CHAPTER 5

DISCUSSION

From our baseline data, the possible confounding factors were similar in both groups. During the study only one patient in steroid group lost follow up although we reminded her by mail. One patient in celecoxib group withdrew from study causing from skin rash and pruritus. These made the drop out rate were 5 % in each groups.There are 3 diagnostic criteria for the lateral epicondylitis. All of them are pain and tenderness. So the results of the treatment should measure the level of pain. In this study we try to measure the pain both subjective by using visual analog scale and objective by using pain pressure threshold. We also combined these two pain measurements in term of success rate. .

Our study had shown the high success rate in steroid group 89.50% when compared with celecoxib group 10.50% at one-month period. ($P<0.0001$, Fisher Exact test) The success rate in steroid group is similar to previously reported results. Hay et al reported a success rate of 92% and Binder et al of 90%. This possible explanation for these good responses is the steroid had direct anti-inflammation effect at lateral epicondyle. But the success rate in celecoxib was very low (10.50%) when compared with naproxen (57%) which studied by Hay et al. In the studies in osteoarthritis and rheumatoid arthritis with celecoxib[18, 19], improvement of symptoms were observed after first week and maintained maximal effects by 2 weeks. In our study we prescribed celecoxib 3 weeks.The difference may be explained by dosage of celecoxib we used. We use 200 mg daily, which was the dosage for osteoarthritis. But recently, by the year 2002, the celecoxib have just been accepted using in acute pain with dose 400 mg daily.

About the secondary outcomes, the VAS and pain pressure threshold had the same trend. At one-month period, pain in steroid group was much improved comparing with celecoxib group. The VAS in steroid group was significant lower than celecoxib group ($p<0.001$). The pain pressure threshold in steroid group was significant higher than celecoxib group ($p<0.001$). After 2 and 3 month follow up. The VAS and PPT in

both groups were not statistically significant different. This is similar to study by Hay et al.[15] A recent systematic review reported good short-term outcomes of steroid, but for intermediate and long term outcomes, no clinically relevant results in favor of steroid were found[31]. The possible explanation are the steroid has effect about 1 month and 17 patients who failed in celecoxib group, all of them were injected by steroid. This might make the success rate in celecoxib group improved.

The recurrent rate in steroid group in our study was 23.50%. This was comparable with other studies. Binder et al reported recurrent rate of 23%, Verhaar et al of 34%.

The major side effect of steroid group was post injection pain 73%. This finding was similar to Binder et al 's study. They reported 70%. Pain in these studies all resolved within 3 days. Skin atrophy was also similar to other study. We reported 10.50%; Price et al reported 18%. There were not serious GI side effects in celecoxib group. They occurred in 15%. It was not more than Simon's study which was 28%. All of them are only abdominal pain and dyspepsia.