Topical Glyceryl Trinitrate Treatment of Chronic Noninsertional Achilles Tendinopathy

A Randomized, Double-Blind, Placebo-Controlled Trial

Justin A. Paoloni, MBBS¹, Richard C. Appleyard, PhD¹, Janis Nelson, MCLinPharm¹ and George A.C. Murrell, MBBS, DPhil¹

Investigation performed at Orthopaedic Research Institute, St. George Hospital Campus, University of New South Wales, New South Wales, Australia

In support of their research or preparation of this manuscript, one or more of the authors received grants or outside funding from Schering-Plough Australia (a one-time monetary payment was made to the lead author [J.A.P.] to fund the pretrial pilot study). No further monetary or other payments were received in relation to this clinical trial. In addition, one or more of the authors received payments or other benefits or a commitment or agreement to provide such benefits from a commercial entity (G.A.C.M. holds a patent for using nitric oxide to aid tendon healing). No commercial entity paid or directed, or agreed to pay or direct, any benefits to any research fund, foundation, educational institution, or other charitable or nonprofit organization with which the authors are affiliated or associated.

Background: Noninsertional Achilles tendinopathy is a degenerative overuse disorder. No method has been universally successful in treating this condition. Topically applied nitric oxide has been shown, in animal models, to be effective for the treatment of fractures and cutaneous wounds through mechanisms that may include stimulation of collagen synthesis in fibroblasts. The goal of the present study was to determine if topical glyceryl trinitrate improves clinical outcome measures in patients with Achilles tendinopathy.

Methods: A prospective, randomized, double-blind, placebo-controlled trial involving a total of sixty-five patients (eighty-four Achilles tendons) was performed to compare continuous application of topical glyceryl trinitrate (at a dosage of 1.25 mg per twenty-four hours) with rehabilitation alone for the treatment of noninsertional Achilles tendinopathy.

Results: Compared with the control group, the glyceryl trinitrate group showed reduced pain with activity at twelve weeks (p = 0.02) and twenty-four weeks (p = 0.03), reduced night pain at twelve weeks (p = 0.04), reduced tenderness at twelve weeks (p = 0.02), decreased pain scores after the hop test at twenty-four weeks (p = 0.005), and increased ankle plantar flexor mean total work compared with the baseline level at twenty-four weeks (p = 0.04). Twenty-eight (78%) of thirty-six tendons in the glyceryl trinitrate group were asymptomatic with activities of daily living at six months, compared with twenty (49%) of forty-one tendons in the placebo group (p = 0.001, chi-square analysis). The mean effect size for all outcome measures was 0.14.

Conculsions: Topical glyceryl trinitrate significantly reduced pain with activity and at night, improved functional measures, and improved outcomes in patients with Achilles tendinopathy.

Level of Evidence: Therapeutic study, <u>Level I-1a</u> (randomized controlled trial [significant difference]). See Instructions to Authors for a complete description of levels of evidence.

¹ Orthopaedic Research Institute, St. George Hospital Campus, University of New South Wales, 2nd Floor, 4 South Street, Kogarah, NSW, 2217, Australia. E-mail address for J.A. Paoloni: pao 26@hotmail.com