Double-Blind Randomized Placebo-Controlled Clinical Trial of Efficiency of Nonsteroidal Anti-Inflammatory Drugs in the Control of Post-Endodontic Pain

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**Aim**
- To evaluate the efficiency of paracetamol alone and in combination with 3 other NSAID's to control post-endodontic pain.

**Materials & Methods**
- 185 participants with anterior & premolar teeth diagnosed with irreversible pulpitis and moderate to severe pain were included in this study.
- Canals were instrumented and no intracanal medicament was placed.
- Patients were divided according to the type of medication given:
  - **Group A:** Paracetamol 1,000 mg (37 patients)
  - **Group B:** Ibuprofen 600 mg + Paracetamol 1000 mg (37 patients)
  - **Group C:** Mefenamic Acid 500 mg + Paracetamol 1000 mg (37 patients)
  - **Group D:** Diclofenac K 50 mg + Paracetamol 1000 mg (37 patients)
  - **Group E:** No medication group (Placebo) (37 patients)
- Medication was administered immediately after the initial phase of treatment and before leaving the clinic.
- Pain intensity was evaluated using the VRS and NRS scales.

**Results**
- Ibuprofen/Paracetamol had the most pain reduction, followed by Diclofenac K/Paracetamol, Mefenamic Acid/Paracetamol and Paracetamol.
- Placebo group had the least pain reduction.
- There were statistically significant differences between pain scores before and after treatment for the 5 groups.
- There were statistically significant differences between the Ibuprofen/Paracetamol group and the placebo group and between the Diclofenac/Paracetamol group and the placebo group.
- No statistically significant differences between the Paracetamol group and the placebo group.

**Conclusion**
- The combination of Ibuprofen/Paracetamol taken immediately after initial endodontic therapy and root canal preparation in teeth with irreversible pulpitis reduced postoperative pain more than any of the evaluated medications and the alternative of no medications.

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