

POSTER PRESENTATION

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# Effects of MSM on exercise-induced muscle and joint pain: a pilot study

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## Background

Participants in organized running commonly experience muscle and joint pain while training for and competing in distance events. Many runners report pain as a major influence on changes or breaks in training regimens, and as a common deterrent for returning to exercise after a break. Methylsulfonylmethane (MSM) is a sulfur-based nutritional supplement shown through several clinical trials to be effective in reducing pain associated with osteoarthritis, and to exhibit anti-inflammatory properties. To further investigate the role of MSM in pain management, this randomized, double-blind, placebo-controlled study evaluated the effects of MSM supplementation on exercise-induced muscle and joint pain.

## Methods

Twenty-two healthy females ( $n = 17$ ) and males ( $n = 5$ ) ( $33.7 \pm 6.9$  yrs.) were recruited from the 2014 Portland Half-Marathon registrant pool. Participants were randomized to take either MSM (OptiMSM<sup>®</sup>) ( $n = 11$ ), or a placebo ( $n = 11$ ) at 3g/day for 21 days prior to the race and two days after (23 total). Pain was recorded using a 100 mm Visual Analogue Scale (VAS) for both muscle pain (MP) and joint pain (JP) on a single questionnaire. Participants completed the questionnaire at five time points. Baseline levels ( $T_0$ ) were recorded approximately one month prior to the race. Post-race pain levels were recorded at 15 minutes ( $T_1$ ), 90 minutes ( $T_2$ ), 1 Day ( $T_3$ ), and 2 days ( $T_4$ ) after race finish. Data were analyzed using linear mixed models controlled for baseline, with time point as a repeated factor. Simple contrasts compared post-race time points to baseline, and Student's *t*-tests assessed between-group time point comparisons.

## Results

Half-marathon completion resulted in significant time effects for increased pain in both MP ( $p < 0.001$ ) and JP ( $p < 0.001$ ). Mean MP at  $T_0$  (14.7mm) significantly increased at  $T_1$  (38.4mm;  $p < 0.001$ ),  $T_2$  (33.5mm;  $p = 0.001$ ), and  $T_3$  (36.3mm;  $p = 0.001$ ), and fell to non-significant levels at  $T_4$  (20.9mm;  $p = 0.330$ ). Mean JP at  $T_0$  (8.4mm) significantly increased at  $T_1$  (33.5mm;  $p < 0.001$ ),  $T_2$  (31.5mm;  $p < 0.001$ ), and  $T_3$  (24.8mm;  $p = 0.004$ ), and fell to non-significant levels at  $T_4$  (16.1 mm;  $p = 0.198$ ). The results showed a trend of lower pain levels in the MSM group. However, time-by-treatment effects did not reach significance in either MP or JP. Compared to placebo, MSM supplementation resulted in nearly significantly lower MP at  $T_1$  (MSM = 27.3mm vs. placebo = 49.8mm,  $p = 0.063$ ), and lower MP at  $T_2$  (27.1mm vs. 40.0mm;  $p = 0.300$ ), and  $T_3$  (30.0mm vs. 41.9mm;  $p = 0.306$ ). Similar results were seen for JP at  $T_1$  (24.2mm vs. 42.4mm;  $p = 0.156$ ),  $T_2$  (22.7mm vs 39.3mm;  $p = 0.204$ ), and  $T_3$  (15.4mm vs. 32.2mm;  $p = 0.152$ ).

## Conclusion

Exercise-induced muscle pain and joint pain increase within 15 minutes of completing a half-marathon, continue through the following day, and diminish approximately two days post-race. Three weeks of MSM supplementation at 3g/day attenuated post-exercise muscle and joint pain at clinically significant levels compared to placebo. However, the pain reductions did not reach statistical significance, warranting further research on MSM and post-exercise pain among larger samples.

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