

# Corticosteroids in sciatica

No registrations found.

<b>Ethical review</b>	Not applicable
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON29426

### Source

Nationaal Trial Register

### Health condition

sciatica

## Sponsors and support

**Primary sponsor:** Zaans Medisch Centrum, Sint Lucas Andreas Ziekenhuis

**Source(s) of monetary or material Support:** Zaans Medisch Centrum, Sint Lucas Andreas Ziekenhuis

## Intervention

## Outcome measures

### Primary outcome

1. Roland Disability Questionnaire
2. Visual Analogue Scale (VAS) for back pain
3. Visual Analogue Scale (VAS) for leg pain
4. Global Perceived effect

### Secondary outcome

1. satisfaction
2. use of medication
3. absenteeism from work (yes- no)
4. number of operations

## Study description

### Background summary

Sciatica is a common condition afflicting 5-8 /1000 in the general population.

During the first weeks after onset the focus is on adequate pain reduction by use of pain medication or epidural injections with steroids.

The best treatment strategy is not known. Should all patients be injected? Or a subgroup? Or should patients be treated with medication only. What's the effect of different interventions?

To answer this question we compare 3 treatment groups of patients with acute sciatica:

1. pain medication only
2. epidural injection of steroids and local anesthetic
3. epidural injections of local anesthetic only

These are followed during 6 months. Outcomes are measured and compared using various scales including the Roland Morris scale and VAS.

In addition the costs are measured in terms of absenteeism from work and number of operations (secondary outcome measures)

### Study objective

Epidural administration of corticosteroids in early onset sciatica gives clinically relevant pain reduction and functional recovery.

### Study design

0-3-6 weeks, 3-6 months

### Intervention

three groups:

1. pain medication only
2. epidural injection of steroids and local anesthetic

3. epidural injections of local anesthetic only

## Contacts

### Public

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## Eligibility criteria

### Inclusion criteria

1. 18- 65 years of age
2. < 8 weeks sciatica
3. herniated disk on MRI as the cause of sciatica
4. correlation between symptoms and MRI findings
5. VAS 40 or more despite pain medication

### Exclusion criteria

1. weakness graded MRC 3 or more
2. spine surgery at the same level
3. foraminal stenosis as the cause of symptoms
4. pregnancy
5. severe comorbidity (e.g. cancer)

## Study design

## Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-06-2014
Enrollment:	260
Type:	Anticipated

## Ethics review

Not applicable	
Application type:	Not applicable

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL4218
NTR-old	NTR4457

**Register**

Other

**ID**

Wet commissie VUMC : WC2013-062

## Study results

### Summary results

Pain treatment in sciatica: the role of fluoroscopic epidural injections

Ter Meulen BC, Van de Vegt M, Wouda E et al. NTVG. submitted