



Preventing analgesic overuse

Over-the-counter analgesics play a key role in everyday pain and fever management. However, overuse of such medicines can cause ill health or even death. NHMRC funded hospital clinicians and researchers based at major Australian universities undertook clinical, pathological and epidemiological studies in order to establish a clear causal link between compound analgesic overuse and serious kidney disease, leading to regulatory action by Australian governments.



Origin

Soon after pathologist Priscilla Kincaid-Smith commenced work at The Alfred Hospital in Melbourne in 1968, she became aware of an unusual form of disease being exhibited in the kidneys removed from corpses in the autopsy room there.

This condition was something she had never seen in six years at Hammersmith Hospital in London which she had just arrived from. The local pathologist, however, said that the condition was commonly seen in specimens taken at the Alfred Hospital.

Investment

NHMRC-funded researchers played key roles in helping to reveal the causes of this type of kidney disease, principally overuse of powders containing aspirin, phenacetin and caffeine (APC). They included Kincaid-Smith, John Tange, John Duggan, Graham Starmer, Ranjit Nanra, Geoffrey Duggin, John Stewart, Margaret McCredie, Kenneth Ham and Judith Burrell.

NHMRC's Council and principal committees also played key roles in advising government, leading to policy change aimed at preventing analgesic overuse.

Research

Over several decades, Kincaid-Smith and other NHMRC-funded researchers revealed many aspects of the health problems associated with APC powder overuse. During this period Kincaid Smith led one of several global programs in the field of the biopsy of kidney diseases and was the foremost Australian nephrologist tackling the causes of kidney disease.

Analgesic syndrome (as it came to be called) involved drug dependency, renal disease, hypertension, peptic ulcer, anaemia and recurrent headache.

Translation

Kincaid-Smith and her colleagues worked with the medical community, NHMRC and government to have restrictions placed on the sale of over-the-counter compound analgesics.

In 1977, phenacetin was legally banned from all medical preparations in Australia, and all over-the-counter combination analgesic products were banned in 1979.

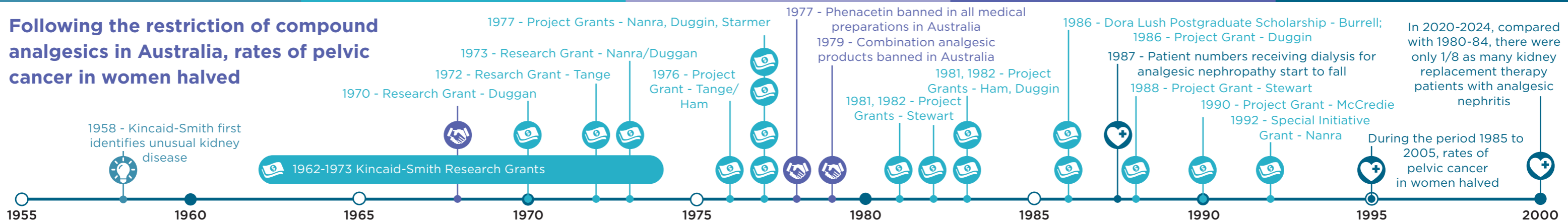
Phenacetin was also removed from the market in Canada, Belgium, Scandinavian countries, and the United States.

Impact

Within the decade after compound analgesics were restricted from over-the-counter sale, patient numbers for those with analgesic nephropathy who received dialysis or a kidney transplant reached their peak and declined thereafter. Rates of pelvic cancer in women halved between 1985 and 2005.

These improvements to health were also associated with substantial economic savings for the health system, leading to greater funding and staff availability to treat other health issues.

Following the restriction of compound analgesics in Australia, rates of pelvic cancer in women halved



Researchers

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