



Pain Relief Foundation

Why have I been advised to change my painkillers?

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Over recent months there have been concerns over certain painkillers and some have been withdrawn from use. This can be difficult for people if they have found a treatment that helps to control their pain and it is suddenly no longer available. However, there are alternatives available and you will hopefully have had the opportunity to discuss these with your General Practitioner (GP).

Which painkillers are no longer recommended / available?

- Co-proxamol (also sold under the brand names Distalgesic, Cosalgesic and Dolgesic)
- Rofecoxib (brand name Vioxx)
- Valdecoxib (brand name Bextra)

CO-PROXAMOL

Co-proxamol is only available on prescription and is used to treat mild to moderate pain. Each tablet contains a low dose of paracetamol (325 mg) and a painkiller called dextropropoxyphene. Co-proxamol has been available for many years and started being used at a time when there were not the same standards of research that we have now.

What is the problem with co-proxamol?

Up to date research has shown that simple painkillers such as paracetamol are more effective for treating mild to moderate pain than co-proxamol. In fact, the new research looking at paracetamol injections (into a vein) have shown it to be as effective as an injection of morphine (into a muscle). However, it is important that paracetamol is taken regularly (four times a day), because many people think back to a time when they have just taken two tablets for a headache and therefore do not believe it is a very effective painkiller.

The other concern is the fact that 300 to 400 self-poisoning deaths each year (around one fifth of

these are thought to be accidental) involve co-proxamol. Therefore, the Committee on Safety of Medicines (CSM) have advised that the benefits of co-proxamol do not outweigh the risks.

When will co-proxamol no longer be available?

There is no need for panic or concern if you have been using co-proxamol effectively for many years. It is going to be phased out gradually over the next 6 to 12 months, so that it can be replaced by safer more effective painkillers. Therefore, there is plenty of time to discuss alternatives with your GP during your next routine appointment.

ROFECOXIB

Rofecoxib is a prescription only anti-inflammatory painkiller mainly used for the treatment of arthritis, but also for some other painful conditions. It is one of the newer selective COX-2 inhibitor anti-inflammatory drugs and is thought to cause less irritation of the gastrointestinal tract (stomach, gut) than the traditional types such as diclofenac and ibuprofen.

What is the problem with rofecoxib?

Some research has shown a slightly increased risk of heart attacks and strokes with long term use of the drug. It is not possible to be exact about the risk from the evidence available, but this type of drug is unlikely to cause more than one extra heart attack or stroke per 100 patients treated for a year, over the normal risk (not on any treatment) (Medicines and Healthcare Products Regulatory Agency (MHRA), 2005).

Is rofecoxib still available?

No, rofecoxib was withdrawn from the market in 2004. Therefore, you should have been prescribed an alternative by your GP.

VALDECOXIB

Valdecoxib is the same type of drug as rofecoxib, and is a prescription only anti-inflammatory painkiller mainly used for the treatment of arthritis, but also for some other painful conditions. It is one of the newer selective COX-2 inhibitor anti-inflammatory drugs and is thought to cause less irritation of the gastrointestinal tract (stomach, gut) than the traditional types such as diclofenac and ibuprofen.

What is the problem with valdecoxib?

A small number of patients experienced serious skin reactions within two weeks of starting to take valdecoxib. In addition, it has the same slightly increased risk of heart attacks and strokes with long term use of the drug as described with rofecoxib.

Is valdecoxib still available?

No, valdecoxib was withdrawn from the market in April 2005. Therefore, you should have been prescribed an alternative by your GP. If you have had no problems with skin reactions and you are using up a stock of valdecoxib tablets, you should make an appointment to discuss an alternative tablet with your GP. However, in the meantime if you develop any signs of a skin rash or an allergic reaction you should stop taking valdecoxib immediately and arrange an urgent appointment with your GP.

Are any of the new COX-2 inhibitor anti-inflammatory drugs still available?

Yes. The two tablet forms that are still available are celecoxib (brand name Celebrex) and etoricoxib (brand name Arcoxia).

What advice has been given about prescribing anti-inflammatory drugs?

- For both the traditional (ibuprofen, diclofenac etc.) and the newer anti-inflammatory drugs, patients should take the lowest effective dose for the shortest period necessary.
- Patients with established coronary heart disease or cerebrovascular disease should not take COX-2 inhibitors (e.g. celecoxib, etoricoxib).
- Patients who are concerned should discuss this with their pharmacist or GP at a routine appointment. (MHRA, 2005)

There have also been reports about problems with IBUPROFEN – is it safe?

Ibuprofen has an excellent safety record and has been widely used for many years. The MHRA is reviewing a new study which showed a slightly increased risk of heart attack and stroke. However, there have also been previous studies that showed no increased risk and so the evidence needs to be properly assessed. The MHRA is also currently participating in a detailed European-wide review of the safety of traditional anti-inflammatory drugs. However, in the meantime the advice is that ibuprofen should be used at the lowest effective dose for the shortest period of time necessary.

The future

Modern research methods can provide us with valuable information about different drugs and the risks and benefits that they have. In addition, drugs are closely monitored after they are introduced so that we have as much information as possible. This means that we can use medications in the safest way and reduce any possible risks.

However, as previously mentioned, the situation can be frustrating for people if they have found a painkiller that helps them and it is suddenly no longer available. On the other hand, the good side of monitoring drugs so closely is that we also know which ones are the most likely to be effective as an alternative. If you have any ongoing worries or concerns about your painkillers it is important to discuss these with your GP.