nous odansetron to help relieve nausea and vomiting was significantly less in patients taking VIOXX, an approximate 57 percent reduction, compared to those taking placebo (18 percent versus 41 percent, p=0.04).

- Flexing of the Replaced Knee: The ability to flex the replaced knee following surgery, an important measure of outcome, also was greater in patients receiving VIOXX. For example, 67 degrees of flexion is needed to walk, 83 degrees to climb stairs, 90 degrees to descend stairs, 93 degrees to rise from a chair and a full range of 106 degrees is required to tie one’s shoes. At discharge from the hospital, patients taking VIOXX demonstrated greater knee functionality compared to those taking placebo (mean 84.2 degrees for patients receiving VIOXX versus 73.2 degrees for those receiving placebo, p=0.03). In addition, patients taking VIOXX demonstrated an earlier achievement of 90 degrees of flexion compared to placebo (p=0.05) and had a greater range of motion at one month (mean 109.3 degrees for patients receiving VIOXX versus 100.8 degrees for those receiving placebo, p=0.01) at just one month post-operation.

Patients reported satisfaction with the level of pain relief provided by VIOXX
Patient satisfaction also was assessed in the study, using a five-point scale where one represented “no efficacy” and five represented “excellent efficacy.” Overall, patients rated a higher satisfaction for VIOXX in terms of pain relief at discharge versus placebo (4.3 versus 3.3, p=0.03). The difference in satisfaction for VIOXX measured at discharge from the hospital persisted at two weeks and then again at a one-month follow-up.

Reference

Combination proves effective for acute post-operative pain - A meta-analysis of single dose oral tramadol administered in combination with acetaminophen (paracetamol)

Results from a recent meta-analysis published in the European Journal of Anaesthesiology, showed the increased efficacy of the combination of tramadol with acetaminophen (paracetamol) for the treatment of acute post-operative pain.

The meta-analysis was done at the Oxford Pain Relief Unit at the University of Oxford in the United Kingdom.

Methods
Individual patient data from seven randomised, double blind placebo-controlled trails of tramadol plus acetaminophen (paracetamol) were used for analysis. All trials used identical methods and assessed single-dose oral tramadol (75 or 112.5mg) plus acetaminophen (650 or 975mg) in adult dental (1376) or gynaecological/orthopaedic (407) patients with moderate to severe pain. Summed pain intensity and pain relief data were extracted. Global evaluation by the patient was scored on a five point scale: poor, fair, good, very good, or excellent.

Results
The results of the meta-analysis confirmed that the tramadol/acetaminophen combination is more effective than either of its two components administered alone. The small dose of tramadol administered alone does not have much effect, but in combination with acetaminophen (paracetamol) it has an effect that is greater than either individual component. The combination formulation also had significantly lower NNT (number-needed-to-treat) than the components alone, comparable to ibuprofen (400mg), the gold standard for this pain model.

Tramadol alone and acetaminophen (paracetamol) alone had NNT of about 12 and 8, respectively. However, the combination of tramadol and acetaminophen had a much improved NNT of just under 3.

Conclusions
The meta-analysis demonstrated the analgesic superiority of the combination treatment over its components, without additional toxicity. This is difficult to establish in individual conventional small size trials. “Combination analgesic formulations are an important and effective means of pain relief, and should prove useful in treating elderly and other groups of patients who often cannot tolerate non-steroidal anti-inflammatory drugs, including the newer COX-2 inhibitors,” the study concluded.

Reference