

VII. Analgesic Impotence of Propoxyphene

While DPX's potential for abuse has been understated, the claims for its analgesic potency have been grossly exaggerated. No significant analgesic effect has ever been shown for DPX preparations in properly conducted* clinical studies. In a review of the published literature undertaken in 1970, Miller et al., discovered that only 20 of 243 "studies" on DPX had been conducted double-blind.**⁹⁴ Even among these 20 studies, several had design defects such that their results were of questionable validity. Gleaning what remained of the analgesic efficacy of DPX in relieving several kinds of pain, the authors concluded: "Propoxyphene is no more effective than aspirin or codeine and may even be inferior to these analgesics...When aspirin does not provide adequate analgesia, it is unlikely that propoxyphene will do so."

Sixteen of the studies reviewed by Miller had compared DPX with placebo. In nearly half of these (7/16), there was no significant difference in analgesia between DPX and placebo. Four of these latter studies included tests using 65 milligram (mg) doses of DPX, which remains the manufacturers' suggested dose.⁹⁵

Three more recent double-blind studies have suggested that, at the manufacturer's recommended dose, DPX is no more effective in pain relief than placebo.^{96,97,98} Moertal et al. concluded:

"The therapeutic credentials of both propoxyphene (Darvon) \$9.50 per 100 doses of 65 mg) and ethoheptazine (Zactone, \$7.40 per 100 doses of 75 mg) must be classified as very equivocal. In this study, neither showed a significant advantage over placebo, and both were significantly inferior to aspirin."⁹⁹

* I.e., including, at a minimum, randomization and double-blind observation.

** A double-blind trial exists where neither patient nor observer knows which treatment the patient is receiving. This minimizes bias and preconceptions of patient and observer both, and is imperative in a study design in order to achieve meaningful results.