

Dextropropoxyphene: Is there still a therapeutic role? – YES

To the Editor: Dextropropoxyphene is classified as a weak opioid along with others such as codeine and tramadol.¹ Like all opioid drugs, dextropropoxyphene has a dose-related efficacy and toxicity profile.

In a recent meta-analysis dextropropoxyphene, tramadol, codeine, morphine and oxycodone were compared in treatment of chronic non-cancerous pain.¹ In these studies (n = 41) 1 074 patients received propoxyphene, 2 711 tramadol and 444 codeine (n = 6019; mean duration = 4.8 weeks). The main findings:

- Opioids are effective and significantly more so than placebo in treating nociceptive and neuropathic pain. This is true for weak and strong opioids.
- Strong opioids out-performed weak opioids as well as non-opioids (NSAIDs or TCAs).
- Weak opioids did not differ significantly from non-opioids.
- Side effects which are clinically relevant (> 10%) were reported for only constipation and nausea which were significantly more common for opioids.

To put these findings in perspective; none of the studies were powered to show non-inferiority and therefore the assumption of similarity cannot be made, i.e. one cannot say that the weak opioids are similar to non-opioids.

A Cochran review of dextropropoxyphene's effectiveness as an acute single dose treatment postoperatively also emphasises the efficacy of weak opioids in this setting.² The combination dextropropoxyphene plus paracetamol was demonstrated to be as effective as the other weak opioid tramadol, but with the advantage of being better tolerated.

Toxicity of drugs should always be a consideration for the prescriber. Recent negative publicity for dextropropoxyphene is generated from observational data where acute overdose with dextropropoxyphene was associated with cardiovascular collapse.³ This data was primarily generated in the United Kingdom where dextropropoxyphene hydrochloride was available as an over-the-counter pain killer. It is common knowledge that a drug's availability/accessibility drives the mode of self-inflicted harm.⁴ The FDA in its January 2009 ruling **not to withdraw dextropropoxyphene** has acknowledged the

above and has expressed the need for further toxicology studies at therapeutic dosages.⁵

In conclusion, dextropropoxyphene remains an effective weak opioid analgesic ideally suited for patients with mild to moderate pain. Side effects are not more common than with other weak opioids and, on the contrary, it outperforms both codein and tramadol in this regard.^{1,2}

The scheduling status of dextropropoxyphene is appropriate and prescribers must ensure that patients are correctly selected with full regard to possible side effects and drug-drug interactions.

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