

## MEDIKAMENTELL BEHANDLING: PARACETAMOL OG NSAID

Roelofs PDDM, Deyo RA, Koes BW, Scholten RJPM, van Tulder MW. Non-steroidal anti-inflammatory drugs for low back pain. The Cochrane Library 2008, Issue 1

### Comparison NSAIDs and placebo for Low back pain

**Patient or population:** Low back pain

**Intervention:** NSAIDs

**Comparison:** Placebo

Outcomes	Anticipated absolute effects <sup>1</sup> (95% CI)	Relative effect (95% CI)	No of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with NSAIDs				
<b>Change in pain intensity</b> assessed with: VAS follow up: <=3 weeks	The mean change in pain intensity in the intervention group was 8.39 lower (12.68 lower to 4.1 lower)	-	745 (4 RCTs)	⊕⊕⊕○ MODERATE <sup>1,2</sup>	Statistically significant effects in favor of NSAIDs compared to placebo for population with low back pain.
<b>Side effects</b> follow up: <=3 months	The mean side effects in the intervention group was 1.35 RR higher (1.35 higher to 1.68 higher)	-	1852 (10 RCTs)	⊕⊕⊕○ MODERATE <sup>1,2</sup>	Statistically significant side effect in favor of NSAIDs compared to placebo
Proportion of patients experiencing global improvement. Follow-up <=3 weeks.	The mean new outcome in the intervention group was 1.19 RR higher (1.07 higher to 1.33 higher)	-	954 (7 RCTs)	⊕⊕⊕○ MODERATE <sup>1,2</sup>	Statistically significant side effect in favor of NSAIDs compared to placebo

\*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. Randomization procedure?
2. Allocation concealment?

Summary of findings:

**Comparison NSAID to Paracetamol for Low back pain**

**Patient or population:** Low back pain

**Intervention:** NSAID

**Comparison:** Paracetamol

Outcomes	Anticipated absolute effects*(95% CI)		Relative effect (95% CI)	№ of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with Paracetamol	Risk with NSAID				
<b>Pain intensity on various scales</b> follow up: mean <=3 weeks	-	The mean pain intensity on various scales in the intervention group was 21 standard deviations lower (0.43 lower to 0.02 higher)	-	309 (3 RCTs)	⊕⊕○○ LOW 1234	There is moderate evidence that NSAIDs are equally effective for pain relief compared with paracetamol for acute low back pain
<b>Proportion of patients side effects</b> follow up: mean <=3 months	-	The mean proportion of patients side effects in the intervention group was 1.76 RR higher (1.12 higher to 2.76 higher)	-	309 (3 RCTs)	⊕⊕○○ LOW 1234	NSAIDs were associated with more side effects compared to paracetamol
Patients experiencing global improvement follow up: <=3 weeks	-	The mean patients experiencing global improvement in the intervention group was 1.23 standard deviations higher (0.88 higher to 1.73 higher)	-	128 (3 RCTs)	⊕⊕○○ LOW 14§	There is moderate evidence that NSAIDs are equally effective for global improvement compared with paracetamol for acute low back pain

\*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;

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1. Allocation concealment?
2. Patients/Care providers blinded?
3. Outcomes blinded?
4. Few participants
5. Withdrawals

## Summary of findings:

### NSAID selective COX-2 inhibitors compared to NSAID non selective COX-2 inhibitors for Low back pain

**Patient or population:** Low back pain

**Intervention:** NSAID selective COX-2 inhibitors

**Comparison:** NSAID non selective COX-2 inhibitors

Outcomes	Anticipated absolute effects <sup>†</sup> (95% CI)		Relative effect (95% CI)	No of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with NSAID non selective COX-2 inhibitors	Risk with NSAID selective COX-2 inhibitors				
Change in Pain Intensity	-	The mean change in Pain Intensity in the intervention group was 2 higher (1.92 lower to 5.92 higher)	-	440 (3 RCTs)	⊕⊕⊕⊕ HIGH	No statistically significant differences for pain relief for acute low-back pain
Proportion of patients experiencing side effects.	-	The mean proportion of patients experiencing side effects. in the intervention group was 0.83 RR higher (0.7 higher to 0.99 higher)	-	1059 ( RCTs)	⊕⊕⊕○ MODERATE <sup>1</sup>	Selective Cox-2 had statistically significantly fewer side-effects compared to Non selective Cox inhibitors

<sup>†</sup>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

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1. Allocation, randomization?

#### Oppsummering: Resultatene viser:

1. Signifikant smertereduksjon ved bruk av NSAID sammenlignet med placebo hos pasienter med kroniske lave rygg smerter. Moderat dokumentasjonskvalitet. Bruk av NSAID er like effektivt som bruk av paracetamol for reduksjon av smerter hos pasienter med akutte lave rygg smerter. NSAID forårsaket mer bivirkninger enn paracetamol. Lav dokumentasjonskvalitet.
2. Det finnes ikke statistisk signifikant forskjell i smertereduksjon mellom COX-2 NSAID og «tradisjonelle» NSAID hos pasienter med akutte lave rygg smerter. Høy dokumentasjonskvalitet.
3. COX-2 NSAID forårsaket mindre bivirkninger enn tradisjonelle NSAID hos pasienter med akutte lave rygg smerter. Moderat dokumentasjonskvalitet.

Dokumentasjonen er vurdert å være av høy, moderat til lav kvalitet.

**OBS!** Forskningsgrunnlaget er basert på studier av lave rygg smerter og kan ikke overføres til TMD uten forbehold.