

# TRAMADOL FOR OSTEOARTHRITIS

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## ABSTRACT

### Background

Tramadol is increasingly used for the treatment of osteoarthritis because, in contrast to nonsteroidal anti-inflammatory drugs (NSAIDs), tramadol does not produce gastrointestinal bleeding or renal problems, and does not affect articular cartilage.

### Objective

We sought to determine the analgesic effectiveness, the effect on physical function, the duration of benefit and the safety of oral tramadol in people with osteoarthritis.

### Criteria for considering studies for this review

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and LILACS databases up to August 2005.

### Selection criteria

We included randomized controlled trials (RCTs) that evaluated the effect of tramadol or tramadol plus paracetamol on pain levels and/or physical function in people with osteoarthritis. No language restriction was applied.

### Data collection and analysis

We analyzed separately placebo-controlled and active-controlled studies. We used fixed-effect models for the meta-analyses as the results across studies were similar.

### Main results

We included eleven RCTs with a total of 1019 participants who received tramadol or tramadol/paracetamol and 920 participants who received placebo or active-control.

### Authors' conclusions

Tramadol or tramadol/paracetamol decreases pain intensity, produces symptom relief and improves function, but these benefits are small. Adverse events, although reversible and not life threatening, often cause participants to stop taking the medication and could limit tramadol or tramadol plus paracetamol usefulness.

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