Local injection, naproxen, and simple analgesia led to similar 1 year rates of symptom relief in lateral epicondylitis

Hay EM, Paterson SM, Lewis M, et al. *Pragmatic randomised controlled trial of local corticosteroid injection and naproxen for treatment of lateral epicondylitis of elbow in primary care. BMJ* 1999 Oct 9;319:964–8.

QUESTION: In adults with lateral epicondylitis (tennis elbow), which of 3 regimens (local corticosteroid injection, 2 weeks of naproxen, or simple analgesia) is most effective?

Design

Randomised (allocation concealed)*†, blinded (outcome assessor and statistician)*, placebo controlled trial with 12 months follow up.

Setting

23 primary care practices in North Staffordshire and South Cheshire, England.

Patients

164 patients who were 18–70 years of age (66% ≥ 45 y, 52% men) and had consulted their general practitioner because they had had a new episode of lateral epicondylitis. Exclusion criteria were a history of inflammatory arthritis or gross structural abnormality of the elbow, contraindications to non-steroidal anti-inflammatory drugs (NSAIDs) or local steroid injection, pregnancy, or breast feeding. 98% of patients were included in the analysis for 4 week complete recovery, 96% for 4 week and 12 month pain severity, and 98% for 6 month pain severity.

Intervention

Patients were allocated to a local corticosteroid injection of methylprednisolone, 20 mg, and 1% lignocaine, 0.5 ml (n = 53); enteric coated naproxen, 500 mg twice daily for 2 weeks (n = 53); or placebo for 2 weeks (n = 58). Patients received co-codamol (a combination of paracetamol [acetaminophen] and codeine, 8 mg) for additional pain relief.

Main outcome measure

Patients' global assessment of change (5 point scale). Secondary outcomes included pain severity (10 point Likert scale).

Main results

Analysis was by intention to treat. More patients in the injection group than in the naproxen or placebo groups reported complete recovery and had pain scores ≤ 3 at 4 weeks (p < 0.05 for all comparisons) (table). At 6 months, fewer patients in the injection group than in the placebo group had pain scores ≤ 3 (p < 0.05) (table). At 12 months, ≥ 80% of patients in each group had pain scores ≤ 3.

Local corticosteroid injection (inj), naproxen (nap), and placebo (pl) for lateral epicondylitis‡

Outcomes	Comparisons	Event rates	RBI (95% CI)	NNT (CI)
Complete recovery at 4 weeks	Inj v nap	42% v 5.7%	647% (161 to 2158)	3 (2 to 5)
	Inj v pl	42% v 3.6%	1085% (235 to 4321)	3 (2 to 5)
Pain scores ≤ 3 at 4 weeks	Inj v nap	82% v 48%	71% (27 to 138)	3 (2 to 7)
	Inj v pl	82% v 50%	64% (24 to 124)	4 (3 to 8)
			RBR (CI)	NNH (CI)
Pain scores ≤ 3 at 6 months	Inj v pl	65% v 83%	22% (2 to 39)	6 (3 to 89)

‡RBR = relative benefit reduction. Other abbreviations defined in glossary; RBI, NNT, RBR, NNH, and CI calculated from data in article.

Conclusions

In patients with acute lateral epicondylitis, local corticosteroid injection was most effective for relieving symptoms at 4 weeks but not at 6 months. At 1 year, local injection, naproxen, and simple analgesia led to similar rates of symptom relief.

*See glossary.

†Information provided by author.

COMMENTARY

This pragmatic randomised controlled trial by Hay *et al*, in which primary care patients were followed up for 1 year, overcomes many of the limitations of previous trials,¹ and allows some realistic clinical conclusions to be drawn.

This study confirms that a local injection of methylprednisolone, 20 mg, and lignocaine is effective in the treatment of lateral epicondylitis, providing short term relief from pain. However, some patients who respond well to injection will probably relapse by 6 months.

On the other hand, NSAID treatment, in the form of naproxen, 500 mg twice daily for 2 weeks, fared no better than placebo at any point during follow up. Some 30% of patients randomly allocated to the naproxen and placebo treatment groups received a corticosteroid injection during the follow up period. In view of the lack of evidence that 1 form of NSAID performs any better than another or that NSAIDs are more effective than simple analgesics, NSAIDs apparently have no role in treating tennis elbow.²

No matter what treatment was given—local injection, NSAID, or placebo—the outcome at 1 year was similar, with almost all patients making a satisfactory recovery. The remaining question is: what role, if any, does physical therapy have in the treatment of lateral epicondylitis?

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Sources of funding:
Arthritis Research
Campaign. Upjohn
provided
methylprednisolone
injections; Syntex
provided enteric coated
naproxen.

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