

## Methadone see Metyrapone interaction

### Metyrapone interaction

First report of withdrawal symptoms  
in patients on methadone maintenance:  
clinical study \*

An acute narcotic withdrawal-like syndrome was induced by oral metyrapone 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 metyrapone as a diagnostic agent for determination of hypothalamic-pituitary-reserve. The onset of the syndrome occurred 20-60 min after metyrapone 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 metyrapone 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 metyrapone in patients on methadone maintenance.*'

Kennedy JA, Hartman N, Sbriglio R, Khuri E, Kreck MJ. Metyrapone-induced withdrawal symptoms. *British Journal of Addiction* 85: 1133-1140, Sep 1990

## Mifepristone see Paracetamol interaction

### Naproxen

Gastroduodenal lesions: clinical study

Aabakken L, Osnes M. Gastroduodenal lesions induced by naproxen. An endoscopic evaluation of regional differences and natural course. *Scandinavian Journal of Gastroenterology* 25: 1215-1222, Dec 1990

## Narcotics see Amphetamine/cocaine/ narcotics abuse

### Nifuratel

Contact dermatitis: 2 case reports

Valsecchi R, Imberti GL, Carnelli T. Nifuratel contact dermatitis. *Contact Dermatitis* 23: 187, Sep 1990

### 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.'*

Lopez-Navidad A, Domingo P, Cadafalch J, Farrerons J. Norfloxacin-induced hepatotoxicity. *Journal of Hepatology* 11: 277-278, Sep 1990

### NSAIDs

Epistaxis: follow-up comment

McGarry GW. Drug-induced epistaxis?. *Journal of the Royal Society of Medicine* 83: 812, Dec 1990

## 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, dipropylamine 80mg or placebo was administered to 45 pregnant women 0.5 hours before IM 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 dipropylamine recipients.

Weber B, Fontan JE. Acetaminophen as a pain enhancer during voluntary interruption of pregnancy with mifepristone and sulprostone. *European Journal of Clinical Pharmacology* 39: 609, Dec 1990

### Penicillamine

Lupus erythematosus-like eruption:  
case report

Erythematous macules, desquamation, and haemorrhagic bullae on the face, neckline 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.

Tsankov NK, Lazarova AZ, Vasileva SG, Obreshkova EV. Lupus erythematosus-like eruption due to D-penicillamine in progressive systemic sclerosis. *International Journal of Dermatology* 29: 571-574, Oct 1990

### 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 (533).