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NEWS BRIEFS from the Aspirin Foundation

Caffeine: a pick-me-up for aspirin

If you look at the list of ingredients in your usual OTC analgesic, you're quite likely to find caffeine among them - but it's not there as a pick-me-up for you. Caffeine has long been known to enhance the analgesic activity of aspirin, though even now it's not clear what the underlying mechanism is. In 1984, American scientists analysed 30 published clinical trials of aspirin and caffeine involving over 10,000 patients (*Laska EM et al. J Am Med Assoc 1984;251:1711-8*). After pooling all the results and analysing them statistically, they calculated that caffeine plus aspirin has a 'pooled relative potency' of 1.41. In other words, caffeine plus aspirin has the same analgesic effect as a dose of aspirin that is 40% higher.

How much caffeine is in a typical OTC analgesic? It ranges from 15mg to 65mg, so the usual dose of two tablets adds up to 30 - 130mg. For comparison, a mug of instant coffee contains about 100mg, a

mug of brewed coffee contains 130mg, and a cup of tea about 50mg.

[caffeine figures from the Food Standards Agency
www.foodstandards.gov.uk/healthierating/pregnancy/pregnant_caffeine]

Aspirin has important role in controlling cancer pain

The World Health Organisation (WHO) recommends aspirin as an integral part of its approach to the management of cancer pain, says Dr Jan Stjernsward, Head of Cancer and Palliative Care at the World Health Organisation.

Speaking at a recent international conference, Dr Stjernsward reminded delegates that analgesics for cancer pain should be prescribed in a sequential manner - an approach known as the 'analgesic ladder'. On the lowest rung - to be used first - are aspirin and other non-opioid analgesics. The next rung includes moderately strong analgesics such as codeine. Finally, the last rung consists of strong opiates such as morphine. Aspirin can be combined with

other more powerful analgesics at any stage - for example, aspirin is often included to help control bone pain because this form of pain responds poorly to opiates alone.

Experts have warned that AIDS-related cancer is increasing dramatically, and in South Africa lung cancer is becoming increasingly common among men. Cost effective pain relief is vital: giving the right drug at the right time can control 80 - 90% of cancer pain, according to WHO experts.

SIGN points the way for aspirin

Aspirin is recommended as prophylaxis of venous thromboembolism for many medical and surgical patients in the revised guideline from the Scottish Intercollegiate Network (SIGN; www.sign.ac.uk).

The guideline sets out the evidence for the various forms of pharmacological and non-pharmacological interventions to reduce the risk of thrombosis. The regimen of aspirin 150mg/day for 35 days is effective as prophylaxis of asymptomatic and symptomatic venous thromboembolism in surgical patients, SIGN notes, reducing the risk of venous thromboembolism by 25 - 29% and of fatal pulmonary embolism by 64%. Aspirin also reduces cardiovascular events following acute

myocardial infarction and acute ischaemic stroke.

SIGN also considers the topical issue of thrombosis during long distance travel. The risk is increased in people with known risk factors (e.g. older age, obesity) and during flights exceeding 3,000 miles. Contributory factors include dehydration and immobility. SIGN suggests reducing the risk by good hydration, restricting alcohol and coffee intake, and doing leg exercises. For people at high risk (due to previous thrombosis, thrombophilia, recent major trauma, surgery or immobilising illness, or pregnancy) the options for prophylaxis are compression stockings, a single 150 mg dose of aspirin or a single dose of a low molecular weight heparin. The balance of benefits with the risk of bleeding is difficult to estimate, SIGN acknowledges, but should nonetheless be discussed with individual patients.

Further information available from:
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