Comparative effectiveness and safety of analgesics for osteoarthritis
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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
Questions addressed in this report are:

1. What are the comparative benefits and harms of treating osteoarthritis with oral medications or supplements? How do these benefits and harms change with dosage and duration of treatment, and what is the evidence that alternative dosage strategies, such as intermittent dosing and drug holidays, affect the benefits and harms of oral medication use? (Note: The only benefits considered under this question are improvements in osteoarthritis symptoms from long-term use. Evidence of harms associated with nonsteroidal antiinflammatory drug (NSAID) use include long-term studies of these drugs for treating osteoarthritis or rheumatoid arthritis and for cancer prevention.

2. Do the comparative benefits and harms of oral treatments for osteoarthritis vary for certain demographic and clinical subgroups of patients?

- Demographic subgroups include age, sex, and race. - Coexisting diseases include hypertension, edema, ischemic heart disease, heart failure; peptic ulcer disease; history of previous bleeding due to NSAIDs. - Concomitant medication use includes anticoagulants.

3. What are the comparative effects of coprescribing of H2-antagonists, misoprostol, or proton pump inhibitors (PPIs) on the gastrointestinal harms associated with NSAID use?

4. What are the comparative benefits and harms of treating osteoarthritis with oral medications as compared with topical preparations? Topical preparations include: capsaicin, diclofenac, ibuprofen, ketoprofen, and salicylate.

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