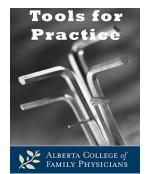
Tools for Practice is proudly sponsored by the Alberta College of Family Physicians (ACFP). ACFP is a provincial, professional voluntary organization, representing more than 4,000 family physicians, family medicine residents and medical students in Alberta. Established over fifty years ago, the ACFP strives for excellence in family practice through advocacy, continuing medical education and primary care research. www.acfp.ca

Reviewed: April 20, 2015 Evidence Updated: 3 RCTs and 1 systematic review added Bottom Line: Physiotherapy benefit added First Published: June 27, 2011



Steroid Injections & Lateral Epicondylitis (Tennis Elbow) – What is the Evidence?

Clinical Question: Are corticosteroid injections effective in the management of lateral epicondylitis (tennis elbow)?

Bottom-line: Corticosteroid injections are effective for symptom management of lateral epicondylitis in the short term (≤4 weeks), however in the long term (6-12 months) they result in poorer outcomes than no intervention at all. Physiotherapy seems to have the best outcomes overall.

Evidence:

- Randomized controlled trial (RCT) of 198 patients with long-term outcomes of corticosteroid injections:¹
 - o At three weeks: Corticosteroid injections significantly reduced symptoms compared to physiotherapy or wait-and-see, Number Needed to Treat (NNT)=2.
 - By 52 weeks: Corticosteroids injections had significantly worse outcomes, Number Needed to Harm (NNH)=4.
 - Recurrences significantly worse in corticosteroid injections group (72%) versus physiotherapy (8%) or wait-and-see (9%).
- RCT of 165 patients randomized to corticosteroid injection, physiotherapy, both (steroid/physio), or placebo.²
 - At four weeks: Steroid or steroid/physio much improved or better in 68-71% while physiotherapy was 39% and placebo was 10%.
 - At 52 weeks: Steroid or steroid/physio much improved or better in 82-84% while physiotherapy was 100% and placebo was 93%.
 - Recurrence: Steroid or steroid/physio was 54-55% while physiotherapy was 5% and placebo was 20%.
- Systematic review (12 RCTs, 1,171 patients) of steroid injection for lateral epicondylagia.³
 - 3-7 weeks: Corticosteroid injections significantly improved pain and function over no intervention or NSAIDs (inconsistent evidence for physical therapy).

- o 26 weeks and one year: Corticosteroid injections significantly less effective than no intervention.
- Magnitude of these findings is difficult to determine due to heterogeneity and differences in reporting among trials.
- More recent long-term RCTs and a systematic review found similar.⁴⁻⁶

Context:

- Other systematic reviews⁷ and evidence-based reviews⁸ also report corticosteroid injections are helpful in short-term but are no better or worse in the long-term.
- The natural history of epicondylitis is that 83% to 90% will heal within a year with a simple wait-and-see approach.
 - o In high-quality studies of varying primary care populations, response to steroids and other treatments is very consistent at one, six, and 12 months.¹⁰

Original Authors:

Christina Korownyk MD CCFP, G Michael Allan MD CCFP

Updated: Reviewed:

Adrienne J Lindblad BSP ACPR PharmD G Michael Allan MD CCFP

References:

- 1. Bisset L, Beller E, Jull G, et al. BMJ. 2006 Nov 4; 333(7575):939.
- 2. Coombes BK, Bisset L, Brooks P, et al. JAMA. 2013; 309:461-9.
- 3. Coombes BK, Bisset L, Vicenzino B. Lancet. 2010 Nov 20; 376(9754):1751-67.
- 4. Tahririan MA, Moayednia A, Momeni A, et al. J Res Med Sci. 2014 Sep; 19(9):813-8.
- 5. Wolf JM, Ozer K, Scott F, et al. J Hand Surg Am. 2011 Aug; 36(8):1269-72.
- Olaussen M, Homledal O, Lindbaek M, et al. BMJ Open. 2013; 3(10):e003564.
- 7. Gaujoux-Viala C, Dougados M, Gossec L. Ann Rheum Dis. 2009 Dec; 68(12):1843-9.
- 8. Beard JM, Safranek SM, Spogen D. J Fam Pract. 2009 Mar; 58(3):159-61.
- 9. Smidt N, van der Windt DA, Assendelft WJ, et al. Lancet. 2002 Feb 23; 359(9307):657-62.
- 10. Smidt N, Lewis M, Hay EM, et al. Ann Rheum Dis. 2005; 64(10):1406-9.

Tools for Practice is a biweekly article summarizing medical evidence with a focus on topical issues and practice modifying information. It is coordinated by G. Michael Allan, MD, CCFP and the content is written by practicing family physicians who are joined occasionally by a health professional from another medical specialty or health discipline. Each article is peer-reviewed, ensuring it maintains a high standard of quality, accuracy, and academic integrity.

The ACFP has supported the publishing and distribution of the Tools for Practice library since 2009. If you are not a member of the ACFP and would like to receive the TFP emails, please sign up for the distribution list at http://bit.ly/signupfortfp. Archived articles are available at no extra cost on the ACFP website.

You can now earn credits on Tools for Practice! In August 2014, the ACFP launched <u>GoMainpro, an online accreditation tool</u> to help facilitate MAINPRO® accreditation for the ACFP's Tools for Practice library which has been accredited for Mainpro-M1 credits by the College of Family Physicians of Canada (CFPC). The combination of the CFPC's Direct Entry Program and GoMainpro's tracking and reporting features provide an easy and convenient way to earn Mainpro-M1 credits.

This communication reflects the opinion of the authors and does not necessarily mirror the perspective and policy of the Alberta College of Family Physicians.