derry S, Moore RA, Rabbie R. Topical NSAIDs for chronic musculoskeletal pain in adults. The Cochrane Library 2012, Issue 9

Topical NSAIDs compared to placebo/oral NSAIDs for chronic musculoskeletal pain in adults.

Patient or population: Acute musculoskeletal conditions.

Intervention: Topical NSAIDs

Comparison: Placebo/oral NSAIDs

Outcomes	Anticipated absolute effects* (95% CI)	Relative effect (95% CI)	№ of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with topical NSAIDs				
Clinical success over time. NSAID versus placebo follow up: 2-12 weeks	The mean clinical success over time. NSAID versus placebo in the intervention group was 1.29 Risk ratio higher (1.21 higher to 1.38 higher)	-	3384 (10 RCTs)	⊕⊕⊕○ MODERATE ^{1,2}	NNT (5-10) ganske høy. Man må behandle 5 eller 10 pasienter for at en pasient får effekt.
Local adverse events. NSAIDs versus placebo follow up: 2-12 weeks	The mean local adverse events. NSAIDs versus placebo in the intervention group was 1.69 RR higher (1.45 higher to 1.98 higher)	-	5177 (21 RCTs)	⊕⊕⊕○ MODERATE ³	More participants experienced one or more local adverse events with NSAID than with placebo- statistical significant. Events are described as mild and transient.
Systemic adverse events follow up: 2-12 weeks	The mean systemic adverse events in the intervention group was 1.01 RR higher (0.76 higher to 1.35 higher)	-	2237 (14 RCTs)	⊕⊕⊕○ MODERATE ¹	There was no significant difference in the number of participants experiencing systemic adverse events.
Topical NSAIDs versus oral NSAIDs clinical success	The mean topical NSAIDs versus oral NSAIDs clinical success in the intervention group was 1.02 RR higher (0.94 higher to 1.11 higher)	-	1735 (5 RCTs)	⊕⊕⊕○ MODERATE ^{1,2}	Topical NSAIDs have the similar effect like oral NSAIDs.
Topical NSAIDs versus placebo gastrointestinal adverse events follow up: 2-12 weeks	The mean topical NSAIDs versus placebo gastrointestinal adverse events in the intervention group was 1.13 RR higher (0.8 higher to 1.58 higher)	-	3647 (15 RCTs)	⊕⊕⊕○ MODERATE ¹	More participants experienced gastrointestinal adverse events with oral NSAID than with topical NSAIDs-statistical significant diff.

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; RR: Risk ratio; OR: Odds ratio;

GRADE Working Group grades of evidence

High quality: We are very confident that the true effect lies close to that of the estimate of the effect

Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. Study duration-short
2. Uklar diagnose
3. Stor heterogenitet

Oppsummering: Resultatene viser at topicale non-steroidal anti-inflammatoriske legemidler (NSAIDs) kan redusere smerter hos pasienter med kne- og håndosteoartritt. Det finnes ikke tilsvarende studier for andre langvarige tilstander. Best evidens, basert på store studier med god kvalitet, har man for topikal diclofenac. Topicale NSAIDs gir ingen gastrointestinale bivirkninger. Lokale bivirkninger opptrer i større grad sammenlignet med placebo og oral NSAID, men disse bivirkningene er beskrevet som milde og forbigående. Dokumentasjonen er vurdert å være av moderat kvalitet. Grunnlaget for dokumentasjonen er basert på mange studier med mange deltakere, og på studier som ikke er beheftet med stor risiko for at det er systematiske skjevheter/feil i effektestimaterne.

OBS! Forskningsgrunnlaget er for langvarige muskelskjelett tilstander (kne- og håndosteoartritt), og resultatene kan ikke overføres til TMD uten forbehold. Det finnes ikke gode studier for effekt av topikale NSAIDs ved TMD.