

LETTER TO EDITOR

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Meperidine: A Continuing Problem

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Abstract: Letter to the Editor regarding meperidine prescriptions in Queensland, Australia, 1999 to 2010.

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Introduction

The State of Queensland, Australia has a population of about 4.5 million. The Drugs of Dependence Unit maintains a record of all non-hospital opioids dispensed at community (non-hospital) pharmacies.

Figure 1 shows the total number of meperidine prescriptions issued and distinct persons who received prescriptions from 1999 to 2010 as recorded at the Drugs of Dependence Unit.

Although there has been a significant decline, there remains a concerning number of patients who continue to receive meperidine.

Discussion

Despite guidelines for chronic pain management, availability of many other more suitable opioids, and surveillance by government authorities, the prescribing of meperidine remains a concern.

The side-effect profile of repeated intramuscular meperidine injections, usually for chronic pain, is potentially more problematic compared to other opioids. To acquiesce to patient demand for meperidine may only support addictive behavior and risk other serious adverse consequences including seizures,¹ serotonin syndrome,² and fibrous myopathy.³

Individuals who receive or self-inject, meperidine by the intramuscular route will experience quick and effective “relief” from “suffering” that includes somatic symptoms, anxiety, or depression. Meperidine has been reported to cause more dizziness, higher elation, and a greater impairment of the ability to work when compared to morphine.⁴

Meperidine has been referred to as “the doctors’ and nurses’ addiction”. 186 of a total of 280 pethidine

addicts (65%) admitted to a US psychiatric hospital were classified as health care workers.⁵ A 5-year study of drug addiction among Quebec physicians included 56% who preferred meperidine compared to 38% who preferred morphine.⁶

Given the significant addictive potential of meperidine and the availability of other effective opioids, has the time come for practitioners to eliminate meperidine when treating individuals with chronic pain?

Author Contributions

Wrote the draft of the manuscript: BC. Contributed to the the writing of the manuscript: BC, WL, SB. Agree with manuscript results and conclusions: BC, WL, SB. Jointly developed the structure and arguments of the paper, BC, WL, SB. Made critical revisions and approved final version: BC, WL, SB. All authors reviewed and approved final manuscript.

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Author(s) disclose no potential conflicts of interest.

Disclosures and Ethics

As a requirement of publication the authors have provided signed confirmation of their compliance with ethical and legal obligations including but not limited to compliance with ICMJE authorship and competing interests guidelines, that the article is neither under consideration for publication nor published elsewhere, of their compliance with legal and ethical guidelines concerning human and animal research participants (if applicable), and that

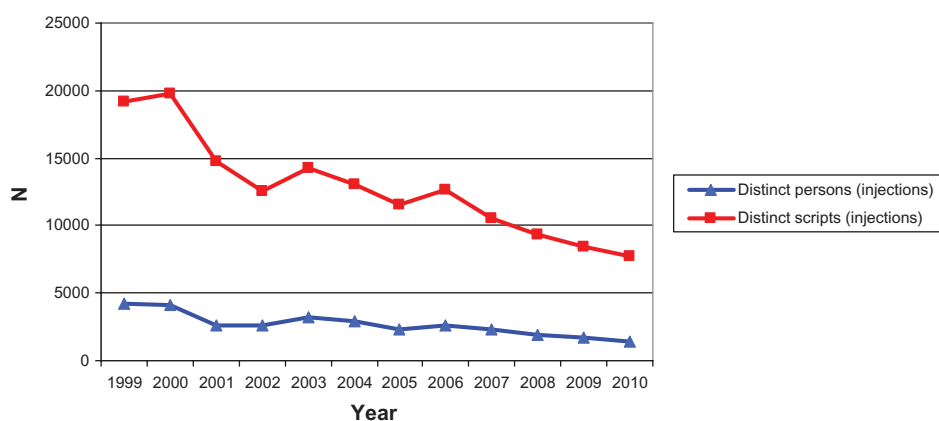


Figure 1. Meperidine ampoules dispensed in Queensland, Australia, 1999–2010 (Prescriptions and Persons).



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