

GUIDE TO RATIONAL DRUG USE

VOLUME II

Proceedings of a Workshop on
Essential Drugs Policy and Rational Drug Use

Sponsored by
Health Action Information Network

In coordination with
Philippine Drug Action Network

November 7—10, 1987

HEALTH ACTION INFORMATION NETWORK

PO Box 10340, Broadway, Quezon City, Philippines

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Foreword

This is the second and last part of a compilation of lectures presented during a National Training Workshop on Rational Drug Use held in November 1987. The first volume was published in July 1988.

We regret the delay in finalizing the proceedings but there were several tapes that had to be transcribed and edited, plus visual aids. Transcriptions also had to be reviewed and revised by the lecturers.

The lectures are still relevant, perhaps even more so now that the Philippines' National Drug Policy is finally taking off. The format of this second volume of proceedings takes into account the objectives of the National Drug Policy. For instance, we have put all generic names of drugs in bold print to help familiarize readers with such names.

We have also included results of several small group workshops oriented toward applying the essential drugs concept. The workshop activities included a review of the Philippine Index of Medical Specialties for Medical Superfluities and the formulation of essential drugs lists for different levels of health care.

The Health Action Information Network and the Philippine Drug Action Network continue to conduct training workshops in different parts of the country. We hope that the proceedings of the 1987 National Training Workshop will help as a reference text for those participating in future training sessions. As in the first volume, the present compilation retains Tagalog and English, with some editing, to enhance readability. Groups interested in translations and adaptations can write to HAIN -- we will readily grant permission and even help to find support.

We would like to acknowledge Medico International (W. Germany) for supporting the workshop and the publication of the two volumes of proceedings. We reiterate our gratitude to the lecturers, several of whom are now deeply involved with the Department of Health in the implementation of the National Drug Policy. HAIN's staff has, as usual, put in overtime work to finally complete the proceedings.

M Lim Tan
21 June 1989

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Analgesics and Anti-Inflammatory Drugs

Dr Cecille Gonzales

Pain and inflammation are symptoms. Pain is one of the hallmarks of inflammation. Inflammation involves pain, redness and swelling. Usually, when you have inflammation, you have pain. When you have pain, it does not necessarily mean that you have inflammation. That is one basic thing I would like to stress because it is an important factor to guide you in the choice of analgesic preparations.

Not all analgesics have anti-inflammatory properties. If plain relief of pain is your aim, why use a drug with anti-inflammatory property?

The drugs available for their anti-inflammatory properties have adverse effects, one of which is damage to your gastric mucosa. This is because they suppress the formation of prostaglandin which protects your gastric mucosa from acid. It is, therefore, safer to use a pure analgesic for mild pain and for chronic pain.

For severe pain, such as in cancer, a narcotic analgesic may be required but this must be used properly.

Types of analgesics

There are analgesics that are effective for pain but have negligible anti-inflammatory effects. In cases where you have a traumatic injury and you need something to relieve the inflammation (aside from resting the area and putting a warm compress on it), you can give a pain reliever with some anti-inflammatory actions.

Acetaminophen or paracetamol cannot be relied upon if you have inflammatory condition. If you need an analgesic with mild to moderate anti-inflammatory action, there are propionic acid derivatives. Most of these drugs have generic names ending with *fen*: ibuprofen, ketoprofen, naproxen. But remember these should be used with caution among patients with ulcers.

Anthranilic acids such as mefenamic acid (Ponstan® or Dolfenal®) and diclofenac (Voltaren®) have mild to moderate anti-inflammatory actions. They also have mild to moderate adverse effects which should be considered. If you really need them, you can use them as long as you know the contraindications.

Analgesics with marked anti-inflammatory actions include the salicylates, namely aspirin and its derivatives.

Phenylbutazone has been voluntarily withdrawn by several companies. It is a drug with a good analgesic effect but unfortunately it also has many adverse effects. For Filipinos, the risk of agranulocytosis from this drug may not be that great. Bleeding from the gastro-intestinal tract is more of a problem, especially among elderly patients.

Indomethacin should be restricted to very debilitating conditions, such as severe forms of arthritis, because of its toxicity.

Always weigh the benefits against the risks. Why use a toxic drug for mild pain? It is really unjust to give a patient an ulcer when he started with a headache.

I still favor paracetamol. Aspirin is also low cost but I am afraid to give aspirin because I myself have an allergy to aspirin. This is a problem with salicylates. I should clarify that not all patients with asthma or atopic conditions are allergic to aspirin. Always check this out. Now, if your patient is allergic to aspirin, chances are that she or he may develop allergic reactions to other non-steroidal anti-inflammatory drugs (NSAID).

Piroxicam is an NSAID that is now being used as an analgesic. There have been a few reported fatalities caused by secondary gastrointestinal bleeding because of the use of this drug. At present the indication for this drug is arthritis, which means that it is used for chronic treatment and this creates problems.

Ibuprofen has a better record of safety. This drug is now the biggest threat to paracetamol because it has established a good safety record for the last 20 years. In the US 200 mg preparations of ibuprofen are allowed as an over-the-counter drug. Locally, we have drugs like Alaxan® which contains 200 mg of ibuprofen. Beyond that amount, ibuprofen becomes a prescription drug.

It is similar with paracetamol. At 500 mg it is an over-the-counter drug but preparations with 600 mg or more should be strictly prescription drugs.