COX-2 Options Restricted, CAM May Gain Ground

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CHICAGO — The withdrawal of rofecoxib and valdecoxib from the market may give an even greater number of arthritis patients the impetus to try nonpharmacologic therapies, Sharon L. Kolasinski, M.D., said at a symposium sponsored by the American College of Rheumatology.

Already, roughly half of adults in the United States have tried complementary and alternative medicines (CAM), and patients with rheumatoid arthritis (RA) are among the highest users, said Kolasinski, assistant professor of medicine and chief of clinical services at the University of Pennsylvania School of Medicine, Philadelphia.

This trend isn't all bad as some alternative therapies can help reduce pain and keep the arthritis patient active, she said.

"Nonpharmacologic therapies are an important part of what our patients are actually choosing to use whether we suggest it or not," said Dr. Kolasinski.

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There is a substantial body of evidence-based research supporting the use of mind-body interventions such as meditation, cognitive behavioral therapy, and biofeedback. Additionally, tai chi, yoga, and acupuncture may be appropriate adjunctive therapies in some patients.

Dr. Kolasinski said the evidence does not support the use of magnetic bracelets or mattress pads, although copper bracelets are a common sight in many rheumatologists' offices.

An intriguing study of 20 RA patients demonstrated an American College of Rheumatology (ACR) 20 response in half of the patients practicing tai chi, and no similar response in patients enrolled in a stretching and wellness education program for 12 weeks.

Dr. Kolasinski and colleagues at the university found that 8 weekly sessions of yoga significantly improved Western Ontario and McMaster University Osteoarthritis Index (WOMAC) pain and disability scores in seven women with OA. Stiffness also improved, however, not significantly, she said.

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A follow-up gait study to determine if the effects were merely due to increased personal attention, showed that walking speed increased after yoga (Osteoarthritis and Cartilage 2003;11:S44). The results suggest that the regimen may be appropriate for patients with valgus knee deformities, however, it may not be for those with varus deformities, she said.

There are few data on the value of acupuncture in RA, but a definitive study in patients with knee osteoarthritis (OA) concluded that acupuncture is a reasonable adjunctive therapy for pain relief, particularly for patients without other options.

Relative to a sham control group, significant improvements in WOMAC pain and function scores were reported in 570 knee OA patients who previously had been treated with high-dose drug therapy and who had received 23 acupuncture sessions over 26 weeks (Ann. Intern. Med. 2004;141:901-10).

In particular, WOMAC function scores were nearly 3 points better in the true acupuncture group compared with function scores in the sham group.

Differences between the groups were not significant, however, in WOMAC measures of pain or global assessment, according to the investigators who were based at the University of Maryland School of Medicine, Baltimore.

High dropout rates are common in nonpharmacologic therapy trials, suggesting that physicians may want to propose a variety of adjunctive therapies to help keep arthritis patients physically active, she said. ■

Pages 12a—12d