

WELSH HEALTH CIRCULAR



Issue Date: 16 June 2017

Llywodraeth Cymru
Welsh Government

STATUS: ACTION

CATEGORY: HEALTH PROFESSIONAL LETTER

Title: Prescribing of co-proxamol

Date of Expiry / Review NA

For Action by:
Medical Directors, Local Health Boards
Chief Pharmacists, Local Health Boards

Action required by: 1 September 2017

Senders: Dr Frank Atherton, Chief Medical Officer,
Andrew Evans, Chief Pharmaceutical Officer

HSSG Welsh Government Contact(s) :

Andrew Evans, Chief Pharmaceutical Officer, Health and Social Services Group. Cathays Park, Cardiff. Tel: 03000 25 9260

Enclosure(s): Annex One: Co-proxamol prescriptions per 1000 Prescribing Units All GP practices in Wales, 2016 calendar year



16 June 2017

Prescribing of co-proxamol

Dear Medical Director,

Following serious safety concerns, Co-proxamol (Paracetamol + Dextropropoxyphene) was withdrawn from the UK market in 2005 on the advice of the Medicines and Healthcare products Regulatory Agency's (MHRA) Committee on Safety of Medicines (CSM). The withdrawal of co-proxamol was phased over two years to allow prescribers and patients time to discuss and move to alternative pain management regimes.¹

Prior to its withdrawal in 2005, co-proxamol was associated with between 300 and 400 intentional and accidental fatal overdoses in England and Wales each year; this number declined sharply subsequent to the MHRA's advice. Nevertheless some prescribing of co-proxamol continues in Wales and there continue to be intentional and accidental fatal overdoses associated with its use.²

It is apparent the vast majority of GP practices in Wales no longer prescribe co-proxamol either to new patients or those to whom it may have been prescribed previously and this is very positive. However despite its unfavourable risk profile, a small number of practices persist in prescribing co-proxamol at levels which are simply unacceptable (Annex one).

Health boards and prescribers are reminded that:

- There is no robust evidence that co-proxamol is more effective than paracetamol alone in either chronic or acute use;
- No patient group has been identified in which the risk/benefit ratio favours using co-proxamol;
- The fatal dose of co-proxamol is relatively low and can be potentiated by alcohol and other CNS depressants;

¹ Drug Safety Update: [Co-proxamol withdrawal: reminder to prescribers](#). MHRA. November 2007 [accessed 22 May 2017].

² [Deaths Related to Drug Poisoning, England and Wales](#). ONS. September 2016 [accessed 22 May 2017].

- Death from co-proxamol overdose occurs rapidly, the risk of dying after co-proxamol overdose is 2.3 times that for tricyclic antidepressants, 10 times that for co-codamol or co-dydramol, and 28.1 times that for paracetamol;^{3,4}
- Co-proxamol is an unlicensed medicine.

This circular requires that health boards identify all GP practices in their area and any clinical areas within secondary care, where there has been prescribing of co-proxamol in the previous year.

All prescriptions for co-proxamol should be urgently reviewed with the intention of switching patients to alternative, safer treatments. Health board medical directors working with their Chief Pharmacists to put in place mechanisms to ensure these reviews take place; and prescribing of co-proxamol is kept under review.

Yours sincerely,



DR FRANK ATHERTON



ANDREW EVANS

³ Afshari R et al. Co-proxamol overdose is associated with a 10-fold excess mortality compared with other paracetamol combination analgesics. *Br J Clin Pharmacol.* 2005 Oct; 60(4): 444–447

⁴ Hawton K, Simkin S, Deeks J. Co-proxamol and suicide: a study of national mortality statistics and local non-fatal self poisonings. *BMJ.* 2003;326:1006–8

Annex one

