



## Oral steroids are effective short term treatment for adhesive capsulitis

**Clinical question** Should I prescribe oral steroids for adhesive capsulitis (“frozen shoulder”)?

**Bottom line** Compared to no treatment oral steroids (up to 30mg prednisolone daily) provide significant short term benefits in pain, range of movements of the shoulder and function (NNT\* 2) but the effect may not be maintained beyond 6 weeks.

\* NNT= number needed to treat to benefit one individual.

**Caveat** Oral steroids may improve pain earlier and quicker than no treatment but after 5 months there are no benefits over no treatment. While the adverse effects of steroid therapy in the trials in the review were minor and short-lived, the potential risks of long term/high dose oral steroids are well described (dyslipidaemia, diabetes, osteoporosis and hypertension).

**Context** Adhesive capsulitis affects up to 2 per cent of the population with an 11 per cent prevalence in diabetics. There is little evidence to support the use of physiotherapy for the condition which can persist for up to 2–3 years.

**Cochrane Systematic Review** Buchbinder R, Green S, Youd JM, Johnston RV. Oral steroids for adhesive capsulitis. Cochrane Database of Systematic Reviews 2006, Issue 4. Article No. CD006189. DOI: 10.1002/14651858.CD006189.

*Note: This review contains 5 small trials with sizes ranging from 28 to 49 participants, and treatment lasting for 3 to 4 weeks.*

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