Almost Ineffective

The authors recommend paracetamol as first-line treatment as well as long-term treatment for symptomatic osteoarthritis of the knee, in accordance with the analgesic/therapeutic guideline set out by EULAR. In 30 years of clinical practice, I have found paracetamol almost completely ineffective for arthritis pain. Non-steroidal anti-inflammatory drugs (NSAIDs) were notably more effective, if necessary in combination with proton pump inhibitors and for short-term combination treatment with metamizole. At low dosages, NSAIDs have a low side effect profile, even during long-term treatment. With paracetamol, there is a risk of liver damage if maximum doses are taken regularly. This is one of the reasons why paracetamol is now available on prescription only. In own my clinical practice, intra-articular injection of a steroid has always proved the best treatment for acute severe pain.

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The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

Effects of Acupuncture

Since 2006, acupuncture for osteoarthritis of the knee has been included in the list of healthcare services that are covered by the statutory health insurers. More than 10 000 doctors have become qualified according to the quality assurance agreement for acupuncture in patients with chronic pain, according to §135 section 2 Social Code Book V (SGB V), and regularly practice acupuncture. Deutsches Arzteblatt (1) reported initial results from the nationwide model projects (Charité Berlin and TU München) in 2006. According to the findings, acupuncture is at least as effective as standard treatment.

In 2007, the authors of the GERAC study based at Bochum’s Ruhr University summarized the efficacy of acupuncture in Deutsches Ärzteblatt (2): “10 to 15 acupuncture sessions, verum as well as sham, alleviated symptoms more effectively than conventional therapy.” Surely this means that conservative and guideline-conform treatment for osteoarthritis of the knee should be replaced with acupuncture?

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Conflict of interest statement
The author was the chair of the German association for medical acupuncture (DAEGfA, a charity) until 13 May 2010.

Endoprosthesis Required

The article is subject to several important omissions, in particular endoprosthetic knee replacement, the standard treatment for severe osteoarthritis of the knee, which is performed more than 100 000 times in Germany every year. The case patient presented in the article was clearly in need of an endoprosthesis. I would therefore ask the authors for a comment on the need for endoprosthetic knee replacement, because their scientifically well presented article is incomplete as it stands and may mislead less experienced doctors if this important therapeutic option is not offered to patients.

Treating extensive osteoarthritis by means of a new surface from a monocondylar or bicondylar sliding prosthesis is the only method by which the pathology is actually removed; it should therefore have been mentioned in a prominent position in the article. The described surgical measures do not include this important therapeutic option.

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Tried and Tested Recommendations

The benefits of the microfracturing technique in the medium to long term are questionable. This applies particularly to cartilage lesions larger than 4 cm² (1). Osteochondral transfer methods—for example, mosaicplasty—yield good results even in the longer term. If lesions exceed 4 cm² in size, however, the complication and failure rates associated with this approach increase substantially (2). This finding generally does not apply to autologous chondrocyte transplantation (ACT) (2). A study with an evidence level of 1, which compared conventional ACT (using quality assured chondrocytes) versus microfracturing, yielded significantly better histological results after ACT. Clinically, too, some of the 3 year results for ACT were significantly superior to those achieved by microfracturing. Another randomized study investigating a carrier-based ACT versus microfracturing reported significantly better results for ACT for all clinical scores after only 2 years. A recently published study with up to 20 years’ follow-up also points at stable long-term results from ACT and a high degree of patient satisfaction (3). However, similarly reliable long-term results after microfracturing, especially for larger cartilage lesions, have not been reported so far, and neither have mainly good results of this method subsequent to failed ACT or mosaicplasty. In sum, the evidence base for ACT—especially in contrast to microfracturing—has improved steadily in the recent past. Our working group’s recommendations for indications and methods for the different biological reconstructive approaches (microfracturing, mosaicplasty, and ACT) for cartilage lesions of the knee have thus become tried and tested, or even been confirmed, and should therefore continue to be considered in everyday clinical practice (2).

Low-Dose Radiotherapy

As practicing radiooncologists, we missed a mention of low-dose radiotherapy in the context of conservative treatment in the article, since it has traditionally been much used in Germany and is recognized among orthopedic specialists. The so called x-ray stimulation radiotherapy is used everyday in many patients, including patients with osteoarthritis of the knee, and we would have appreciated at least a brief mention of this method.

Even though randomized controlled studies for this special indication are thus far lacking, many publications of retrospective analyses, including patterns of care studies (PCS), are available. In 2004, investigators noted in the context of such a PCS that every year, 23 752 patients in Germany with degenerative joint disorders, including osteoarthritis of the knee, received x-ray stimulation radiotherapy (1). In 2004, an orthopedic specialist published the results of a retrospective study with a success rate (pain reduction, absence of pain) of 63% after radiotherapy for osteoarthritis of the knee. A PCS published in 2010 showed that in Germany in 2007, 4544 patients with osteoarthritis of the knee received radiotherapy. Referrals for radiotherapy were made by orthopedic specialists (95.2%), general practitioners (84.6%), surgeons (28.8%), and other specialists (27.9%) (multiple mentions permitted). 25% of patients were free from pain, and a moderate to no-table reduction in pain was achieved in 55% of patients who had received radiotherapy (3).

From a radiotherapeutic perspective, low-dose radiotherapy for painful Kellgren stage 2–3 osteoarthrits of the knee at is an effective therapeutic option and can be recommended or undertaken even if surgical interventions are not possible or desirable.

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