

Letters

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Propoxyphene Overdose Deaths

To the Editor.—We are observing an alarming increase in North Carolina in the number of deaths attributable to propoxyphene. We doubt that the phenomenon is peculiar to this state. Most physicians may not be aware of the problem, in spite of the article in THE JOURNAL by Sturner and Garriott (223:1125, 1973).

This state's Medical Examiner System detected 21 deaths in 1972 and 21 in 1973 attributable to propoxyphene. Thirteen such deaths were identified in the first half of 1974, and 17 more in the last half of that year. In the first three months of 1975, sixteen more deaths have been recorded. In comparison, there has been an average of 39 barbiturate deaths annually from 1971 to 1974. There have been only three barbiturate deaths during the first quarter of this year, when there were 16 propoxyphene deaths. Most of the propoxyphene deaths have been suicidal overdoses; some have been accidents.

Propoxyphene is a prescription analgesic second only to aspirin in popularity. The drug in the various forms of Darvon was the most commonly prescribed drug in 1972. Although Darvon is the most widely used propoxyphene, it is also available as Dolene, Pro-Gesic-65, and SK-65. The relatively new napsylate salt of propoxyphene, Darvon-N, is reputed to be safer than hydrochloride salt because of its poor solubility. We are unaware that one form of propoxyphene is demonstrably safer than another.

We offer several possibilities to account for the increase in recognized propoxyphene deaths: (1) the rescheduling-induced decrease in availability of rapid-acting barbiturates, (2) stricter controls on the much less lethal analgesic codeine; (3) the misconception among many physicians that propoxyphene is essentially harmless; and (4) the situation that Medicare will pay for propoxyphene

prescriptions but will not pay for aspirin.

Communities that are not detecting propoxyphene deaths may not have adequate death investigative systems including competent toxicology facilities. Recent improvement in techniques may account for discovery of cases that would otherwise have gone undetected.¹ It is our opinion that 15 to 20 of the 65-mg capsules (or of the 100-mg napsylate salt compressed tablets) may cause death, and that somewhat lesser amounts may do so with ethanol or other central nervous system depressants. In our experience, blood concentrations of propoxyphene together with other depressants that exceed 0.1 mg/100 ml, and of propoxyphene alone that exceed 0.2 mg/100 ml, can cause death.

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1. McBay AJ, Turk RF, Corbett BW, et al: Determination of propoxyphene in biological materials. *J Forensic Sci* 19:81-89, 1974.

Edited by John D. Archer, MD, Senior Editor