Methadone
see Metrapone interaction

Metrapone interaction
First report of withdrawal symptoms in patients on methadone maintenance: clinical study
An acute narcotic withdrawal-like syndrome was induced by oral metrapone 2.25g in 6 of 7 subjects receiving single-dose methadone maintenance therapy who had a past history of diamorphine [heroin] addiction. The subjects were participating in a study and were receiving single-dose metrapone as a diagnostic agent for determination of hypothalamic-pituitary-reserve. The onset of the syndrome occurred 20-60 min after metrapone and the daily methadone dose were coadministered. All 6 were in acute distress, and were thrashing about with shivering, muscle twitching and other symptoms described as 'cold turkey withdrawal'. Symptoms resolved spontaneously in 2 patients, and 4 fell into a sleep similar to that often following narcotic withdrawal. The remaining patient described a sensation of 'feeling uneasy all over'. When metrapone was administered to 5 similar patients in a divided dose protocol of 6 x 750mg 4-hourly, similar symptoms occurred in 3. The single-dose protocol was administered to 9 healthy volunteers who experienced very mild symptoms, primarily dizziness and light-headedness. Physicians '...should be aware of this unpleasant adverse, but not hazardous, reaction to metrapone in patients on methadone maintenance'.

Narcotics
see Amphetamine/cocaine/narcotics abuse

Nifuratel
Contact dermatitis: 2 case reports

Norfloxacin
First report of hepatitis in an elderly patient: case report
Right abdominal pain developed in a 72-year-old woman after 7 days' treatment with norfloxacin 800 mg/day for a urinary tract infection. The woman was also receiving digoxin for chronic atrial fibrillation. Moderate steatosis and small foci of centrilobular necrosis were revealed by a liver biopsy. AST and ALT levels, which were 14 and 6 IU/L, respectively, prior to treatment, peaked at 335 and 310 IU/L 3 weeks after norfloxacin treatment. 'In view of the ever expanding role of norfloxacin for the treatment of several infections, the possibility of norfloxacin-induced hepatotoxicity should be borne in mind.'


NSAIDs
Epistaxis: follow-up comment

Oxytocin
see Gemeprost/oxytocin

Paracetamol interaction
Increased pain in multiparous women with concomitant mifepristone and sulprostone: clinical study
This study indicates that paracetamol [acetaminophen] is contraindicated '...during voluntary interruption of pregnancy with the combination of mifepristone and sulprostone...' and that a pharmacological interaction is suggested. Paracetamol 600mg. dipropylidine 80mg or placebo was administered to 45 pregnant women 0.5 hours before 1M sulprostone 0.5mg had been administered for interruption of pregnancy. mifepristone had been administered 2 days previously.
Intensity of pain was significantly higher and duration of pain was longer in multiparous paracetamol recipients than placebo recipients. Intensity and duration of pain in nulliparous women was similar to that of placebo recipients. Compared with nulliparous women, intensity of pain was significantly lower in multiparous placebo and dipropylidine recipients.

Penicillamine
Lupus erythematosus-like eruption: case report
Erythematous macules, desquamation, and haemorrhagic bullae on the face, neck and hands occurred 15 days after the initiation of penicillamine 1 g/day in a 58-year-old woman with a 14-year history of systemic sclerosis. Her hands became more swollen and livid than usual and, despite penicillamine discontinuation, her condition worsened. Changes compatible with lupus erythematosus were shown on histological examination.

Treatment with vasodilators, tocopherol [vitamin E] and topical corticosteroids brought about rapid recovery from the general symptoms and the total involution of the skin lesions after 20 days.


Phenacetin abuse
Mortality and cardiovascular morbidity: incidence study
A 20-year trial was undertaken comparing women known to abuse phenacetin (assessed by urine analysis: n = 576) and matched control women (553).