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The misuse of analgesics

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Analgesics are the single most used group of medicines. Since they are inexpensive, medical companies do not put their resources either to study the existing ones or into developing new ones. Almost all commonly used analgesics have adverse effects. This minireview is written because of the misuse of analgesics that I encounter in my every day practice as a general practitioner. I should add that I work in two independent private health care organizations in one of the most sophisticated health care settings globally, in Helsinki, Finland.

Almost weekly I encounter prescriptions of blood bleeding causing analgesics after a surgery or trauma, most often ibuprofen. In over half of trauma cases not treated in a hospital the patient has taken ibuprofen before coming to see a doctor. I have seen numerous cases of bleeding after ibuprotein administration. Also, almost all anti-inflammatory analgesics cause also bleeding the gut/bowel or at least irritate the stomach or duodenum. In spite of this, I have seen these been prescribed against stomach pain.

Paracetamol (acetaminophen, Tylenol) does not cause bleeding but it burdens the liver and it may well be one of the most important causes of fatty liver and liver cirrhosis [1]. In spite of this, paracetamol is commonly prescribed and used over the counter against upper stomach pain and in patients who use alcohol or already have liver disease.

Metamizole (dipyrone) does not irritate stomach and does not cause bleeding but it may cause the suppression of bone marrow (agranulocytosis) and leukoplakia, the lack of white blood cells and therefore immune deficiency [2]. Agranulocytosis is rare but fatal, with mortality of about 24 per cent.

The newer pain killers, coxibs, do not cause bleeding and do not burden the liver, but instead they may elevate blood pressure. This is relevant in patients who have hypertension.

These few examples illustrate the need to select the analgesic according to the individual patient and his or her condition. The treatment-of-choice recommendations should take this aspect into account.

References

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