

Synopsis

Background

Sciatica is a common, debilitating, and persistent pain condition with few effective treatments. It has a high disease burden and recovery is often delayed. Our work has identified that duloxetine could offer clinically important pain relief in people with chronic sciatica, but the evidence is inconclusive.¹

Rationale

Duloxetine:

- has been shown to be effective for several other pain conditions²
- is better tolerated than other antidepressants commonly used for chronic pain
- is safer than other commonly used treatments for sciatica.

Aim

To investigate if duloxetine compared to placebo:

- Reduces leg pain intensity
- Improves other outcomes eg disability, back pain
- Is safe and cost effective

Methods

- 332 adults with chronic (≥ 3 months) sciatica will be recruited from primary care, hospital ED and specialist clinics e.g. rheumatology
- They will be randomised to receive duloxetine or placebo
- Those randomised to duloxetine will titrate with 30mg/d for 1 week then take 60mg/d for 11 weeks then taper with 30mg/d for 2 weeks
- Primary endpoint is leg pain intensity at 12 weeks
- Outcome measures for efficacy and safety will be collected for one year

Your role as a study doctor

- Identify, screen and consent eligible patients with sciatica of greater than 12 weeks duration
- Prescribe the study medication
- If necessary, monitor the patients' condition, medication and adverse events during treatment.
- Be an active participant in evidence-based research
- You will receive an honorarium for study-related activities.

Potential significance

Results of the DREAM study will provide high quality evidence to inform the safe and appropriate use of duloxetine for chronic sciatica. If duloxetine is shown to be effective and safe, it will be a simple, low cost treatment for chronic sciatica.

References

1. Ferreira GE et al. BMJ. 2021 Jan 20;372:m4825.

2. Ferreira GE et al. BMJ. 2023 Feb 1;380:e072415.

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