Dextropropoxyphene: Is there still a therapeutic role? – NO

To the Editor: The evidence that dextropropoxyphene is "ideally suited for patients with mild to moderate pain" is unconvincing. Furlan et al's meta-analysis of studies in patients with chronic non-cancer pain demonstrated that "based on the available trials analysed: [w]eak opioids ([dextro]propoxyphene, tramadol and codeine) did not significantly outperform NSAIDs or TCAs for either pain relief or functional outcomes."[1] In their systematic review, only 17 of the 41 studies were considered to have in fact adequately randomised the research participants; and the average drop out rates of 33% and 38% (intervention vs control) perhaps reflect the difficulties in controlling chronic pain. Of note was that 90% of the trials had either been funded by the pharmaceutical industry or had one or more co-authors affiliated with the pharmaceutical industry.

The Cochrane review in which a single dose of dextropropoxyphene was given for postoperative pain showed that a single dose of ibuprofen 400 mg was a better option.[2]

The Medicines Adverse Reactions Committee (MARC) of Medsafe, the New Zealand Medicines and Medical Devices Safety Authority, instituted a review of dextropropoxyphene-containing products after a medicines utilisation review found that less than half the prescriptions dispensed were in line with the approved indication.[3]

They subsequently concluded that:

- Efficacy studies had demonstrated that [dextropropoxyphene-containing] medicines were no better than paracetamol used at the maximum recommended dose.
- The available data on adverse reactions showed that [dextropropoxyphene-containing] medicines have the potential to cause more adverse reactions than paracetamol used at recommended doses.
- [Dextropropoxyphene-containing] medicines are more dangerous than other analgesics in overdose.
- Overall the benefits of [dextropropoxyphene-containing] medicines do not outweigh the risks associated with their use.[3]

Their recommendation was that these medicines no longer be distributed in New Zealand and that the prescribers be given time to assist patients in changing to other treatments. Two members of the committee who had declared a conflict of interest were asked to absent themselves for the discussion.[4]

It is not known whether dextropropoxyphene alone, or dextropropoxyphene-containing medicines, despite being Schedule 5[5] are being correctly prescribed in South Africa. It would be worth having an independent academic medicines utilisation review done.

Most of the products in South Africa are fixed dose combination (FDC) products using dextropropoxyphene in dosages of 65 mg or 50 mg. This is combined with varying doses of paracetamol, aspirin, caffeine, diphenhydramine and L-glutamine.[6] The rationale for the combinations is not clear.

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