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PAN MERSEY AREA PRESCRIBING COMMITTEE  
PRESCRIBING POLICY STATEMENT  
REF: 13/14  
DATE OF APPROVAL: 13-FEB-2013



Pan Mersey  
Area Prescribing Committee

## GLUCOSAMINE and CHONDROITIN products

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The Pan Mersey Area Prescribing Committee  
does not recommend the prescribing of  
GLUCOSAMINE products with or without CHONDROITIN

This recommendation will be reviewed if significant new evidence becomes available.

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

## GLUCOSAMINE and CHONDROITIN products

<p><b>EFFECTIVENESS</b></p> <p>Overall, those trials which used glucosamine sulfate as a single dose of 1500mg, rather than hydrochloride 500mg tds, showed a small benefit over placebo for treatment of knee OA.<sup>1,2</sup></p> <p>However a recent meta-analysis published in the BMJ concluded that neither glucosamine, chondroitin or a combination of both reduced joint pain.<sup>3</sup></p>	<p><b>SAFETY</b></p> <p>There is very little evidence of harm with glucosamine in clinical practice.</p>
<p><b>COST</b></p> <p>There are three licensed glucosamine products available all of which are not recommended and are more expensive than many of the OTC brands.</p> <p>Since the Glucosamine and Chondroitin policy statement was produced in 2010 prescribing of these products has reduced vastly producing cost savings of <b>over £1 million</b> across the Mersey locality. The current annual spend is £130,000 (Dec 11-Nov 12 data). Therefore potentially more savings could be realised by further reducing the prescribing of Glucosamine and Chondroitin products.</p>	<p><b>PATIENT FACTORS</b></p> <p>Glucosamine should not be given to patients who are allergic to shellfish. The Medicines and Healthcare products Regulatory Agency recommends that patients on warfarin should not take glucosamine.</p> <p>Due to lack of information available the manufacturers advise to avoid during pregnancy and breast feeding.<sup>4</sup></p>

### SUMMARY

NICE does not recommend the use of glucosamine or chondroitin products for the treatment of osteoarthritis<sup>1</sup>

. A Health Technology Assessment (HTA) review concluded that there was evidence that glucosamine sulfate shows some clinical effectiveness in the treatment of OA of the knee.<sup>2</sup> However, no trial data came from the UK, and caution should be exercised in generalizing the data to the UK health-care setting. Neither the 2008 NICE guidance nor a 2009 HTA identified glucosamine as a cost-effective intervention for the NHS, with NICE recommending patients purchase their own glucosamine sulphate 1500mg daily as a food supplement should they wish to trial it.<sup>1,2</sup>

### REFERENCES

1. NICE (2008) Osteoarthritis. CG059. Available at <http://guidance.nice.org.uk/CG59>
2. Black C et al. The clinical effectiveness of glucosamine and chondroitin supplements in slowing or arresting progression of osteoarthritis of the knee: a systematic review and economic evaluation. Health Technol Assess 2009; 13(52).
3. Wandel S et al. Effects of glucosamine, chondroitin, or placebo in patients with osteoarthritis of hip or knee: network meta-analysis. British Medical Journal, 2010; 341:c4675.
4. Joint Formulary Committee. British National Formulary. 64th ed. London: BMJ Group and Pharmaceutical Press: September 2012.