



Should Tramadol be prescribed for osteoarthritis?

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COCHRANE REVIEW: Toupin April K, Bisaillon J, Welch V, Maxwell LJ, Jni P, Rutjes AWS, Husni ME, Vincent J, El Hindi T, Wells GA, Tugwell P. Tramadol for osteoarthritis. Cochrane Database of Systematic Reviews 2019, Issue 5. Art. No.: CD005522. doi:10.1002/14651858.CD005522.pub3.

J PRIM HEALTH CARE
2019;11(2):185–186.
doi:10.1071/HC15943
Published 18 July 2019

BACKGROUND: Osteoarthritis (OA) is a prevalent and debilitating condition affecting over 20% of the population aged > 50 years.¹ Approximately 15% of people aged > 50 years will consult their GP with regard to knee pain annually.¹ This Cochrane review set out to determine the impact of tramadol use by people with osteoarthritis.²

CLINICAL BOTTOM LINE: Although Tramadol was significantly more likely to reduce pain and increase physical function comparative to placebo, the increases were minor and would probably not be of clinical benefit to patients.² Tramadol was worse for pain reduction and physical function improvement than NSAIDS and caused more side-effects.²

Outcome measured	Success	Evidence	Harms
Comparing Tramadol given alone with placebo: For pain For physical function	There was a mean reduction in pain in the tramadol group (on a 1100 scale Tramadol decreased the pain by 4 points \pm 1). This reduction would not be large enough to make a clinical difference to the patient. There was a mean improvement in physical function of 4% (2–6%). This improvement would not be large enough to make a clinical difference to the patient.	This evidence is of moderate quality and is based on 3972 participants from eight studies. This evidence is of moderate quality and is based on 2550 participants from five studies.	Tramadol caused significantly more side effects than placebo or NSAIDS. More participants randomised to Tramadol withdrew from the trials than those on placebo or taking NSAIDS.
Comparing Tramadol given alone with acetaminophen: For pain	There was no difference in pain between the groups	This evidence is of very low quality and is based on 20 participants from one study.	
Comparing Tramadol given alone with NSAIDS: For pain For physical function	NSAIDS were more effective as a pain reliever (on a 1–100 scale Tramadol was 22 points higher (CI 7–37) than NSAIDS). NSAIDS were more effective for increasing physical function (on a 0–1700 scale Tramadol was 82 points higher (CI 32–131) than NSAIDS).	This evidence is of moderate quality and is based on 952 participants from three studies This evidence is of low quality and is based on 952 participants from three studies	

References

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