# Protocol to investigate the effect of cyclooxygenase (COX)-2 inhibition on reducing central sensitisation of pain in osteoarthritis

Submission date Recruitment status Prospectively registered 28/07/2008 No longer recruiting [ ] Protocol [ ] Statistical analysis plan Registration date Overall study status 30/09/2008 Completed [X] Results [ ] Individual participant data Last Edited Condition category Musculoskeletal Diseases 17/04/2019

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

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#### Contact details

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# Additional identifiers

Clinical Trials Information System (CTIS) 2006-000395-32

**Protocol serial number** N/A

# Study information

#### Scientific Title

Protocol to investigate the effect of cyclo-oxygenase (COX)-2 inhibition on reducing central sensitisation of pain in osteoarthritis

# **Study objectives**

This study aims to assess whether cyclo-oxygenase (COX)-2 selective inhibition by etoricoxib reduces central sensitisation of pain in patients with chronic osteoarthritis (OA) using functional magnetic resonance imaging (fMRI) scan.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

St Thomas' Hospital Research Ethics Committee. Date of approval: 23/03/2006

# Study design

Non-randomised controlled trial

# Primary study design

Interventional

# Study type(s)

Treatment

# Health condition(s) or problem(s) studied

Osteoarthritis

#### Interventions

16 patients will be recruited from the Rheumatology Outpatient Clinic of King's College Hospital. 16 healthy controls will be recruited from the staff and student population at King's College London (32 participants in total).

Interventions: Etoricoxib (oral) 60 mg daily for 2 weeks vs no treatment

# Intervention Type

Other

### **Phase**

**Not Specified** 

### Primary outcome(s)

1. Pressure pain thresholds (PPTs) will be determined using a pressure algometer. Patients will be asked to indicate the site of ongoing pain on a mannequin. This site and the homologous contralateral site will be marked with a pen and noted in the patient record. The pressure pain level will be assessed twice at each site (rate of stimulus increase 50 kPa; probe area 1 cm2) and the average of two perception levels will be calculated as the individual PPT for that site.

2. Functional MRI (fMRI) will be used to assess brain responses to a standardised pain provocation produced by pressure delivered to a non fibromyalgia syndrome (FMS) pressure

point of the knee. The fMRI evaluation will involve multiple 8 min scans using an event-related design. Pressure stimuli of 2.5 seconds duration will be delivered to the right knee at random

intervals varying between 10 and 20 seconds. This will then be repeated for the left knee. The control group will have only one scan.

Assessments will be carried out at baseline and after 2 weeks of treatment with etoricoxib for OA patients. Healthy controls will only complete baseline assessments.

# Key secondary outcome(s))

- 1. Mechanoreceptive function
- 2. Sensitivity to stimulus invoked pain

Assessments will be carried out at baseline and after 2 weeks of treatment with etoricoxib for OA patients. Healthy controls will only complete baseline assessments.

# Completion date

01/03/2009

# **Eligibility**

# Key inclusion criteria

For all participants:

- 1. Both males and females, age >18 years old
- 2. Those who are right handed
- 3. Signed informed consent

For participants with OA:

- 1. Patients with ACR criteria defined OA of the knee
- 2. Radiological OA
- 3. Patients who have been suffering from pain for more than 1 year

# Participant type(s)

**Patient** 

# Healthy volunteers allowed

No

### Age group

Adult

### Lower age limit

18 years

#### Sex

All

# Key exclusion criteria

- 1. History of hypersensitivity to the active substance or to any of the excipients
- 2. Active peptic ulceration or active gastro-intestinal (GI) bleeding
- 3. Patients who have experienced bronchospasm, acute rhinitis, nasal polyps, angioneurotic oedema, urticaria, or allergic-type reactions after taking acetylsalicylic acid or non-steroidal anti-inflammatory drugs (NSAIDs) including COX-2 inhibitors

- 4. Pregnancy and lactation
- 5. Severe hepatic dysfunction (serum albumin <25 g/l or Child-Pugh score >=10)
- 6. Estimated renal creatinine clearance <30 ml/min
- 7. Inflammatory bowel disease
- 8. Congestive heart failure (New York Heart Association [NYHA] II-IV)
- 9. Patients with hypertension whose blood pressure has not been adequately controlled

# Date of first enrolment

01/09/2008

# Date of final enrolment

01/03/2009

# Locations

# Countries of recruitment

United Kingdom

England

# Study participating centre Weston Education Centre

London United Kingdom SE5 9RJ

# Sponsor information

### Organisation

Kings College London (UK)

### **ROR**

https://ror.org/0220mzb33

# Funder(s)

# Funder type

Industry

### **Funder Name**

Merck Sharp & Dohme Ltd (MSD) (UK)

# **Results and Publications**

# Individual participant data (IPD) sharing plan

**IPD sharing plan summary**Not provided at time of registration

# **Study outputs**

| Output type                   | Details                       | Date created | Date added | Peer reviewed? | Patient-facing? |
|-------------------------------|-------------------------------|--------------|------------|----------------|-----------------|
| Basic results                 |                               |              |            | No             | No              |
| Participant information sheet | Participant information sheet | 11/11/2025   | 11/11/2025 | No             | Yes             |