Celecoxib for the treatment of pain in osteoarthritis and rheumatoid arthritis

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objective of this review was to present the current evidence on the efficacy/effectiveness and safety of celecoxib (Celebrex (R)) for the treatment of pain in patients with osteoarthritis (OA) and rheumatoid arthritis (RA).

Authors' conclusions
Overall, short-term use of celecoxib was equivalent to non-selective NSAIDs (naproxen and diclofenac) and other COX-2 inhibitors (nimesulide and rofecoxib) and was superior to acetaminophen in reducing pain and improving function for patients with RA and OA. Short-term use of celecoxib was associated with a reduction in rates of gastroduodenal erosions or ulcers compared with those for non-selective NSAIDs (naproxen, ibuprofen, and diclofenac) in patients with RA and OA. Many questions remain to be addressed about the long-term safety of celecoxib compared with non-selective NSAIDs and about the combination treatment of NSAIDs and other types of drugs. Health Canada recommended usage restrictions for Celebrex beginning in April 2005. Celebrex should not be used in patients who have had a heart attack or stroke, serious chest pain related to hearth disease, or congestive heart failure. Celebrex may increase the risk of cardiovascular events in patients with high blood pressure, high cholesterol, diabetes, and smoking. Also, Celebrex should be prescribed and used at the lowest possible dose and for the shortest, necessary period of time.

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