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Best Health Care Medical Group, Inc.  
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# Glucosamine for Chronic Low Back Pain and Lumbar Osteoarthritis

*No evidence of benefit for pain, disability, or quality of life.*

People often take glucosamine for relief of osteoarthritis (OA) — especially of the knee and hip — and for other musculoskeletal pain, often without their physicians' knowledge and despite inconsistent evidence of its benefit. Now, Norwegian investigators have evaluated glucosamine in 250 patients (mean age, 49) with chronic low back pain of at least 6 months' duration and magnetic resonance imaging–documented degenerative lumbar OA; patients were randomized to glucosamine sulfate (500 mg, 3 times daily) or to placebo for 6 months.

Patients were assessed at baseline, at 6 weeks, and at 3, 6, and 12 months with validated pain, disability, and quality-of-life measures. Participants were allowed to pursue usual pharmacologic and nonpharmacologic approaches to their low back pain. Adherence was better than 80% in each group, attrition was less than 7%, and blinding was successful. A substantial proportion of patients in both the glucosamine and placebo groups improved in several areas of pain and function; the groups did not differ in any outcome at either 6 months or 1 year. Adverse events were minor and similar in both groups.

**Comment:** These results do not support the value of glucosamine for OA but likely will not affect its continued use or halt further research efforts to prove its value. Glucosamine is available only by prescription in Norway but is available over the counter in the U.S.

— [Thomas L. Schwenk, MD](#)

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## Citation(s):

Wilkens P et al. Effect of glucosamine on pain-related disability in patients with chronic low back pain and degenerative lumbar osteoarthritis: A randomized controlled trial. *JAMA* 2010 Jul 7; 304:45. (<http://dx.doi.org/10.1001/jama.2010.893>)

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