

One Health: Enhancing Research, Practice and Outcomes



2014 Gold Coast Health and Medical Research Conference Abstract Submission Form

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Abstract information required

Abstract title: Prevalence and predictors of lateral epicondylalgia 3-5 years after non-surgical management

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Aim: To determine the prevalence and predictors of lateral epicondylalgia (LE) 3-5 years after enrolment in a placebo-blinded, randomised controlled trial.

Methods: LE symptoms during the preceding 3 month census period were surveyed using an online questionnaire sent out to 163 participants with unilateral LE, 3-5 years after being randomised to one of four interventions: placebo injection, placebo injection plus manual therapy/exercise (physiotherapy); corticosteroid injection; or corticosteroid injection plus physiotherapy. Odds ratios and 95% CI predicting LE status were estimated using univariate and multivariate linear regression adjusted for treatment.

Results: The survey response rate was 82% (134/163). The prevalence of LE in the studied elbow during the 3-month surveillance period was 20% (27/134). Participants with higher baseline pain and disability (OR1.1; 95% CI 1.0, 1.1) and those assigned to corticosteroid injection plus physiotherapy (OR 4.0; 1.0, 14.9) were significantly more likely to report LE. The mean Patient Rated Tennis Elbow Evaluation score in the LE prevalent subgroup was 15.5 (SD 16.6). Pain and disability was significantly higher than respective scores at one year

($P=0.02$). Most did not utilise additional healthcare. Five percent (7/134) reported bilateral LE, 3% (4/134) reported shoulder, elbow and hand pain, whereas none reported neck and arm pain.

Conclusions: Patients with a minimum PRTEE score of 56 are at greater risk of persistent or recurrent LE. One in five individuals with LE experienced symptoms after a median of 3.9 years, far longer than is generally recognised. Late symptoms of LE may not be noticed by medical practitioners as frequently individuals self-manage their pain and do not return for further treatment.