



Review of Articles that Might Alter Clinical Behavior - I

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Articles assessed for general validity & for applicability to the population we serve.

Just when you thought it was safe to go in the water.

A randomized controlled trial of ibuprofen, paracetamol or a combination tablet of ibuprofen/paracetamol in community-derived people with knee pain [1].

Population studied – 892 English patients with knee pain.

Medication comparisons

- ibuprofen – 400mg tid
- acetaminophen (Tylenol) 1000 tid
- ibuprofen (I) + acetaminophen (A) tid
 - 200mg I + 500mg A
 - 400mg I + 1000mg A

Outcome measure – hemoglobin decrease >1g/dl

Result

- ibuprofen – 19.6%
- acetaminophen (Tylenol) – 20.3%
- ibuprofen + acetaminophen tid
 - 200mg I + 500mg A – 24.1%
 - 400mg I + 1000mg A – 38.4%

Interpretation

Acetaminophen at doses of 3000 mg/day may have greater gastrointestinal toxicity than previously recognized.

Co-ingestion of acetaminophen and ibuprofen [even at the very low dose of 1200 mg/day (contrasted with anti-inflammatory doses of 3600mg/day)] significantly increases blood loss.

Implication of this study for clinical practice

Acetaminophen is so commonly used that avoidance of ibuprofen seems appropriate, not just because it is less safe to co-ingest, but also because ibuprofen (specifically among the NSAIDs) blocks the cardioprotective effect of aspirin.

References

1. Michael Doherty, Chris Hawkey, Michael Goulder, Iain Gibb, Nicola Hill, et al. (2011) A randomised controlled trial of ibuprofen, paracetamol or a combination tablet of ibuprofen/paracetamol in community-derived people with knee pain. *Annals of the Rheumatic Diseases* 70: 1534-1541.

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