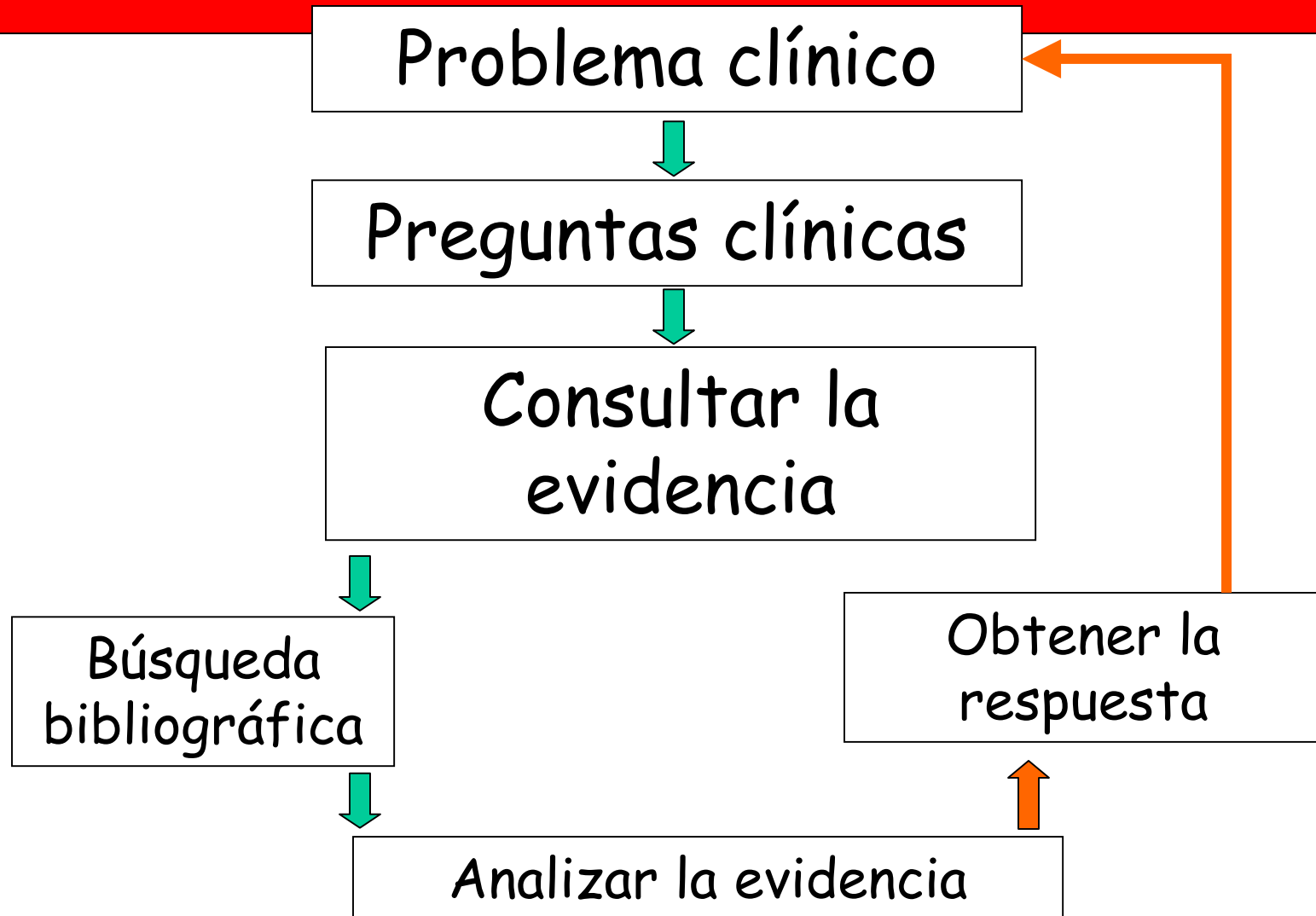


Un documento aportado al
Comite de Medicina Basada en la Evidencia,
Clinica Alemana de Santiago
Por Dr. Roberto Lede

INSTITUTO ARGENTINO DE MEDICINA BASADA EN LAS EVIDENCIAS



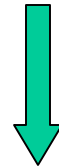
Problema clínico:

- Paciente adulto joven que presenta un síndrome de "codo de tenista" desde hace unas semanas que le dificulta sus actividades cotidianas.
- Ha tomado analgésicos diversos, sin mayor resultado.
- Desea un alivio rápido.

Pregunta clínica:

- ¿La infiltración con corticoides es más eficaz que los analgésicos para tratar este síndrome doloroso?

Búsqueda Bibliográfica



Pragmatic randomised controlled trial of local corticosteroid injection and naproxen for treatment of lateral epicondylitis of elbow in primary care

BMJ 1999; 319: 964-9

The **aims of the study** were to determine whether local corticosteroid injection, a two week course of naproxen, or simple analgesia provides the best short term treatment for new episodes and which of these treatments provides best long term relief of symptoms.

Methods:

Study design

The study was a multicentre, pragmatic randomised trial in primary care. We recruited consecutive patients aged 18 to 70 years who consulted their general practitioner with a new episode of lateral epicondylitis (pain and tenderness in the lateral region of the elbow and no consultation with symptoms in the same elbow during the preceding 12 months)

Methods:

Interventions

Injection group: methylprednisolone and lignocaine

Naproxen group: enteric coated naproxen

Placebo group: placebo tablets

Co-intervention: co-codamol as required

Methods:

The **primary outcome** was patients' global assessment of change measured on a 5 point scale (*complete recovery, improved, no change, worse, much worse*) at 4 weeks.

Methods:

Outcome assessments were performed by a blinded study nurse before randomisation and at 4 weeks, 6 months, and 12 months. The baseline assessment also included demographic variables, medical history, and potential prognostic variables. Case notes were reviewed after completion of follow up.

Methods:

Exclusion criteria were a history of inflammatory arthritis or gross structural abnormality of the elbow; contraindications to nonsteroidal antiinflammatories or local steroid injection; and pregnancy or breast feeding.

Methods:

Randomisation: Treatment allocation was according to the study number given to the patient at the baseline assessment.

Numbers were issued in a predetermined random sequence in blocks of six by general practice and generated with a random number table. The number corresponded with that on identical treatment packs kept in the general practitioners' surgeries.

Methods

Analysis: Intention to treat analysis was performed blind to treatment group.

Results

Baseline:

table 1 shows the baseline characteristics of the study sample.

Follow up: from 23 practices registered 182 patients. Of these patients, 164 (78 women) were randomised:

- 53 to receive local injection
- 53 to naproxen
- 58 to placebo.

Table 2: Outcome at four weeks after intervention according to treatment group. Values are numbers (percentages) of patients

Change in elbow	Injection* (n=52)	Naproxen (n=53)	Placebo (n=56)
Complete recovery	22 (42)	3 (6)	2 (4)
Some improvement	26 (50)	27 (51)	26 (46)
No change	3 (6)	16 (30)	23 (41)
Worse	1 (2)	7 (13)	4 (7)
Much worse	0 (0)	0 (0)	1 (2)

*P<0.05 compared with naproxen and with placebo.

Table 2: Outcome at four weeks after intervention according to treatment group.

	Cambios	Sin cambios o peor	Mejoría
Corticoides		4	48
Placebo		28	28

Table 2: Outcome at four weeks after intervention according to treatment group.

Cambios	Sin cambios o peor	Mejoría	Riesgo Absoluto
Corticoides	4	48	0.077
Placebo	28	28	0.50

Table 2: Outcome at four weeks after intervention according to treatment group.

Cambios	Sin cambios o peor	Mejoría	Riesgo Absoluto
Corticoides	4	48	0.077
Placebo	28	28	0.50

Diferencia Absoluta de Riesgo: $0.077 - 0.50 = 0.42$

Table 2: Outcome at four weeks after intervention according to treatment group.

Cambios	Sin cambios o peor	Mejoría	RAbs
Corticoides	4	48	0.077
Placebo	28	28	0.50

Riesgo Relativo: 0.15 (0.06 a 0.38)

Reducción RR: 0.83 (0.59 a 0.93)

Punto Final Primario: sin mejoría a las 4 semanas

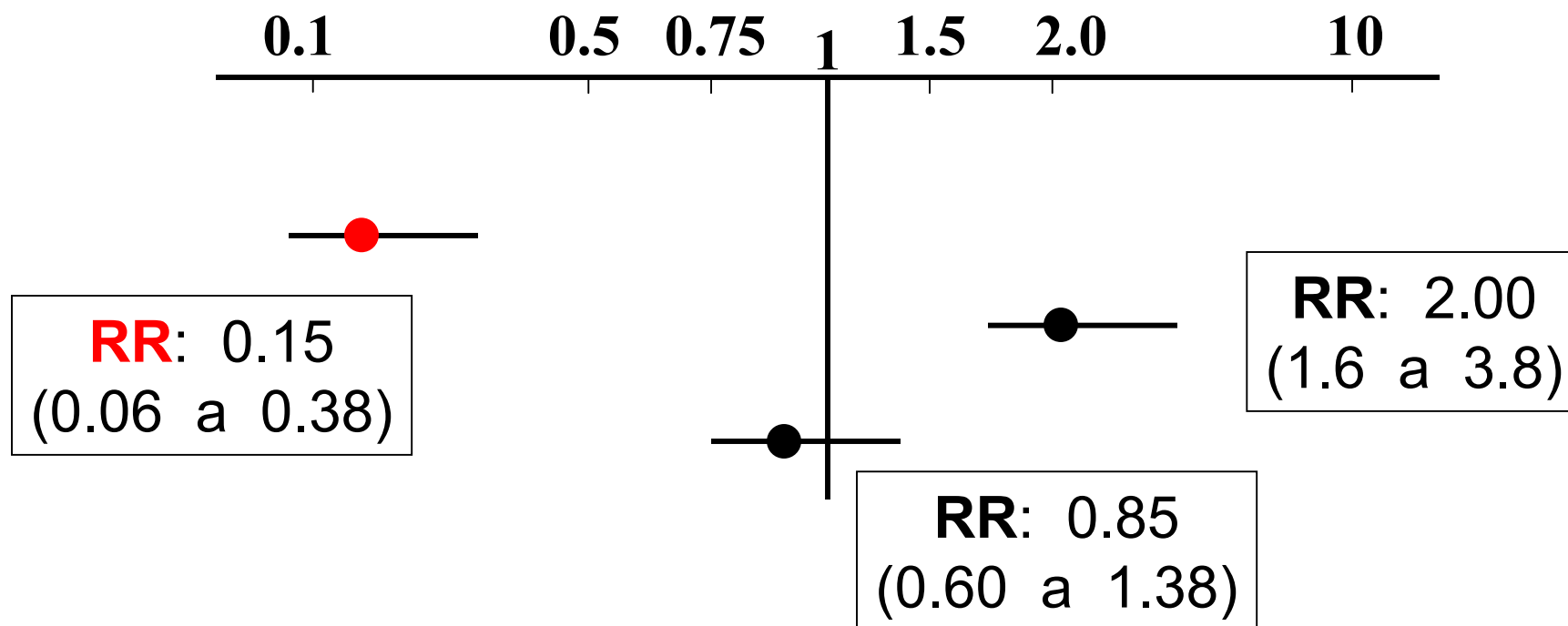


Table 2: Outcome at four weeks after intervention according to treatment group.

Cambios	RAbs	IC 95%
Corticoides	0.077	0.02 a 0.19
Placebo	0.50	0.36 a 0.63
Diferencia de Riesgo: 0.42 (0.34 a 0.44)		

Table 2: Outcome at four weeks after intervention according to treatment group.

Diferencia de Riesgo: 0.41

Cantidad Necesaria a Tratar: 1 / 0.41

2 (2 a 3)

Cada 3 (3 a 4) pacientes que trate, habrá 1 que permanecerá con el problema

Pregunta clínica:

- ¿La infiltración con corticoides es más eficaz que los analgésicos para tratar este síndrome doloroso?

Respuesta:

- Sí, esta intervención es válida para tratar el problema de mi paciente.