



Clinical Study Synopsis for Public Disclosure

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4. SYNOPSIS

Name of Company: Boehringer Ingelheim		Tabulated Study Report		(For National Authority Use only)	
Name of finished product: Mobic®					
Name of active ingredient: Meloxicam		Page:	Number:		
Ref. to Documentation:	Volume:	Page:	to	Addendum No.:	
Report Date: February 21, 2000	Number:	Study Period: Apr. 1999 – Nov. 1999			
Title of Study:	Open label study to assess the efficacy and safety of Meloxicam 7.5mg vs. Diclofenac 100mg in patients with osteoarthritis of the knee				
Investigator:	[REDACTED]				
Study center(s):	[REDACTED]				
Publication (reference):	None				
Clinical phase:	IV				
Objectives:	To assess the efficacy and safety of meloxicam 7.5mg once daily compared with diclofenac 100mg SR once daily over a treatment period of 8 weeks				
Methodology:	Open –label, randomised, comparative, multicenter trial				
No.of subjects entered:	101 screened				
Total:	91 treated				
ITT analysis (PP analy.)	80 analysed (PP analy. 72)				
Diagnosis and main Criteria for inclusion:	Osteoarthritis of the knee requiring the therapy with non-steroidal anti-inflammatory drugs(NSAIDs)				
Test product:	Meloxicam				
Dose:	7.5mg				
Mode of admin.:	Oral				
Duration of treatment:	56 days (8 weeks)				
Reference therapy	Diclofenac				
Dose :	100mg				
Mode of admin. :	Oral				

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Criteria for evaluation:	Primary endpoints: pain on active movement by a 100mm visual analogue Scale (VAS)			
Efficacy:	Secondary endpoints: Lequesne index, global assessment by the patient and doctor			
Safety:	incidence of adverse events, laboratory findings, physical examination			
Statistical methods:	Principally Intent-to-treat analysis and Per protocol analysis Efficacy: ANCOVA, paired t-test, unpaired t-test, extended Mantel-Haenszel mean score statistic Safety: Fisher's exact test			
SUMMARY – CONCLUSIONS:				
Efficacy :				
Mean change in pain on active movement was -25.0 ± 18.5 mm and -19.0 ± 18.2 mm in the meloxicam and diclofenac group respectively, which were statistically significant from baseline ($p=0.0001$).				
Regarding Lequesne index, there was an improvement in meloxicam and diclofenac group of -3.8 ± 3.1 and -3.1 ± 3.9 respectively, which were statistically significant from baseline ($p=0.0001$). No statistically significant differences of efficacy parameters were observed between treatment groups. Global efficacy assessed by the patient and doctor at the end of study was slightly in favor of meloxicam, but there was no statistically significant differences between the groups.				
Safety:				
While 34 patients (73.9%) in diclofenac group, 17 patients (37.8%) in meloxicam group experienced at least one adverse event. Drug-related AEs were 11(24.4%) and 23(50.0%) in meloxicam and diclofenac group. Significant differences showed between groups. 1 patient and 2 patients were discontinued due to adverse events in the meloxicam and diclofenac group. No death or SAE were found in this trial.				
Conclusion:				
Meloxicam 7.5mg is as effective as diclofenac 100mg in patients with acute symptomatic osteoarthritis of the knee. Meloxicam 7.5mg has a safety advantage e.g. less frequent total AEs than diclofenac 100mg.				