

Aromatase inhibitor-induced arthralgia

Overall, the third-generation aromatase inhibitors (AIs) have a superior risk:benefit profile compared with tamoxifen, however they are associated with an increased rate of joint pain, or arthralgia.

Arthralgia was reported in 15%-36% of patients in the Arimidex, Tamoxifen, Alone or in Combination (ATAC), Breast International Group (BIG) 1-98 and Intergroup Exemestane Study (IES) AI adjuvant clinical trials.¹⁻³

In breast cancer patients, the onset of arthralgia may cause women to stop taking their AI treatment, thereby compromising the efficacy of their breast cancer therapy. Arthralgia can occur within 1 to 2 months of initiating AI therapy, but typically occurs within the first 6 months.

Effective management of arthralgia symptoms is therefore important not only to alleviate painful joint symptoms and restore normal functioning, but also to improve patient adherence to AI treatment.

Physicians are encouraged to discuss with their AI-treated patients the possibility of arthralgia onset, the variety of arthralgia treatment options available, and the importance of adhering to endocrine breast cancer treatment.

The treatment algorithm overleaf has been developed specifically for physicians treating early breast cancer patients who experience arthralgia following endocrine treatment with an AI.

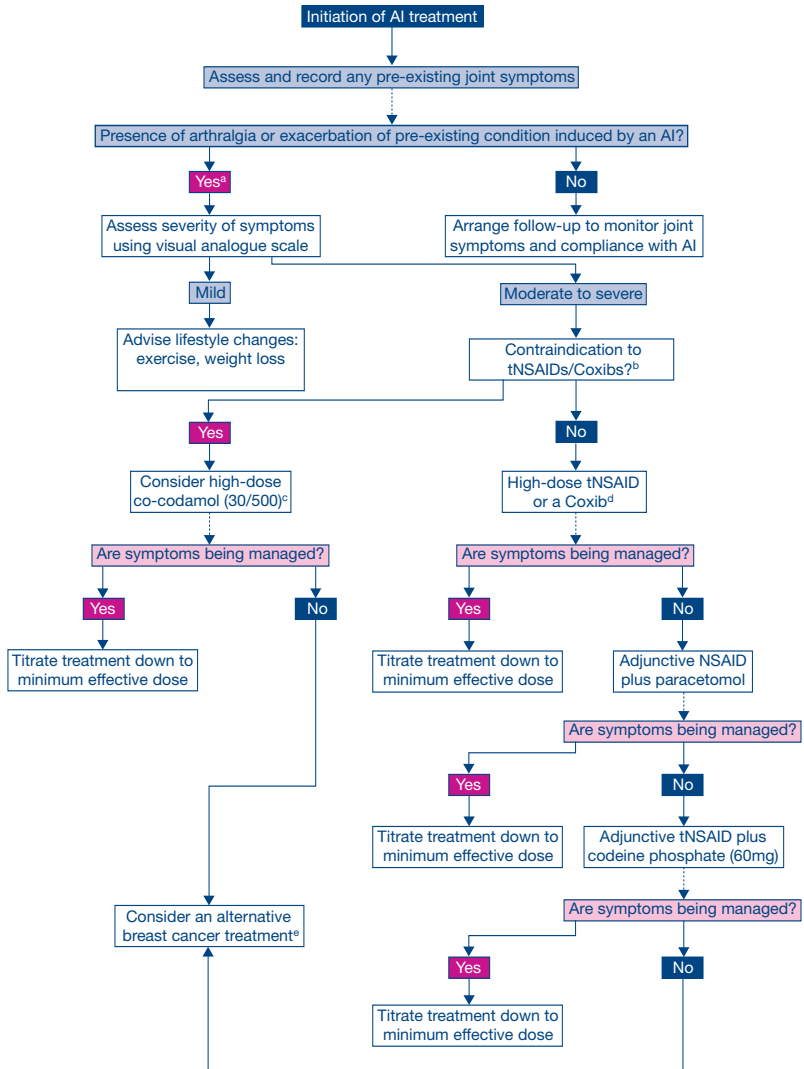
A step-wise procedure of anti-inflammatory agents is recommended in suitable patients, with adjunctive paracetamol where necessary. Stopping AI treatment for a short while should only be considered as a last resort.

NSAIDs, selective COX-2 inhibitors and paracetamol should be initiated at a high dose (such as ibuprofen 600 mg-800 mg three times daily) and then titrated down to the minimum effective dose for the shortest possible time, once adequate pain control has been established.⁴ Starting treatment at a high dose and titrating down, rather than vice versa, provides patients with more rapid relief from pain symptoms and allows normal day-to-day functioning to resume quickly.

References

1. ATAC Trialists' Group. *Lancet* 2005; **365**: 60-62.
2. Coates AS *et al.* *J Clin Oncol* 2007; **25**: 486-492.
3. Coombes RC *et al.* *Lancet* 2007; **369**: 559-570.
4. Bolten WW. *MMW Fortschr Med* 2005; **147**: 24-27.

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a If the arthralgia is an exacerbation of pre-existing symptoms, follow steps according to the medication currently prescribed. **b** If patients are currently taking a cardioprotective dose of aspirin (75mg), then concomitant tNSAIDs or Coxibs may be prescribed. **c** Where available. **d** Recommended start doses include: ibuprofen 1600-2400mg daily; diclofenac 150mg daily; naproxen 1000mg daily; celecoxib 400mg daily; etoricoxib 60mg daily. **e** If symptoms cannot be adequately managed, switching the patient to tamoxifen may be appropriate. Alternatively, a weak opioid may be given alongside the AI in some cases.

AI, aromatase inhibitor; Coxibs, cyclooxygenase-2 inhibitors, tNSAID, traditional nonsteroidal anti-inflammatory drugs.