

Clinical question	How effective is parecoxib for acute postoperative pain in adults?
Bottom line	Single doses of 20mg or 40mg provided effective pain relief in 50 to 60% of treated individuals, compared with 15% treated with placebo. The NNT* at 20mg ranged from 2.1 to 2.8 (median 2.4), and at 40mg from 1.9 to 2.6 (median 2.2). Duration of pain relief was longer with the higher dose (10.6 hours for 40mg versus 6.9 hours for 20mg), and significantly fewer individuals on the higher dose required rescue medication over 24 hours (66% versus 81%). Adverse events were generally mild to moderate in severity and were reported by just over half of treated individuals in both parecoxib and placebo groups. *NNT = number needed to treat to benefit 1 individual.
Caveat	NNTs were lower (better) for the intramuscular than the intravenous route, but the 95% confidence intervals were overlapping, indicating no statistically significant differences between these routes of administration in these studies. It is important to recognise that adverse event analysis after single dose administration will not reflect possible adverse events occurring with use of drugs for longer periods of time. In addition, the relatively small number of participants, even when all the trials were combined, is insufficient to detect rare but serious adverse events (wound infection, cerebrovascular and cardiovascular events, and renal dysfunction).
context C	Parecoxib was the first COX-2 available for parenteral administration, and may, given intravenously or intramuscularly, offer advantages over oral medication when patients have nausea and vomiting or are unable to swallow, such as in the immediate postoperative period.
Cochrane Systematic Review	Lloyd R et al. Intravenous or intramuscular parecoxib for acute postoperative pain in adults. Cochrane Reviews 2009, Issue 2. Article No. CD004771.DOI:10.1002/14651858.CD004771.pub4. This review contains 7 studies involving 1446

Parenteral parecoxib effective for acute postoperative pain

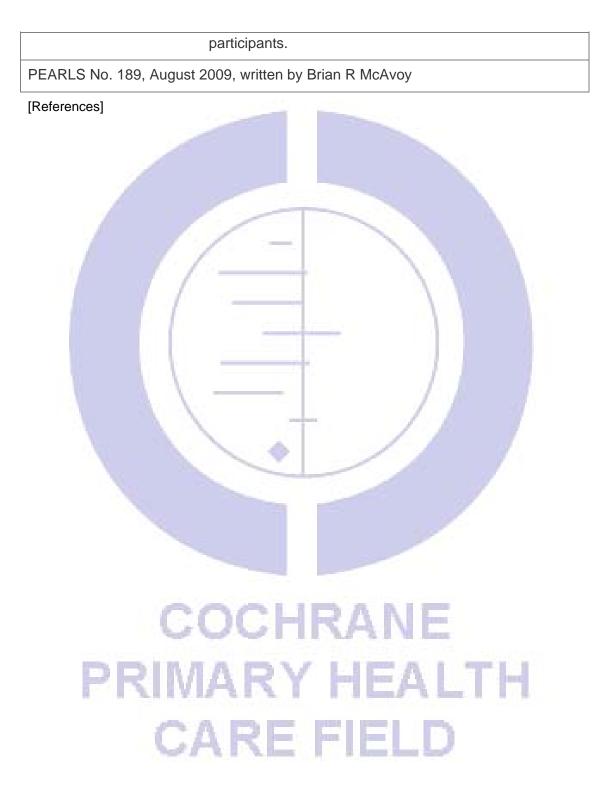
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