# Tips from Other Journals



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The trade names of drugs listed in Tips from Other Journals are based on what is currently available and not necessarily the brand of drug that was used in the study being discussed.

## Steroid Injections vs. Analgesics for Greater Trochanteric Pain Syndrome

**Background:** Greater trochanteric pain syndrome, formerly known as trochanteric bursitis, is a common cause of chronic hip pain. This syndrome describes a constellation of symptoms, including constant or sporadic pain in the area of the greater trochanter that can radiate to the lateral hip or thigh, exacerbation of pain during physical activity, and tenderness of the greater trochanter when palpated. Although corticosteroid injections have been shown to be effective for the treatment of greater trochanteric pain syndrome, analgesics also are commonly prescribed for symptom relief. Brinks and colleagues compared the effectiveness of corticosteroid injections versus analgesics on improvement of symptoms and quality of life in patients with greater trochanteric pain syndrome.

**The Study:** This multicenter trial conducted in the Netherlands assessed hip pain severity and recovery in 120 patients 18 to 80 years of age with greater trochanteric pain syndrome. Patients were randomized to local corticosteroid injections (n = 60) or usual care (analgesics; n = 60). The syndrome was diagnosed if the patient described persistent pain in the lateral hip lasting more than one week in addition to tenderness on palpation during the physical examination. Patients were excluded if they could not understand the questionnaire, had received medical intervention for hip pain in the previous year, had ever had surgery performed on the area, or were known to have a systemic neurologic or rheumatologic disorder. Patients were also stratified by comorbidity—none, low-back pain, osteoarthritis of the hip, or both.

Patients in the injection group received a series of 1-mL injections from a 5-mL syringe containing 40 mg of triamcinolone acetate (Kenalog) with lidocaine 1% or 2% (Xylocaine). The injections were administered in the painful region perpendicular to the point of maximal tenderness. Patients were allowed to take analgesics and could receive a second round of injections between three weeks and three months after the first. The control group received only analgesics as needed. All patients were allowed to seek physiotherapy if desired.

Primary outcomes were pain severity, measured on a numeric scale from 0 to 10, as well as subjective recovery after three and 12 months as rated on a seven-point scale. Secondary outcomes included quality of life and a patient-administered health status questionnaire that evaluated pain and functionality.

**Results:** At three months, 55 percent of the injection group reported total or major recovery compared with 34 percent of patients receiving usual care (number needed to treat = 5). Severity of pain at rest and with activity decreased in both groups, but was less overall in the injection group. In patients with comorbid low-back pain, osteoarthritis of the hip, or both, local corticosteroid injection therapy also was more effective for pain reduction than analgesics. The patient-administered pain and functionality questionnaire showed a greater decrease in pain for the injection group, but quality of life was essentially the same in both groups. At 12 months, there was no significant difference in recovery in the injection group (61 percent) versus the usual care group (60 percent). Pain severity at rest and with activity decreased from baseline but did not significantly differ between the treatment groups. The main adverse effect associated with injection was superficial pain at the injection site that typically lasted for less than one day.

**Conclusion:** In patients with greater trochanteric pain syndrome, corticosteroid injection therapy has a greater short-term benefit on pain severity and functionality compared with usual care with analgesics.

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**Source:** Brinks A, et al. Corticosteroid injections for greater trochanteric pain syndrome: a randomized controlled trial in primary care [published correction appears in *Ann Fam Med.* 2011;9(4):371]. *Ann Fam Med.* May/June 2011;9(3):226-234. ■