

## LETTER TO THE EDITOR

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### PAIN MANAGEMENT WITH TAPENTADOL: A BETTER AND SAFER ALTERNATIVE TO OXYCODONE

Dear Editor:

I read with great interest the article by Friedmann et al.<sup>1</sup> in a recent issue of your esteemed journal. The article was highly thought provoking. Interestingly, a number of much safer alternatives to oxycodone have emerged recently. One such drug is tapentadol, which is far superior and safer to its other counterparts especially oxycodone.

For instance, Afilalo et al. have recently reported that nearly 32 percent of tapentadol-administered patients reported more than 50 percent reduction in pain intensity as compared to 17 percent in the oxycodone group of patients.<sup>2</sup> Also tapentadol is more cost effective as compared to oxycodone at the doses providing comparable antinociceptive effects.<sup>3</sup>

The incidence of side effects in tapentadol-treated patients is about 76 percent in comparison to an adverse effect incidence rate of 87 percent in patients treated with oxycodone.<sup>2</sup> Even though tapentadol is more potent than oxycodone, it produces less gastro-intestinal side effects. For instance, nearly 59 percent of IR 10 mg oxycodone-treated patients report upper GI side effects such as nausea, whereas only 35 percent of IR 50 mg tapentadol-treated patients reported similar symptoms.<sup>4</sup> Similarly, constipation is seen in only 13 percent of patients being treated with tapentadol.<sup>5</sup> Not surprisingly, a higher discontinuation rate is noted in patients being treated

with oxycodone as compared to those treated with tapentadol.<sup>6</sup> Tapentadol also shows synergistic antinociceptive effects when coadministered with pregabalin.<sup>7</sup>

The above examples clearly illustrate the superior efficacy and better safety profile of tapentadol as compared to oxycodone. More-intensive studies are needed to further confirm and elaborate these advantages of tapentadol.

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### ERRATUM

In the November/December 2011, Volume 7, Number 6, issue of *Journal of Opioid Management*, the article titled "Opioid-dependent error processing," on page 446, in column 2, the last sentence on the page should read: "It showed a higher rate of fatal opioid overdose following RODS-naltrexone when compared with methadone treatment; the relative risk of death from opioid toxicity was calculated to be 4.3 times greater following RODS-naltrexone treatment."