

before the Subcommittee last week Dr. Sidney Wolfe stressed the cardiotoxicity of propoxyphene and its longer-lived metabolite norpropoxyphene in animals. We have examined the references cited by Dr. Wolfe and they do give cause for concern. The demonstration of dose-related progressive conduction block is clear in experimental animals and in some patients with acutely toxic doses there are similar electrocardiographic changes. What is still hypothetical is Dr. Wolfe's proposal that there may be significant numbers of deaths unrecorded by the DAWN system that are truly accidental (that is, not involving overdoses) and for which the cardiotoxic phenomenon is responsible.

When analyzed according to age groups, the various data sources reveal significant differences in levels of use, misuse and abuse, as shown in the two tables in Appendix C. Most notable is the marked discrepancy between the average age of suicide, death or emergency room visits and the actual population for which propoxyphene is prescribed. For example, whereas over 33 percent of propoxyphene prescriptions are written for the over 60 population (the group most subject to cardio-vascular, respiratory and central nervous system problems) only 8 percent of deaths occur in this group. Although the same percentage of prescriptions was written for the age 20-39 group, 57 percent of the deaths occurs in these groups.