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Using coxibs and NSAIDs to treat osteoarthritis *Outcomes of the OARSI international COX-2 workshop 2007*

Mt Laurel, NJ – 13 August 2007 - In an Editorial, to be published in the international journal *Osteoarthritis and Cartilage* (<http://intl.elsevierhealth.com/journals/joca/>), published by Elsevier, a panel of arthritis research experts has recommended that coxibs and nonsteroidal anti-inflammatory drugs (NSAIDs) must remain a significant part of the tool kit used in treating osteoarthritis (OA). The Editorial summarizes the outcomes of an international workshop organized by the Osteoarthritis Research Society International (OARSI) and the International COX-2 Study Group, held 24–25 March 2007. The authors urge that an evidence-based approach must be taken when making recommendations to patients.

OA, the most common form of arthritis, is a major medical problem. It has been estimated that over 20 million Americans are afflicted with OA, and that number will rise to 40 million by the year 2020. Controversy now exists as to the safest and most efficacious way of treating the disease, particularly with respect to use of NSAIDs, both non-selective and selective (so-called COX-2 selective agents or coxibs). Adverse reactions related to the gastrointestinal tract, particularly with the non-selective NSAIDs, have been described; more recently, concerns have been expressed related to the cardiovascular system with both groups of agents.

A recent scientific statement from the American Heart Association (AHA) made recommendations with regard to the treatment of OA.¹ A number of these recommendations are challenged in the Editorial² in *Osteoarthritis and Cartilage*, with particular concern about their impact on appropriate use of these agents.

The Editorial questions the recommendation made in the AHA statement which described a stepped care approach to pharmacologic therapy for musculoskeletal diseases. The Editorial strongly recommends that several aspects of the AHA statement be reconsidered. For example, it urges that the AHA withdraw their non-evidence-based recommendations that high-dose aspirin be administered alone as a first line therapy for patients with chronic pain and arthritis.

Dr Roland W. Moskowitz, Professor of Medicine at Case Western Reserve University/University Hospitals of Cleveland, lead author of the Editorial comments, "Careful review of the pros and cons of using these agents, and the situations in which they are most safely and effectively used, is required to help us understand how best to take advantage of their availability".

The input by the OARSI/COX-2 International Study Group provides evidence-based background and guidance that will be of help to physicians, and to patients, in the use of these important commonly used agents.

Editor's Note:

Please see the article for additional information including author affiliations, financial disclosures, funding and support etc.

References:-

1. E.M. Antman, J.S. Bennett, A. Daugherty, C. Furberg, H. Roberts, K.A. Taubert, Use of nonsteroidal antiinflammatory drugs. An update for clinicians: a scientific statement from the American Heart Association, *Circulation*. 2007;113:2906–2913.

2. R.W. Moskowitz, S. Abramson, F Berenbaum, L.S.Simon, M. Hochberg, Coxibs and NSAIDS — Is the air any clearer? Perspectives from the OARSI international COX-2 workshop 2007, Osteoarthritis and Cartilage. 2007;15:849–856.

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About OARSI

The Osteoarthritis Research Society International (OARSI) is a non-profit scientific professional organization that promotes and encourages fundamental and applied research in osteoarthritis. It is the only worldwide organization with the sole focus on OA (www.oarsi.org). Osteoarthritis and Cartilage is an international journal, owned by OARSI, and published on their behalf by Elsevier Ltd. The Journal is highly cited, being the top ranked orthopedics journal by impact factor (according to Thomson Scientific's Journal Citation Reports © 2007). It is also widely read — over 186,000 full-text papers from the Journal were downloaded via ScienceDirect in 2006.

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