Rose Hip Reduces OA Hand Pain and Stiffness

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — An herbal remedy made from a subspecies of rose hip (*Rosa canina*) significantly reduced pain in patients with osteoarthritis of the hand, compared with placebo, according to the results of a small, randomized controlled study.

The 32 patients in the study had osteoarthritis of at least one joint of the hand and were randomized to treatment with either five capsules of 0.5 g standardized rose hip powder or identical placebo twice daily for 3 months, after which the study arms were switched and patients took the alternative treatment for an additional 3 months.

During the two treatment periods, 88% of patients taking active treatment reported a reduction in pain, compared with 36% of those taking placebo, Kaj. Winther, M.D., said in a poster presentation at the 2004 World Congress on Osteoarthritis. C-reactive protein (CRP) levels also fell with active treatment.

Dr. Winther and his and colleagues at University Hospital Rigshospitalet in Copenhagen began looking for an alternative pain medication for his elderly patients with cardiovascular disease and thrombosis who also suffered from osteoarthritis.

"Nonsteroidals, aspirin, Cox-2 [inhibitors], etc., all had their side effects, and did not go well with warfarin," Dr. Winther said at the congress, sponsored by the Osteoarthritis Research Society International.

C-reactive protein levels also fell with active treatment.

In the current study, before and after each of the two treatment periods, patients evaluated their pain and stiffness while performing 1 of 15 different daily activities.

A 10-point scale was used to evaluate their pain, with a score of 10 being the most severe pain.

The mean age was 62 years, 28 patients were female, and all had a positive handgrip test. Eight patients were taking NSAIDs, 16 patients regularly took acetaminophen.

Taking the mean of all 15 activity scores, pain was significantly reduced while on active treatment, compared with placebo (4.8 vs. 5.3, respectively).

Evaluation of stiffness showed a similar pattern of improvement (4.6 active treatment vs. 5.1 placebo).

The overall feeling of discomfort from the disease was significantly reduced from 5.8 at baseline to 4.6 while on active treatment, compared with 5.7 and 5.5 for the placebo group.

The treatment with LitoZin, the formulation used in the study, was associated with significant decreases in serum C-reactive protein levels below baseline levels (*P* value of less than .05). CRP levels fell from a range of 4-23 mg/L at baseline to a range of 3.8-16 mg/L after treatment.

LitoZin, which is manufactured by Dansk Droge Ltd., Ishøj, Denmark, and distributed in Europe, is expected to be marketed in 2005 in the United States by EuroPharma Inc., Green Bay, Wis.

Side effects were comparable with placebo, and no patients dropped out of the study, reported Dr. Winther.

Dr. Winther disclosed that he has no financial interest in the product. ■

Simple Trapeziectomy Sufficient For Thumb Osteoarthritis

BY NANCY WALSH
New York Bureau

NEW YORK — Simple trapeziectomy offers as much benefit as more complicated, combined procedures for osteoarthritis of the trapeziometacarpal joint, Timothy R.C. Davis, M.D., said at the annual meeting of the American Society for Surgery of the Hand.

Trapeziectomy has been widely performed for this condition since its use was first reported in 1949. It fell out of favor because it was perceived as having a protracted recovery, and there was a belief that the inevitable shortening of the thumb would weaken that digit.

Concerns about postoperative arthritis or instability that could lead to persistent pain led to modifications of the procedure, Dr. Davis said.

One approach was to do a tendon interposition after trapeziectomy, using the palmaris longus. A second alternative was to do the tendon interposition plus an additional ligament reconstruction, which is probably the most commonly used technique today, he said.

"But neither of these procedures has ever been demonstrated to produce better outcomes than simple excision of the trapezium," said Dr. Davis, professor of orthopaedics and accident surgery at the University of Nottingham (England).

A series of 183 thumbs in 162 women whose painful basal thumb osteoarthritis had not responded to medical therapy were randomized to one of the three procedures.

Additional procedures such as carpal tunnel decompressions were performed as necessary. Following the surgery, each thumb was immobilized in a plaster of paris spica for 6 weeks.

Once the plaster was removed patients were encouraged to mobilize the thumb and were given physiotherapy as needed.

Subjective assessments included evaluation of pain, weakness, stiffness, and the ability to perform activities of daily living.

At 3 months about 50% of patients in all groups reported little or no pain, and by 1 year, 82% had reached this level of pain relief. "But the pain relief was not influenced by the type of operation—it was as if we had done the same operation in all the patients," Dr. Davis said.

By 1 year, 68% reported no weakness or interference with activities of daily living.

Mean thumb key pinch strength, evaluated with a pinch meter, improved significantly across all groups from 3.5 kg preoperatively to 4.6 kg at 1 year, but again the improvement was not influenced by the type of surgery performed, he said.

"In the short term at least, we concluded that palmaris longus interposition or ligament reconstruction did not improve the outcome of simple trapeziectomy with the insertion of a Kirschner wire and did not speed up recovery from the operation," Dr. Davis said.

Five-year follow-up is ongoing, but the results will have to wait until about 2007, he added. ■