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Complementary medicines

The only comment on the efficacy of glucosamine in 'Your questions about complementary medicines answered: glucosamine' by Kreijkamp-Kaspers et al (*AFP* April 2015)¹ was that 'it is widely used to improve joint/bone health and osteoarthritis, although the evidence for its benefit is still limited'.

The reference cited was the major published meta-analysis on the effectiveness of glucosamine on joint pain.² What Kreijkamp-Kaspers et al did not report was its conclusion that 'compared with placebo, glucosamine, chondroitin and their combination do not reduce joint pain or have an impact on narrowing of joint space. Health authorities and health insurers should not cover the costs of these preparations, and new prescriptions to patients who have not received treatment should be discouraged.'

I suggest the article by Kreijkamp-Kaspers et al does not accurately reflect the referenced meta analysis. Kreijkamp-Kaspers et al also failed to reference a Cochrane report,³ which concluded that 'WOMAC outcomes of pain, stiffness and function did not show a superiority of glucosamine over placebo for both Rotta and non-Rotta preparations of glucosamine.'

Is it possible that the authors have a bias towards alternative medicine, which influenced the accuracy of their article? I suggest a more appropriate response to questions about glucosamine efficacy (one of the three most common questions asked by practitioners and consumers alike) is that glucosamine is an expensive placebo. In addition, it has some adverse reactions and interactions including its hypertensive and anticoagulant effects and its potential elicitation of shellfish allergies.

Dr Saul Geffen BMBS, FRACGP, FAFRM, RACP

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Reply

We thank Dr Saul Geffen for his letter regarding our article. Although discussing the efficacy of glucosamine for the treatment of osteoarthritis is important, the aim of our series on complementary medicines was to answer the questions that were most frequently asked. Questions about efficacy were not frequently asked.

To assess which questions to answer, we used the NPS MedicineWise Medicines Line and the Therapeutic Advice and Information Service (TAIS) telephone line.¹ In contrast to what health professionals might expect, the efficacy question was rarely asked. For consumers, the issue only came up once: 'Which is the most effective for osteoarthritis pain: glucosamine, calcium or fish oil?', while healthcare professionals asked about efficacy of glucosamine for osteoarthritis six times (1% of all glucosamine questions). Therefore, we did not address this question in our article.

With our introductory statement, 'it is widely used to improve joint/bone health and osteoarthritis, although the evidence for its benefit is still limited',² we were neither implying that glucosamine has a beneficial effect on osteoarthritis nor suggesting it should be recommended as treatment for osteoarthritis. Glucosamine might only be, as Dr Geffen says, 'an expensive placebo with some adverse reactions'. However, many patients choose to use glucosamine for osteoarthritis. The national census found that 16.8% of patients over the age of 50 years had used glucosamine in the past 24 hours,³ so it is helpful for health

professionals and consumers to be aware of the possible safety issues associated with its use. We hope our article has addressed some of these information gaps and concerns.

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Letters to the Editor

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