Drugs 2006; 66 (2): 232-233
0012-6667/06/0002-0232/$44.95/0

Tramadol Sustained-Release Capsules

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The Dana Alliance for Brain Initiatives estimates that pain, acute and chronic, affects 80 million Americans at a total cost of $US100 billion. The search for effective treatments, in particular effective drugs, is a priority for the pharmaceutical industry at large. This is all the more so for chronic pain management, a field where effective drugs come at a premium and surgical neuromodulatory approaches are often necessary. In this context, the two foremost challenges remain chronic back pain and the spectrum of neuropathic pain syndromes.

Surgery has a limited role in the first category and more often than not further damage accrues from such an approach.[1] On the other hand, a smorgasbord of drugs, rehabilitative and other approaches has not provided a 'quick fix' to the problem.[2] The plight is even worse for neuropathic pain, where drugs are often laden with intolerable adverse effects. These patients are frequently severely impaired in daily activities, and long-term freedom from pain remains a chimera.

Where does tramadol fit in in these particular areas?

Over the past 10 years, the drug industry has 'dished out' several compounds with supposed efficacy in chronic pain. From the clinician's standpoint, and despite much ballyhoo, the reality is that, even today, salicylates and morphine remain as good as they were 2000 years ago. Despite claims to the contrary, generally industry-supported, no challenger has dramatically altered this simple fact. To cite one example, ziconotide, a conotoxin for intrathecal administration, does not make the grade and actually can be more harmful than not.[3]

In our extensive experience in both the cited categories of chronic pain, tramadol has only a modest impact in the management of chronic back pain and little to no role in several forms of neuropathic pains. Rather, acute postoperative pain remains a good indication, as does cancer pain. A recent Cochrane report found a number needed to treat of 3.5 for peripheral neuropathic pain,[4] with an effect only on the evoked components. No significant, durable effect has ever been seen by us for central pain.[5]

Thus, it is reasonable to conclude that the new sustained-release capsule formulation of tramadol may prove more tolerable, but we remain sceptical that it will impact to any meaningful extent the long-term management of either back and neuropathic pain; cancer pain is the likely target of any new tramadol preparation. ▲

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