

24 September 2004

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Dear Ms Williams

**REVIEW OF THE UTILITY OF THE PAIN RELIEVER CO-PROXAMOL (DISTALGESIC;
COSALGESIC; DOLGESIC) AND REQUEST FOR EVIDENCE ON RISKS AND BENEFITS**

The Royal Pharmaceutical Society of Great Britain is the professional and self-regulatory body for pharmacists in Great Britain. The Society's functions include: maintaining the register of pharmacists and pharmacies; regular inspection of pharmacies to monitor standards of practice and compliance with legal and professional requirements; accrediting undergraduate pharmacy degree courses; ensuring fitness to practise at the point of registration; promoting continuing education; producing clinical audit tools for pharmacy practice and tools to support uni- and multiprofessional clinical governance. The Society also produces a Code of Ethics containing standards governing the conduct and practice of pharmacists

After having consulted with the pharmacy profession, the views of the RPSGB are as follows.

There appears to be no clinical evidence for any group of people to suggest that the balance of risks and benefits of co-proxamol is favourable.

The Society, however, is aware that there are many people that have taken co-proxamol for a long period of time either on a regular or when required basis that have strong "belief" in the product, that it is the "best" analgesic for them. For some, the perceptions on the effectiveness of co-proxamol, however, can be affected by changing the brand of packaging. This does cause community pharmacy a problem when manufacturers change the packaging and appearance of tablets when counselling patients and healthcare professionals.

Within hospitals for many years there has been an extensive programme, often led by pharmacy, to stop or restrict the use of co-proxamol. In most hospitals this had been successful. In some hospitals it is available for "restricted" use due to the demands of a limited number of consultants. There are, however, concerns that patients admitted to hospital on co-proxamol are changed on to another analgesic and when they return home that they still have stocks of co-proxamol which they continue to take. This may result in them taking two or more paracetamol combination analgesics and so inadvertently overdosing on paracetamol.

The RPSGB is unable to identify any strong reason as to why co-proxamol should remain generally available but due to the large number of people in the community receiving this product does have concerns over how the withdrawal of this product is managed if this option is chosen.

Whichever option is chosen for the management of co-proxamol the RPSGB would ask to be kept informed and involved in the discussion.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sue Kilby', with a stylized flourish at the end.

Sue Kilby
Head of Practice