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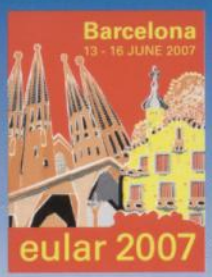

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Abstracts

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CAN PATIENTS WITH RHEUMATOID ARTHRITIS BENEFIT FROM THE HERBAL REMEDY ROSE-HIP?

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Abstract

Objectives: To investigate if a standardised powder made from subspecies of rose-hip (rosa canina) can reduce pain and stiffness in patients suffering from rheumatoid arthritis (RA).

Design: Randomised, double-blind, placebo-controlled, parallel.

Setting: Two outpatient clinics in Berlin and Copenhagen.

Primary outcome variable: Health Assessment Questionnaire (HAQ). Secondary: DAS-28, physician's global evaluation of disease activity, RAQoL, SF-12 and concomitant pain medication.

Results: A total of 89 patients with RA according to ARA/ACR criteria (90% female, mean age 56.6 ± 11.3 years, mean disease duration 12.8 ± 9.6 years) were randomised to treatment with capsulated rose-hip powder 5 g daily or matching placebo for 6 months. HAQ-DI of patients in the rose-hip group improved by 0.105 ± 0.346, whereas in the placebo group it worsened by 0.039 ± 0.253 (p adjusted=0.032). In the HAQ Patient Pain Scale no significant differences were observed between both groups. In the HAQ Patient Global Scale a trend was seen favouring rose-hip (p=0.078). The DAS-28 score yielded improvement in the rose-hip group of 0.89 ± 1.32 and in the placebo group of 0.34 ± 1.27 (p=0.056) indicating moderate clinical relevance. The Physicians Global Scale demonstrated more improvement in the rose-hip compared to the placebo group (p=0.012). These observations were supported by QoL assessment: RAQoL and SF-12 physical score improved (p=0.043 and p=0.013 respectively) in the actively treated group compared to placebo, whereas SF-12 mental score remained unchanged. Intake of pain medication was not different between the groups. Predefined analysis in 78 patients with at least 3 month treatment and per protocol analysis essentially confirmed these results.

Conclusion: The results indicate that patients with rheumatoid arthritis benefit from additional treatment with the present rose-hip powder.

SAT0218 ROSE-HIP IN OSTEOARTHRITIS (OA): A META-ANALYSIS

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Objectives: To give a systematic review, with a quality assessment and meta-analysis of clinical trials, of rose-hip supplement (a herbal remedy) for knee and/or hip OA symptoms.

Methods: The bibliographical databases PubMed, EMBASE, CINAHL, Scopus, Scifinder, Web of Science, and PEDro, as well as The Cochrane Controlled Trials Register and Scirus, were searched for randomised controlled trials (RCTs) of subjects with (knee or hip) osteoarthritis (OA) - using the terms: osteoarthritis, osteoarthrosis, degenerative arthritis - combined with rose-hip, rosa canina, ros* AND herb*, "hyben vital", "Litozin". We also did a manual search of reference lists in review articles, manuscripts, and supplements from rheumatology and OA journals. Inclusion, quality scoring [1], and data abstraction were performed systematically by 2 independent reviewers. Outcome data were extracted for pain and disability. For each included trial, the number of responders was estimated, and standardised mean difference was calculated as the Effect Size (ES) for pain, and disability based on the corresponding relevant z-statistics [2]. We calculated Odds Ratio's (OR) for the number of patients responding to treatment, supported by the Number Needed to Treat (NNT) for clinical response. For the meta-analyses we used a (SAS) mixed linear model [3], but applied a restricted maximum likelihood (REML) method [2].

Results: A total of four RCTs, including two with a cross-over design, were eligible for meta-analysis. This included 360 patients with symptomatic knee and/or hip OA; 229 of these patients were allocated to rose-hip supplement treatment. The studies had an arithmetic mean quality score of 3.90 (78.1% max). All three outcomes - pain, disability, and number of responders – seemed homogenous ($P>0.17$), supported by the I-square: 39.5%, <0%, and 37.5%, respectively (indicating consistency). Based on the REML - fixed-effects – model, rose-hip resulted in a statistically significant small reduction in pain (ES [95% CI]: -0.21 [-0.35 to -0.07]; p=0.004), disability (-0.22 [-0.36 to -0.07]; p=0.003), with more patients likely to respond to treatment when compared to the untreated controls (OR: 3.04 [2.04 to 4.52]; $p<0.0001$). This OR - adjusted for the weighted control event rate – corresponded to a NNT of 4 (3 to 6) patients.

Conclusion: Based on the available evidence, we conclude that a supplement of rose-hip might result in some symptomatic relief in many osteoarthritis patients. The clinical efficacy was small and in the same range as that of paracetamol (acetaminophen) [4].

References: 1. Jadad AR et al. Control Clin Trials 1996;17(1):1-12.
2. Normand SL. Stat Med 1999;18(3):321-59.
3. van Houwelingen HC et al. Stat Med 2002;21(4):589-624.
4. Zhang W et al. Ann Rheum Dis 2004;63(8):901-7.