

Osteoarthritis and Cartilage



Letter to the Editor

Comments on the article by Conaghan *et al.*

With interest we read the article written by Conaghan *et al.*¹ The authors concluded that 7-day buprenorphine patches plus oral paracetamol are non-inferior to co-codamol with respect to analgesic-efficacy in older people with osteoarthritis pain of the hip and/or knee. We believe this is a well-conducted study which attempted to find alternatives for pain reduction in older patients with osteoarthritis, but after reading some questions remained.

First, the authors describe the titration period that patients had to enter to reach optimal pain control. The authors define optimal pain control as sufficient pain control with minimal side effects. How did the authors decide what minimal side effects are? And what did the authors define as sufficient pain control?

Second, a considerable number of patients (103) were lost to follow-up. The authors report that this high drop-out rate is normal in opioid trials and that no analyses were performed to look at differences between the patients who completed and those who withdrew. Yet, selective dropout could be possible so these analyses seem mandatory to us.

Third, the authors described their randomization procedure very well and they clearly stated which inclusion and exclusion criteria were used. However, we think that the description of the patients-characteristics is limited. Is it possible to provide data about body mass index, level of education, osteoarthritis (OA) (site, duration, and severity), and Western Ontario McMaster Osteoarthritis Index (WOMAC) scores? We think these data would be very important as it may have affected the results. Furthermore, we wonder whether compliance during the study was recorded.

Fourth, the total study population comprised of 220 patients. It would be interested to know the number of patients that were screened, as this may say something about the external validity. Also, could they explain why the results section described that the full analysis population included 209 patients, whereas Fig. 1 mentioned 220 patients.

We would be very interested in the authors' response to these comments and questions.

Authors' contributions

All authors made substantial contributions to the interpretation, drafting, and revisions and approved the final version.

Conflict of interest

The authors declare that they have no conflicts of interest.

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Reference

1. Conaghan PG, O'Brien CM, Wilson M, Schofield JP. Transdermal buprenorphine plus oral paracetamol vs an oral codeine-paracetamol combination for osteoarthritis of hip and/or knee: a randomised trial. *Osteoarthritis Cartilage* 2011.

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