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Thesis Title	Effects of Colchicine Plus Acetaminophen and Acetaminophen Alone on Pain, Stiffness and Physical Function in Patients with Primary Osteoarthritis of the Knees: A Comparative Study					
Year						
Abstract	Osteoarthritis (OA) is a chronic degenerative disorder of multifactorial etiology characterized by loss of articular cartilage. Basic calcium phosphate (BCP) and calcium pyrophosphate dihydrate (CPPD) crystals are commonly found in osteoarthritic joints. These crystals have been found in the synovial fluid of 60% of patients with knee OA. Inflammation in OA is frequently secondary to the presence of these crystals, and leads to the production of interleukin-1 (IL-1), an important mediator of cartilage breakdown in OA. Previous studies referred to a slow acting disease/structure-modifying effects of colchicine in knee OA. Aim of the study  To examine the effect of combined colchicine plus acetaminophen compared with acetaminophen alone on pain, stiffness, and physical function in patients with knee osteoarthritis after a 1month treatment course, and after 1 month of stopping the treatment. Patients and methods  A randomized, double blind study included 150 patients were diagnosed to have knee OA according to the American College of Rheumatology (ACR) criteria for classification of (KOA).Patients were randomly assigned to receive acetaminophen 500mg containing capsule twice daily in the 1stgroup (70 patients),and colchicine 0.5mg plus acetaminophen 500mg in one capsule twice daily in the 2ndgroup (80 patients). The efficacy outcome measure was the change in the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) including the pain, stiffness and physical function subscales.					

**Results** Both acetaminophen and acetaminophen plus colchicine groups showed significant reduction in the pain, stiffness, physical function and total **WOMAC** score in the 2nd visit (after 1 month of treatment regimen) (P<0.001). At the third visit one month after cessation of treatment these scores increased again to approximate the baseline value in group 1, while VIII slightly increased in group2, the differences in these scores between the baseline and 3rd visit values were statistically insignificant, (P>0.05) in group 1 while it still highly significant in group 2, (P<0.001). Conclusion Both modes of treatment acetaminophen alone or acetaminophen plus colchicine are effective in symptomatic improvement in patients with primary osteoarthritis of the knee in term of pain, stiffness, physical function and total WOMAC score. But the better beneficial **symptomatic** effect and longer period of action was obtained when colchicine added to acetaminophen than acetaminophen alone.