

Single dose etoricoxib effective for acute postoperative pain in adults

Clinical question	How effective is single dose etoricoxib for acute postoperative pain in adults?
Bottom line	All 5 studies reported on a single 120mg dose, in comparison with placebo. At least 50% pain relief was reported by 64% with etoricoxib 120mg and 10% with placebo (NNT* 1.9 [1.7 to 2.1]). For dental studies only the NNT was 1.6 [1.5 to 1.8]. Two studies also reported on higher doses of 180 and 240mg. At least 50% pain relief was reported by 79% with etoricoxib and 12% with placebo (NNT 1.5 [1.3 to 1.7]). Significantly fewer participants used rescue medication when taking etoricoxib 120mg than those taking placebo (NNT to prevent remedication 2.4 [2.1 to 2.9]), and the median time to use of rescue medication was 20 hours. Adverse events were reported at a similar rate to placebo, with no serious events reported. *NNT = number needed to treat to benefit one individual (95% confidence interval).
Caveat	The usefulness of single dose studies for assessing adverse events is questionable, but it is nonetheless reassuring that in these studies there was no difference between etoricoxib (at any dose) and placebo for occurrence of any adverse event, and that there were no serious adverse events or adverse event withdrawals.
Context	Etoricoxib is a selective cyclo-oxygenase-2 (COX-2) inhibitor, prescribed for the relief of chronic pain in osteoarthritis and rheumatoid arthritis, and for acute pain. The drug is believed to be associated with fewer upper gastrointestinal adverse effects than conventional non-steroidal anti-inflammatory drugs.
Cochrane Systematic Review	Clarke R et al. Single dose etoricoxib for acute postoperative pain in adults. Cochrane Reviews 2009, Issue 2. Article No. CD004309. DOI:10.1002/14651858.CD004309.pub2. This review contains 5 studies involving 880 participants.
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