C. Wang

Marcaine than Saline in 7 people, greater after Saline than Marcaine in pain scores after the Marcaine or Saline: pain relief was greater after

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high HADs score indicative of signifi-
cant anxiety/depression. Baseline scores indicated that 7 were complaining of

47-81). All were on some medication for their painful knee OA (18 Caucasian, 4 Indian and 2 Samoan, their mean age was 63 years (range

Results:

improved during the study, and whether being in the study had helped

amount of symptom relief, whether the contralateral knee had

was causing them most pain (the index knee), with an interval of two

weeks between each injection. They were randomised to having intra-

articular injection of either a placebo or a local anaesthetic as an aid

to sorting out pain mechanisms, and helping patients and their doctors decide whether surgery might be a good treatment option.

Methods: The study was approved by the local ethics committee. 20 patients attending a rheumatology clinic because of bilateral, painful

KOA were recruited and gave signed, informed consent. Demographic
data was collected, including a full pain history, and the knees were examined. Each patient then had two injections into the knee which

was causing them most pain (the index knee), with an interval of two weeks between each injection. They were randomised to having intra-

articular Marcaine or an equivalent volume of saline first, and the alternative injection second, in a double blind study design. Prior to
each injection pain questionnaires were administered, including the s-

LANSS to assess neuropathic pain, and the HADs to assess the degree of

anxiety and depression. Following each injection pain scores were

collected daily in relation to both knees, for a two week period. 3

patients reported improvement in pain in the contralateral knee. There

was no apparent difference in the response to Saline or Marcaine in those with or without widespread pain, neuropathic pain, or anxiety/ depression. However, satisfaction with the study did differ in these groups: fewer of those with widespread pain, neuropathic pain and anxiety or depression reported that they got better than those without any such features (5 of 9 compared with 9 of 11 respectively). 19 or the 20 said they were pleased to have had the chance to take part, 13 said that it had helped greatly with their understanding of their pain problem and 9 said it had influenced their decision about surgical intervention.

Conclusions: There was very little difference in the pain response to intra-articular Marcaine or Saline in this small pilot placebo study of intra-articular injections in patients with KOA. This suggests that much of the response to any intra-articular therapy is placebo related. The study is too small to reach any conclusions about the value of this approach in sorting out different pain syndromes, but we believe it likely that it could be a helpful research tool, and out data strongly suggest that it can be a valuable aid to doctors and patients in gaining understanding of the pain, and in coming to appropriate treatment decisions.

Figure: Adjusted mean change from baseline in WOMAC Pain for NSIADs, less potent opioids, and potent opioids.

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THE USE OF INTRA-ARTICULAR PLACEBO INJECTIONS TO INVESTIGATE PAIN IN PEOPLE WITH OSTEOARTHRITIS OF THE KNEE JOINT: A PILOT STUDY

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Purpose: Previous studies have suggested that placebo injections into the knee joint can relieve pain in patients with knee osteo-

arthritis (KOA). It is now clear that several different types of pain and pain mechanisms can occur in KOA: some patients have significant pain sensitisation, and a generalised pain problem complicating any peripheral, noninfective cause. It is also known that some 20% of people who have a knee replacement do not obtain good pain relief. We wanted to investigate the possible value of an intra-

articular injection of either a placebo or a local anaesthetic as an aid to sorting out pain mechanisms, and helping patients and their doctors decide whether surgery might be a good treatment option.

Methods: The study was approved by the local ethics committee. 20 patients attending a rheumatology clinic because of bilateral, painful KOA were recruited and gave signed, informed consent. Demographic
data was collected, including a full pain history, and the knees were examined. Each patient then had two injections into the knee which was causing them most pain (the index knee), with an interval of two weeks between each injection. They were randomised to having intra-

articular Marcaine or an equivalent volume of saline first, and the alternative injection second, in a double blind study design. Prior to
each injection pain questionnaires were administered, including the s-

LANSS to assess neuropathic pain, and the HADs to assess the degree of

anxiety and depression. Following each injection pain scores were

collected daily in relation to both knees, for a two week period. 3

months after the end of the study all patients were recalled for follow-

up at which point they were asked about their satisfaction with being in

the study, their preference for the first or second injection, the overall

amount of symptom relief, whether the contralateral knee had

improved during the study, and whether being in the study had helped them understand their pain better and decide whether surgery was for

them or not.

Results: 13 women and 7 men were recruited to the study, 14 were

Caucasian, 4 Indian and 2 Samoan, their mean age was 63 years (range

47-81). All were on some medication for their painful knee OA (18 simple analgesics, 14 NSIADs) and they were suffering from a variety of co-morbidities. Baseline scores indicated that 7 were complaining of widespread pain problems in addition to knee pain, 4 had s-LANSS scores of 12 or greater indicative of neuropathic-like pain, and 3 had a high HADs score indicative of significant anxiety/depression. 10 patients had Marcaine first and 10 Saline first. Most patients reported some pain relief after each injection, but there were no significant differences in pain scores after the Marcaine or Saline: pain relief was greater after

Marcaine than Saline in 7 people, greater after Saline than Marcaine in 8, and in the remaining 5 the pain relief scores were almost identical after each injection. The total pain scores at the end of each two week observation period showed that scores were lower at the end of the second period than at the end of the first, irrespective of whether Marcaine or Saline was injected first, and at the three month assess-

ment 13 said they favoured the second injection and 7 the first. Four

patients reported improvement in pain in the contralateral knee. There

was no apparent difference in the response to Saline or Marcaine in those with or without widespread pain, neuropathic pain, or anxiety/ depression. However, satisfaction with the study did differ in these groups: fewer of those with widespread pain, neuropathic pain and anxiety or depression reported that they got better than those without any such features (5 of 9 compared with 9 of 11 respectively). 19 or the 20 said they were pleased to have had the chance to take part, 13 said that it had helped greatly with their understanding of their pain problem and 9 said it had influenced their decision about surgical intervention.

Conclusions: There was very little difference in the pain response to intra-articular Marcaine or Saline in this small pilot placebo study of intra-articular injections in patients with KOA. This suggests that much of the response to any intra-articular therapy is placebo related. The study is too small to reach any conclusions about the value of this approach in sorting out different pain syndromes, but we believe it likely that it could be a helpful research tool, and out data strongly suggest that it can be a valuable aid to doctors and patients in gaining understanding of the pain, and in coming to appropriate treatment decisions.