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Published 09/05/2024

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Categories: Family/General Practice, Pain Management
Keywords: seronegative polyarthrtitis

How to cite this abstract
Farina F (September 05, 2024) Impact of the combined therapy deflazacort+etoricoxib in managing seronegative polyarthrtitis in general medicine. Cureus 16(9): a1318

Abstract

Introduction: Experiencing pain is among those experiences that mostly tend to undermine the quality of life, for the discomfort directly provoked, for the functional impotency generated, for the need of absence from work, of access to clinics for visits or check-ups and for the need to take medicine with the risk of side effects and increased healthcare bills. Management of a patient with pain has significant impact on general medicine, 60% of visits to primary care clinics are due to pain (IPSE study). Seronegative polyarthritis assumes significant and peculiar relevance, since it is characterized by significant impairment of the quality of life, as the pain affects multiple joints and therefore prevents the patient from carrying out various activities. Furthermore, this disorder often affects young people who may suffer the most from the difficulty in carrying out daily tasks due to pain. Pain control strategies, according to the most recent scientific evidence, include the first-line use of analgesics (paracetamol and NSAIDs) in monotherapy, however in the pathological condition object of this study, it is often necessary to use high-dose analgesics to obtain a benefit, often with side effects or drug interactions with ongoing therapies. We therefore investigated the efficacy and safety of a combination therapeutic strategy with a low dosage using two drugs with complementary mechanisms of action, a corticosteroid and an inhibitor COX-2 selective. Within the two classes we chose: Deflazacort at a dosage of 12 mg/day and Etoricoxib 60 mg/day for 7 days.

Methods: Patients with joint pain with a prevalent nociceptive component diffused to >2 joint areas were enrolled, who were negative to immune-rheumatological tests, non-responders to first-line therapy with paracetamol/NSAIDs at moderate doses for 7 days, rather than proposing an increase in the dosage of monotherapy, the combination therapy Deflazacort 12 mg+Etoricoxib 60 mg for 7 days was proposed. We evaluated the pain at the first visit with a VAS scale and reassessed it after the therapy cycle, counting the medical contacts in the following 12 weeks for worsening of pain or related needs (sickness certificates, specialist and instrumental tests, reporting of side effects). Excluded from the sample patients with osteoarthritis, patients with structural mechanical pain, patients with neuropathic pain, cancer patients.

Results: 16 patients enrolled between 30 and 60 years old, 12 woman and 4 men. In all cases, having achieved adequate pain control after a cycle of therapy, only one patient returned to the outpatient clinic for problems relating to pain after 2 months from the treatment cycle, no one reported side effects.

Conclusions: Combination therapy, exploiting the synergy of the two drugs could be an effective and safe treatment in the management of seronegative polyarthritis. An enlargement of the sample is necessary in order to detect statistically significant conclusions.

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