OSTEOARTHRITIS: THE LEADING CAUSE OF JOINT PAIN WORLDWIDE

Globally, osteoarthritis (OA) is the most frequent cause of disability in older adults, affecting up to 15% of individuals over 60 years of age. The prevalence and burden of OA is increasing worldwide, including in Asia, due to an ageing population and an increase in associated factors such as obesity in many regions.

Nearly ¾ of individuals with OA report constant pain symptoms, which can have a devastating impact. The physical disability arising from pain and loss of functional ability further reduces quality of life, increases the chance of other morbidities, and negatively impacts work ability and productivity. Depression is also commonly associated with persistent pain.

Joint pain may be a symptom of a variety of conditions. OA is the leading cause of joint pain, and is characterised by a progressive, localised loss of joint cartilage – most commonly in the knee, hip, and hands – resulting in pain, inflammation and loss of full motion. Several risk factors are associated with development of OA, including genetic predisposition, overweight, advanced age, smoking, injury, and repeated stress on the joints. Generally, OA affects women more frequently than men.

LIVING WITH JOINT PAIN IN MALAYSIA

The Global Pain Index (GPI) is a recent survey commissioned by GSK Consumer Healthcare to explore in-depth the impact of, and attitudes towards pain, and reached over 19,000 respondents in 32 countries. According to the GPI study, joint pain affects more than 40% of people surveyed over the age of 18 in Malaysia. In nearly three-quarters of these, joint pain adversely affects quality of life, with most sufferers reporting an impact on their everyday activities, relationships, and overall feelings of wellbeing.

74% of people with joint pain in Malaysia say that pain decreases their quality of life.

Joint pain can be a significant ongoing, lonely burden, and depression is four times more common in individuals living with persistent pain compared to those without pain. However, an appropriate OA management plan can help patients regain their quality of life through controlling symptoms and improving function. Asking patients about the specific ways in which their joint pain affects their lives, including any social and psychological impact, can help with planning a holistic treatment approach.
OSTEOARTHRITIS MANAGEMENT AND TREATMENT GUIDELINES

A holistic, step-wise approach consisting of both pharmacological and non-pharmacological therapies is recommended by numerous international OA clinical guidelines.1-7

Education, exercise, and weight loss (where appropriate) are recommended as the cornerstone of OA management for patients with varying pain severities.2,3,7 Paracetamol is the guideline-recommended first-line oral analgesic for OA pain because of its favourable efficacy and suitability profile.6,8 Topical NSAIDs can also accompany paracetamol first-line. Other medications such as oral NSAIDs or opioids should be used only in cases of persistent pain, at the lowest effective dose and for as short a period as possible.4

COMORBIDITIES

Most patients with OA are over 65 years of age, increasing the likelihood of comorbidities and polypharmacy.9-11 Patients in this age group take an average of 3–5 medications, increasing the risk of drug–drug interactions and adverse events.15 Paracetamol has a low incidence of drug–drug interactions,27 and is a suitable choice due to a low incidence of hepatotoxicity,21 renal toxicity,21,23 cardiovascular adverse events23,24 and gastrointestinal events.24

PATIENT PREFERENCE IS KEY TO SUCCESSFUL PAIN MANAGEMENT

A patient’s acceptance or rejection of their prescribed medication is often the single most important factor determining treatment success. Analgesic drugs have been associated with variable rates of treatment adherence.27 In a multicentre, open-label, randomised, crossover trial, patients with joint and/or OA pain reported significant preference for sustained-release formulation paracetamol over standard paracetamol across all key study endpoints.27

Sustained-release paracetamol is dosed three times daily, with less frequent dosing reported by patients to be more convenient and encourage treatment adherence. The sustained-release formulation also demonstrated significantly improved joint pain relief versus standard paracetamol (Table 1), and higher levels of overall patient satisfaction (P=0.0001).16 Moreover, evidence suggests that patients may be less likely to progress towards narcotic analgesic use when using sustained-release versus standard paracetamol.28


PANADOL EXTEND TABLET: TOUCH ON JOINT PAIN,27 NOT ON YOUR PATIENTS30,31

PANADOL Extend Tablet is a bi-layer tablet that releases paracetamol in two phases (immediate and sustained-release), providing joint pain relief for up to 8 hours. When taken three times a day, it provides up to 24 hours of relief.23 Paracetamol is suitable for long term use.22,23


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