

In these studies I have shown the results of 10 studies in which combinations of Darvon plus over-the-counter drugs were compared to combinations of codeine or Talwin (pentazocine) plus over-the-counter drugs—8 of the 10 comparisons favored either the codeine or the Talwin combinations.

In short, the results of our Mayo Clinic studies are entirely consistent with preponderance of the studies done by other investigators.

It can be concluded that Darvon does have some pain relieving activity, but this is very minor and does not match up to the safer and readily available over-the-counter drugs.

Combinations of Darvon with aspirin, APAP or APC are not better than using the over-the-counter drugs alone.

If the patient requires more pain relief than over-the-counter drugs can provide, the physician should not prescribe Darvon compound or Darvocet-N because he has other more effective drug combinations available to him.

The only real difference between the Darvon compound and over-the-counter analgesics is the price. If you use 1978 Redbook average wholesale prices and add on a 30-percent markup for retail sales, the price for 100 tablets of Darvocet-N plus aspirin is \$11.50 and for 100 tablets of Darvon-N plus APAP is \$13.50. If you are a careful shopper you can go to your corner drugstore or supermarket and get 100 two-tablet doses of APAP for about \$2 or 100 two-tablet doses of aspirin for less than \$1.

The case against Darvon would seem obvious. In the face of all this evidence, what arguments can be made in favor of Darvon.

There are three you will probably hear. The first is that the studies showing Darvon to have little or no value are not pertinent because they involved single doses of Darvon given as needed for pain. This argument is not credible. First, because there is no clinical evidence from well controlled studies to support it.

Also, the typical patient who may have a headache or a backache or pain after dental extraction doesn't want medication that he has to take regularly over a long period of time before it gives optimum relief.

He wants to take a single dose that will give him pain relief quickly.

Finally, the pharmaceutical manufacturer itself in its advertising to the physician and in its package insert, recommends that Darvon be taken as needed.

Another argument is that 65 milligrams of Darvon hydrochloride is about equal in effectiveness to 65 milligrams of codeine when both are given by mouth. Basically, I feel that is pretty close to true, but that is really a bit of smokescreen.

Sixty-five milligrams of codeine given alone by mouth is really not a very effective analgesic.

Given by a hypo, this dose is very effective. By mouth, however, it has been shown repeatedly to be no better than aspirin, and in our first study, although I did not display it on the graph, it was not quite as good.

Now, you can get effective pain relief by using codeine alone, by mouth, but when you use it by mouth, you have to use a much larger dose.