

A RETROSPECTIVE FRENCH STUDY WITH CHONDROITIN SULFATE IN OA PATIENTS : NSAIDS AND ANALGESICS REDUCTION ASSESSMENT

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Objective:

Chondroitin sulfate (Chondrosulf®) belongs to the slow-acting anti-osteoarthritis group of drugs.

The aim of this study was to evaluate the impact of chondroitin sulfate on the use of drugs with severe toxic effects such as NSAIDs.

Material and Methods

The strategy devised for this survey was aimed at finding the answers through the following criteria :

- to create a truly pragmatic situation, by asking the questions directly to the patients. Furthermore the survey was conducted at retail pharmacies,
- the daily consumption of NSAIDs was retained as the evaluation criterion for the potential efficacy of chondroitin sulfate.

This observational pragmatic study was conducted in a retrospective and parallel way.

Customers walking into one of the pharmacies involved in the study were considered eligible and interviewed about their present and past consumption of NSAIDs.

The following two groups were compared :

- Group 1 : patients who have been treated continuously with chondroitin sulfate for less than three months,
- Group 2 : patients who have been treated continuously with chondroitin sulfate for three months.

The 2 groups have been compared against their consumption of NSAIDs on the day preceding the interview.

Results:

144 pharmacies have actively taken part in the survey.

844 patients (73.8% female - mean 64.96 years) was the studied population.

The 2 groups (1 : 443 patients ; 2 : 400 patients) were comparable in terms of age, gender and contra-indication to a treatment with NSAIDs.

The treatment of acute attacks resulted in a significant difference in the consumption of analgic drugs in the group of patients who had been taking chondroitin sulfate for more than 3 months (60.27% versus 53.5%, $p < 0.05$).

In patients who had been taking chondroitin sulfate for more than three months, the consumption of NSAIDs was reduced as well as in number and dosage.

Thus, the number of patients receiving at least one NSAID was reduced by 30% (11.6% versus 16.8%).

Furthermore, the daily dosage of this drug was reduced by 40% (18.9 mg versus 31.5 mg) in these patients receiving a disease modifying NSAIDs treatment.

A clear improvement was observed in 66.2% of the 400 patients who had been treated for more than three months with chondroitin sulfate.

Conclusion:

This study, carried out in a population of more than 800 patients, in 144 retail pharmacies, attests the interest of chondroitin sulfate for the treatment of osteoarthritis. This is confirmed by the reduced consumption of analgic drugs and NSAIDs (in number and dosage) by patients who had been treated with chondroitin sulfate for more than three months.



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