# Comparison of Advil® and Tylenol® Extra Strength, separately and in combination, to alleviate postoperative dental pain

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
09/06/2010		☐ Protocol		
Registration date 24/06/2010	Overall study status Completed	Statistical analysis plan		
		[X] Results		
<b>Last Edited</b> 31/10/2019	Condition category Oral Health	[] Individual participant data		

## Plain English summary of protocol

Not provided at time of registration

# Contact information

## Type(s)

Scientific

#### Contact name

Mr Stephen Daniels

#### Contact details

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# Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NL0408

# Study information

## Scientific Title

Comparing the analgesic efficacy of Advil® and Tylenol® Extra Strength, separately and in combination, in patients experiencing postoperative dental pain: A double blind, randomised, placebo controlled, parallel group trial with modified factorial design

## Study objectives

The objective of this study was to compare the analgesic efficacy of Advil® tablets (200 or 400 mg ibuprofen) given concurrently with Tylenol® Extra Strength (ES) caplets (500 or 1000 mg acetaminophen [paracetamol]) to:

- 1) Advil tablets (400mg ibuprofen) alone;
- 2) Tylenol ES caplets (1000mg acetaminophen) alone;
- 3) Placebo

among subjects experiencing moderate to severe postoperative dental impaction pain. Analgesic efficacy was measured in terms of total effect, peak effect, onset and duration of effect, and subjects overall assessment of the study medication.

A secondary objective was to evaluate the tolerability (adverse event [AE] profile) of the combination of Advil tablets (200 or 400 mg ibuprofen) given concurrently with Tylenol Extra Strength (500 or 1000 acetaminophen) to the individual ingredients and to placebo.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Quorum Review (Seattle, WA) independent institutional review board (IRB) approved on the 8th of October 2004

## Study design

Randomised double blind placebo controlled single dose modified factorial design study using the dental impaction pain model

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use contact details below to request a patient information sheet

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

#### Dental Pain

#### **Interventions**

Subjects were randomly allocated to one of the 5 treatment groups:

- 1. 400mg Ibuprofen alone
- 2. 1000mg Acetaminophen alone
- 3. 400mg Ibuprofen plus 1000mg acetaminophen
- 4. 200mg Ibuprofen plus 500mg acetaminophen
- 5. Placebo

## Intervention Type

Other

## **Phase**

Phase IV

## Primary outcome measure

Sum of Pain Relief and Pain Intensity Differences from 0-8 hours (SPRID 0-8)

## Secondary outcome measures

- 1. Total Pain Relief from 0 to 8 hours (TOTPAR 0-8)
- 2. Sum of the Pain Intensity Differences from 0 to 8 hours (SPID 0-8)
- 3. Sum of the Pain Intensity Differences on the VAS scale from 0 to 8 hours (SPID VAS 0-8)
- 4. TOTPAR, SPID, SPRID, and SPID VAS from 0 to 4 hours (0-4) and 0 to 6 hours (0-6)
- 5. Individual pain relief (PR) readings at each time point from 15 minutes to 8 hours
- 6. Peak PR recorded during the 8-hour evaluation period
- 7. Individual PID at each time point from 15 minutes to 8 hours
- 8. Individual PID for the VAS scale (PID VAS) at each time point from 15 minutes to 8 hours
- 9. Peak PID and peak PID VAS recorded during the 8-hour evaluation period
- 10. First time at which the PID was at least 1
- 11. Time to first perceptible pain relief
- 12. Time to first confirmed perceptible pain relief
- 13. Time to first meaningful pain relief
- 14. Time to use of rescue medication
- 15. Time to pain half gone
- 16. Subjects overall (global) assessment

## Overall study start date

02/11/2004

## Completion date

15/02/2005

# **Eligibility**

## Key inclusion criteria

- 1. Age: between the ages of 16 and 40 years of age
- 2. Sex: either male or female
- 3. Primary diagnosis: At least three impacted third molars (two of which must have been mandibular impacted molars) indicated for removal. Both mandibular impactions must have

required bone removal, and there must have been a total score of 9 or greater on the impaction grading scale for the three or four impacted third molar

- 4. Baseline Pain Intensity: were experiencing postoperative pain of at least moderate based on the pain intensity categorical rating scale and a pain intensity VAS score of 50mm or greater on the 100mm VAS Scale
- 5. Consent: gave written informed consent. Subjects who were 16 or 17 years of age also required their parents or legal guardian to provide written informed consent in addition to their written assent

## Participant type(s)

Patient

## Age group

Adult

#### Sex

Both

## Target number of participants

Analysed: 234

## Total final enrolment

234

## Key exclusion criteria

- 1. Had a current history of significant disease deemed by the investigator to render the subject unsuitable for inclusion
- 2. Had any ongoing painful condition other than that associated with their third molar surgery
- 3. Had an ongoing condition that may have interfered with the absorption, distribution, metabolism or excretion of the study drug
- 4. Had a history of allergy (including angioedema, urticaria, bronchospasm and rhinitis) related to the treatment with ibuprofen, acetaminophen, aspirin, other NSAIDs or any other medication used in this study
- 5. A history of frequent peptic ulcers, duodenal ulcers or GI bleeding
- 6. A history of frequent dyspepsia, heartburn or indigestion
- 7. A history of migraine headaches within the past year
- 8. A history of psychotic illness, attempted suicide or neurosis
- 9. Those unable to refrain from smoking during their stay in the research centre
- 10. A positive history of drug or alcohol abuse within the past six months
- 11. Those who were taking any concomitant medication that might have confounded assessments of pain relief (PAR), such as: psychotropic drugs, antidepressants, sedative-hypnotics (other than those permitted for conscious sedation), or other analgesics taken within five times of their elimination half lives. Selective serotonin reuptake inhibitors (SSRIs) and serotonin noradrenalin reuptake inhibitors (SNRIs) were permitted if the subject had been on a stable dose for at least four weeks prior to visit 1 (screening)
- 12. Those who were unable, in the opinion of the investigator, to comply fully with the study requirements
- 13. Those previously randomised into this study
- 14. Those who had participated in a clinical trial in the previous 12 weeks. Twelve weeks (calculated from the time of last dosing in the prior trial to time of anticipated dosing in this trial)

# Date of first enrolment

02/11/2004

## Date of final enrolment

15/02/2005

# Locations

## Countries of recruitment

United States of America

## Study participating centre SCIREX Research Center/ Premier Research Group

Austin United States of America TX 78705

# Sponsor information

## Organisation

Reckitt Benckiser Healthcare (UK)

## Sponsor details

Dansom Lane Hull United Kingdom HU8 7DS

## Sponsor type

Industry

## **ROR**

https://ror.org/01g87hr29

# Funder(s)

## Funder type

Industry

## **Funder Name**

Reckitt Benckiser Healthcare (UK)

# **Results and Publications**

**Publication and dissemination plan**Not provided at time of registration

Intention to publish date

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?
Results article	results	01/05/2010	31/10/2019	Yes	No