

...about tramadol

Tramadol is an opioid analgesic which also exerts effects on the serotonergic and adrenergic pathways. It has a marketing authorisation for use in moderate to severe pain. There is little evidence that it is more effective or better tolerated than the other opioids at **Step 2** of the analgesic ladder.

Prescribing in Wales increased from 897 defined daily doses (DDDs) of tramadol per 1000 prescribing units (PUs) from July to December 2007, the period coinciding with the end of the phased withdrawal of co-proxamol, to 1190 DDDs per 1000 PUs from March to August 2013, an increase in prescribing of around one-third.

Tramadol is liable to **abuse and misuse** in a similar way to other opioids and there is evidence that this is increasing. Diversion of prescription supplies is a possible supply route.

Common **adverse effects** of tramadol are similar to those seen with other opioid analgesics. Respiratory depression and constipation are said to be reduced, but nausea, dizziness, and psychiatric reactions are reportedly increased.

Adverse effects due to the 'dual action' of tramadol become more prevalent at **high doses**, in **overdose**, or in association with potentiating **drug interactions**. For example, **seizures** are more common than with other opioids, occurring in up to 15% of cases of overdose and the risk of the potentially fatal **serotonin syndrome** is increased by interactions with other serotonergic medicines, e.g. SSRIs. The use of **naloxone** does not reverse non-opioid effects.

Serious suspected adverse reactions should be reported via a **Yellow Card** (see www.yellowcardwales.org).