

במאמר שהתפרסם ביולי 2010 בעיתון המכובד JAMA, מתואר מחקר שנערך בנורואגיה ובדק 250 חולים עם כאבי גב תחתון שסובלים גם מניונויות של החוליות כתוצאה מאוסטאוארטריטיס.

בתקציר המאמר שתראו בהמשך, ניסו לבדוק אם גלוקוזאמין עובד ומקל על הכאב עד כדי הפחתת הנכות, יותר מאשר פלצבו.

החולים לקחו כל יום 1500 מ"ג של התכשיר או של כדור דומה שלא מכיל חומר פעיל, למשך חצי שנה.

המסקנה במאמר שגלוקוזאמין אצל חולים מהסוג הזה, לא מפחית נכות ע"י הקטנת הכאב, יותר מאשר מתן פלצבו.

תכשירים שמכילים גלוקוזמין ונמכרים בישראל הם: גלוקוזאמין, מגה-גלופלקס ואחרים.

לתקציר המאמר באנגלית:

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Effect of Glucosamine on Pain-Related Disability in Patients With Chronic Low Back Pain

and Degenerative Lumbar Osteoarthritis

A Randomized Controlled Trial

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Alth lumbar osteoarthritis (OA) is Chronic low back pain (LBP) with degenerative **Context**
widespread in the adult population.
ough glucosamine is increasingly used by patients with chronic
LBP, little is known about its effect in this setting.

patients with chronic LBP and To investigate the effect of glucosamine in **Objective**
degenerative lumbar OA.

placebo-controlled trial A double-blind, randomized, **Design, Setting, and Participants**
conducted at Oslo University Hospital
Outpatient Clinic, Oslo, Norway, with 250 patients older than
25 years of age with chronic LBP (>6 months) and degenerative
lumbar OA.

(n = 125) or placebo (n = 125) for 6 Daily intake of 1500 mg of oral glucosamine **Interventions**
with assessment of effect months,
after the 6-month intervention period
and at 1 year (6 months postintervention).

disability measured with the The primary outcome was pain-related **Main Outcome Measures**
Roland Morris Disability Questionnaire

(RMDQ). Secondary outcomes were numerical scores from pain-rating scales of patients at rest and during activity, and the quality-of-life EuroQol-5 Dimensions (EQ-5D) instrument. Data collection occurred during the intervention period at baseline, 6 weeks, 3 and 6 months, and again 6 months following the intervention at 1 year. Group differences were analyzed using linear mixed models analysis.

interval [CI], 8.4-10.0) for At baseline, mean RMDQ scores were 9.2 (95% confidence **Results**
glucosamine and 9.7 (95% CI, 8.9-10.5)
for the placebo group (
 P
= .37). At 6 months, the
mean RMDQ score was the same for the glucosamine and placebo
groups (5.0; 95% CI, 4.2-5.8). At 1 year, the mean RMDQ scores
were 4.8 (95% CI, 3.9-5.6) for glucosamine and 5.5 (95% CI,
4.7-6.4) for the placebo group. No statistically significant
difference in change between groups was found when assessed
after the 6-month intervention period and at 1 year: RMDQ (
 P
= .72), LBP at rest (
 P
= .91), LBP during activity (
 P
= .97),
and quality-of-life EQ-5D (
 P
= .20). Mild adverse
events were reported in 40 patients in the glucosamine group and 46 in the placebo group (
 P
= .48).

lumbar OA, 6-month Among patients with chronic LBP and degenerative **Conclusions**
treatment with oral glucosamine compared
with placebo did not result in reduced pain-related disability
after the 6-month intervention and after 1-year follow-up.

[NCT00404079](https://clinicaltrials.gov/ct2/show/study/NCT00404079) clinicaltrials.gov Identifier: **Trial Registration**

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