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Glucosamine chondroitin storms pharmacy shelves

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GLUCOSAMINE CHONDROITIN STORMS PHARMACY SHELVES

By Terry Brenner
University Relations

Veterinarians recommend it for arthritis in dogs. People in the horse-racing industry swear by it to prevent arthritis from crippling race horses. Europeans have used it for 30 years to treat osteoarthritis in humans. And now glucosamine -- often combined with chondroitin -- has taken over a large section of pharmacy shelves in this country and entered the common vernacular of osteoarthritis sufferers across the land.

Just mention your aching joints these days and someone likely will ask, "Have you tried glucosamine chondroitin?"

What? What's that?

Cathy Bartels, a pharmacy practice assistant professor at The University of Montana defines it in lay terms: "Glucosamine is part of these special sugars that are found naturally in the body, and these sugars are in high concentrations in the fluids in joints," she says. "With arthritic changes in joints, those sugars that make up this fluid start to deteriorate."

The result is a failure of the cartilage to repair itself and an eventual loss of cartilage.

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Bones that should roll against each other like well-oiled ball bearings begin to grind together, and the joints become stiff and painful. Extra bone forms at the joint margins, deforming them.

This is the picture of osteoarthritis, a cartilage disease that affects an estimated 16 million people in the United States. Recently, because studies have shown that glucosamine added to the diet can help repair cartilage, glucosamine has become one of the most popular dietary supplements on the U.S. market, Bartels says.

"And chondroitin," she says, "works the same way glucosamine does: Both form the backbone for sugars in the joint fluids." Most of the studies in humans have looked at glucosamine alone, though. Because fewer studies have looked at chondroitin and weren't well-designed, a question remains about its effectiveness, she says.

Glucosamine appears to have only mild side effects, mostly gastrointestinal ones such as gas, nausea, diarrhea, constipation or heartburn in some people, Bartels says. Side effects of chondroitin are similar, but it also can increase the possibility of gastrointestinal bleeding when taken by older people who use one of the nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen and naproxen products.

Neither glucosamine nor chondroitin, Bartels emphasizes, is a pain reliever. For pain relief, people with osteoarthritis must fall back on one of the NSAIDs or some other analgesic such as Tylenol.

"Joint pain can involve much more than the breakdown of the cartilage in the joints," she says. "It can involve the nerves and muscles around the joints."

But some studies have shown that NSAIDs may exacerbate the loss of cartilage. So while

they may ease pain, they can eventually worsen the condition. They also can cause stomach bleeding.

It's worth noting that the American College of Rheumatology doesn't recommend using either glucosamine or chondroitin or the combination for osteoarthritis because ACR's members have seen too little good clinical documentation on the drugs in medical literature. And as dietary supplements, the two products aren't controlled by the Food and Drug Administration, so there's no guarantee they actually contain what their manufacturers claim.

On the other hand, not having the FDA involved usually means that products are available much sooner and more conveniently than prescription drugs are, and they usually cost less. But don't try either glucosamine or chondroitin or the combination without consulting your doctor.

"I never recommend that a person take a dietary supplement without talking first to their primary provider," she says. "Then -- with the doctor's OK -- try it for several months."

Take one or the other -- glucosamine sulfate or chondroitin sulfate -- alone, she says. When you combine the two, you run the risk of getting less of the active ingredients in the products. Also, the combination is more expensive than either alone, and there's no evidence that the combination has greater benefit.

Bartels herself puts some stock in glucosamine.

"I ve used it on my 20-year-old thoroughbred horse, and it made a tremendous difference in three months," she says. "I've used it in my 14-year-old dog, and he can now get up off the floor without significant pain." She also uses it herself for an arthritic knee but isn't sure whether it helps.

The typical dose of glucosamine sulfate is 500 milligrams three times daily. For chondroitin, it's 200-400 milligrams two or three times a day.

Don't expect miracles, Bartels says. Books or articles that tout glucosamine and chondroitin as "miracle cures" are pure quackery.

"We don't have the magic pill," she says. "I wish we did."

In fact, these remedies aren't likely to help much if you have moderate to severe osteoarthritis. The trick is to treat the disease early.

"If you use one or the other for two to three months without noticing any improvement in your symptoms, stop wasting your money," Bartels says.

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