ADVERSE EFFECTS: Randomised, placebo-controlled trials involving patients with rheumatic and arthritic conditions who have received Devil's Claw extracts or powdered drug at approximately recommended doses for four weeks have reported mild, transient gastrointestinal symptoms (such as diarrhoea, flatulence) in a small proportion (less than 10%) of Devil's Claw recipients. No serious adverse events were reported.

Chronic toxicity studies and clinical experience with prolonged use are lacking, so the effects of long-term use of Devil's Claw are not known. On this basis, and in view of possible cardioactivity, Devil's Claw should not be used for long periods of time at doses higher than recommended. Given the lack of data on the effects of Devil's Claw taken during pregnancy and lactation, its use should be avoided during these periods.

DRUG INTERACTIONS: There are no reported drug interactions for Devil's Claw, although on the basis of evidence from preclinical studies of Devil's Claw's cardioactivity, the possibility of excessive doses interfering with existing treatment for cardiac disorders and/or with hypo/hypertensive therapy should be considered.

Key references

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Combined inhalers are more effective than beta-agonist alone for chronic obstructive pulmonary disease but with some potential harms

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THE PROBLEM: COPD is a chronic progressive condition. A variety of treatments are given and it can be difficult for primary care physicians to know how beneficial are bronchodilators and inhaled corticosteroids. This review attempts to deal with this issue.

CLINICAL BOTTOM LINE: The combination of long acting beta-agonists and inhaled corticosteroids is more effective than beta-agonist alone in terms of reducing exacerbations and death. The NNT=4 to prevent one exacerbation over one year. There was an increase in harms depending on the baseline rate of pneumonia. When the baseline rate was 20% (Torch study ref 1) the NNH=12 for causing pneumonia while in a study with a baseline rate of 2% pneumonia the NNH=84.

	Success	Evidence	Harms
Combined long acting beta-agonist with inhaled corticosteroids	NNT=4 to prevent one exacerbation. In the largest study the NNT=38 to prevent one death[1]	Cochrane review[2]	NNH=12 in the Torch study with base rate of 20% for pneumonia. In another study with baseline rates of 2% NNH=84

NNT = numbers needed to treat
NNH = numbers needed to harm

References

1. Calverley P et al. Torch investigators. N Engl J Med 2007;356:775-89.
2. Nannini LJ et al. Combined corticosteroid and long-acting beta-agonist in one inhaler versus long-acting beta-agonists for chronic obstructive pulmonary disease. Cochrane Reviews 2007, Issue 4. Art No: CD006829.

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