

## **Glucosamine with Chondroitin sulphate (mild osteoarthritis)**

### *Short explanation, instructions.*

Glucosamine is a medication that has been available since long, but it has been “re-discovered” fairly recently. Its indication is with starting degenerative joint pain, specifically in the hips, knees, hands and wrists.

Generally, your insurer will not reimburse Glucosamine: they often consider it a “dietary supplement”. However, sometimes (with a special prescription) you may get it reimbursed anyway.

The effects are better studied and documented than with several other similar medications; the academic evidence is not very consistent anyway. But, still, this medication has a fairly good if not peculiar track record:

- about 10% of the (selected) patients report truly excellent results
- about 40% report results that are satisfying enough to continue with it longer term
- about 40% report unsatisfactory results or minor side effects, and stop
- about 10% feels no effect whatsoever and stop almost immediately.

We cannot seem to predict well, which patients will benefit from Glucosamine; this is why we usually recommend a systematic (“step-by-step”) approach in giving it a fair chance.

To try out the possible effect of Glucosamine systematically, we suggest the following:

1. Find a combination with about twice as much Glucosamine as Chondroitin sulphate (e.g. capsules with 500 mg Glucosamine and 250 mg Chondroitin sulphate); other ingredients are really of no added importance.
2. Find your most economic option; however, you should be able to take your total dose of 1500 mg Glucosamine per day, divided in three equal takes.
3. Start with three times about 500 mg Glucosamine / 250 mg Chondroitin sulphate per day during 1 to max 4 weeks; by then, you should be able to judge the effect and decide whether (and with which dosage) it would make sense to continue:
  - a) If the effect is good or even excellent: consider using it continuously, you may experiment and find the lowest effective dose for your situation (some find that even 1/3<sup>e</sup> of the initial dose is sufficient);
  - b) If not sure (“does it work, or maybe not?”): stop the medication abruptly; if in the following days you experience clearly more pain, it did work and it might be worthwhile to re-start, possibly at a lower dosage as described before;
  - c) If you don’t feel any effect: stop! (as soon as you feel comfortable with.

Possible side effects are hardly ever reported. At times, people report stomach aches, usually at taking the full dosage all in one, which is why we recommend to spread taking it over three times per day. There doesn’t seem to be any interaction with other medications, and it has no effect on diabetes. There is an “academic possibility” that you might be allergic to one of the co-ingredients.

(p.m. buy a small package first, if possible in a trusted pharmacy).

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