

LETTER TO THE EDITOR

ARTICLE INFO

Article history:

Received 5 April 2012

Accepted 23 April 2012

DOI:10.5055/jom.2012.0107

© 2012 Journal of Opioid Management,
All Rights Reserved.

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

Dear Editor:

I read with great interest the article by Friedmann et al.¹ 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.² Also tapentadol is more cost effective as compared to oxycodone at the doses providing comparable antinociceptive effects.³

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.² 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.⁴ Similarly, constipation is seen in only 13 percent of patients being treated with tapentadol.⁵ Not surprisingly, a higher discontinuation rate is noted in patients being treated

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

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.

Shailendra Kapoor, MD
Private practice, Mechanicsville, Virginia.
E-mail: shailendrakaipoor@yahoo.com

REFERENCES

1. Friedmann N, Klutzaritz V, Webster L: Efficacy and safety of an extended-release oxycodone (Remoxy) formulation in patients with moderate to severe osteoarthritic pain. *J Opioid Manag.* 2011; 7(3): 193-202.
2. Afilalo M, Etropolski MS, Kuperwasser B, et al.: Efficacy and safety of tapentadol extended release compared with oxycodone controlled release for the management of moderate to severe chronic pain related to osteoarthritis of the knee: a randomized, double-blind, placebo- and active-controlled phase III study. *Clin Drug Investig.* 2010; 30: 489-505.
3. Kwong WJ, Ozer-Stillman I, Miller JD, et al.: Cost-effectiveness analysis of tapentadol immediate release for the treatment of acute pain. *Clin Ther.* 2010; 32: 1768-1781.
4. Daniels S, Casson E, Stegmann JU, et al.: A randomized, double-blind, placebo-controlled phase 3 study of the relative efficacy and tolerability of tapentadol IR and oxycodone IR for acute pain. *Curr Med Res Opin.* 2009; 25: 1551-1561.
5. Hale M, Upmalis D, Okamoto A, et al.: Tolerability of tapentadol immediate release in patients with lower back pain or osteoarthritis of the hip or knee over 90 days: A randomized, double-blind study. *Curr Med Res Opin.* 2009; 25: 1095-1104.
6. Lange B, Kuperwasser B, Okamoto A, et al.: Efficacy and safety of tapentadol prolonged release for chronic osteoarthritis pain and low back pain. *Adv Ther.* 2010; 27: 381-399.
7. Christoph T, De Vry J, Schiene K, et al.: Synergistic antihyper-sensitive effects of pregabalin and tapentadol in a rat model of neuropathic pain. *Eur J Pharmacol.* 2011; 666: 72-79.

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."