

Chondroitin effective for osteoarthritis**Clinical Question**

How effective is chondroitin for treating osteoarthritis (OA) compared to placebo, active controls or herbal medications?

Bottom Line

Chondroitin (alone or in combination with glucosamine) was better than placebo in improving pain in participants with OA in short-term studies (< six months). The benefit was small to moderate, with an eight point greater improvement in pain (range 0 to 100; NNT* 5) and a two point greater improvement in Lequesne Index, a combination of pain, physical function and disability (range 0 to 24), both seeming clinically meaningful. Chondroitin had a lower risk of serious adverse events compared with control. There was also a statistically significant lesser reduction in minimal joint space width with chondroitin compared to placebo, based on moderate to high quality evidence.

**NNT = number needed to treat to benefit one individual.*

Caveat

The majority were studies of knee OA (a few hand, one hip) ranging from one month to three years. Several studies were funded by makers of chondroitin.

Context

OA is common, and is one of the leading causes of disability. Chondroitin has emerged as a new treatment, and is popular among patients as an over-the-counter supplement.

Cochrane Systematic Review

[Singh JA et al. Chondroitin for osteoarthritis. Cochrane Reviews, 2015, Issue 3. Art. No.: CD005614.DOI: 10.1002/14651858.CD005614.pub2.](#) This review contains 43 studies involving 9,110 participants.