

Corticosteroid Injections a Quick Fix, but Not a Durable Treatment for Tennis Elbow

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NEW YORK (Reuters Health) Sept 28 - Patients given corticosteroid injections for treatment of tennis elbow tend to experience more rapid relief of pain than those treated with physiotherapy, according to results of a prospective, randomized trial.

However, that effect soon wanes, investigators in Australia report in this week's issue of BMJ Online First. After 1 year, patients who received a short course of physiotherapy or who were given supportive treatment alone reported better outcomes and had fewer recurrences than did patients who were treated with steroid injections.

Because of the lack of high-level evidence for treating tennis elbow, Dr. Bill Vicenzino and associates at the University of Queensland in St. Lucia conducted a controlled trial among adults with tennis elbow pain of at least 6 weeks' duration (median 22 weeks). All the patients were given booklets with practical advice on self-management and ergonomics.

The 65 patients randomly assigned to the injection group were treated with one mL of 1% lidocaine and 10 mg of triamcinolone acetonide, which could be repeated if necessary.

Sixty-six patients were assigned to physiotherapy, which comprised eight 30-minute sessions over 6 weeks, using elbow manipulation and exercise, along with instructions for exercising at home, a resistant exercise band, and an exercise instruction booklet.

The remaining 67 patients were advised to wait it out and just use readily available treatments as needed, such as over-the-counter analgesics, heat, cold, or braces.

At 6 weeks, 78% of participants who received injections reported success in the primary endpoints -- pain-free grip force and global improvement. Similar results were documented for 65% of those receiving physiotherapy and 27% in the wait group.

Conversely, an assessor blinded to treatment allocation recorded no significant difference between patients in the physical therapy group and those in the wait group, while those in the steroid injection group had actually fared worse over the long run. The rates of success defined as either "much improved" or "completely recovered" were 94%, 90%, and 68%, respectively. The injection group subjects were more likely to relapse (72%), compared with 8% in the physical therapy group and 6% in the wait group.

Dr. Vicenzino and his associates suggest that the high recurrence rate after injections may be due to over-use of the affected elbow because of their initial rapid pain improvement.

They conclude that "given appropriate advice, tennis elbow is a self-limiting condition at 52 weeks in most cases."

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