

Drug-Drug Interactions with nsNSAIDs/Coxibs

| Drug | Effect | Management |
|--------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Aminoglycoside antibiotics | Renal clearance inhibited | Monitor antibiotic concentration and adjust dose as necessary |
| Anticoagulants | Increased risk of bleeding | Monitor prothrombin time Avoid ASA use |
| Antihypertensive agents (with some NSAIDs) | Reduced antihypertensive effect Potential hyperkalemia with diuretics and ACE-Is | Monitor blood pressure, cardiac function and potassium concentration |
| Digoxin | Renal clearance inhibited | Monitor digoxin concentration and adjust dose as necessary |
| Lithium | Increased lithium concentration | Monitor lithium concentrations |
| Methotrexate | Increased methotrexate concentration | Monitor methotrexate concentration Avoid NSAIDs with high-dose methotrexate |
| Phenytoin (with ibuprofen) | Increased phenytoin levels | Monitor phenytoin concentration and adjust dose as necessary |
| Probenecid (with naproxen) | Reduced clearance of naproxen | Monitor for adverse effects |

ACE-I = angiotensin-converting enzyme inhibitor; ASA = acetylsalicylic acid;

coxib = COX-2-specific inhibitor; NSAID = non-steroidal anti-inflammatory drug;

nsNSAID = non-selective non-steroidal anti-inflammatory drug

Adapted from: American Medical Association. *Table: Potential Drug Interactions with NSAID Analgesics*. Available at: http://www.ama-cmeonline.com/pain_mgmt/tables/table_nsaids_interactions.htm. Accessed: September 5, 2013.

Drug-Drug Interactions with Opioids

| Drug | Opioid(s) | Effect |
|------------------------------------------------|-------------------------|-------------------------------------------------------------------|
| Antibiotics | | |
| Clarithromycin | Fentanyl | Reduced fentanyl clearance, respiratory depression |
| Erythromycin | Methadone | Increased opioid metabolism (may induce withdrawal) |
| Rifampicin | Morphine | Reduced analgesic effect, increase dose if needed |
| Antifungals (ketoconazole, itraconazole) | Fentanyl | Reduced fentanyl clearance and respiratory depression |
| Antihistamines | All | Increased sedation |
| Antiretrovirals | | |
| Lopinavir | Methadone | Increased opioid metabolism (may induce withdrawal) |
| Nelfinavir | Fentanyl | Reduced fentanyl clearance, respiratory depression |
| Ritonavir | Fentanyl | Reduced fentanyl clearance, respiratory depression |
| Zidovudine | Methadone | Zidovudine metabolism inhibited |
| Beta-blockers (metoprolol, propanolol) | Propoxyphene | Increased plasma levels of beta-blockers |
| Butyrophenones | All | Increased sedation |
| Cimetidine | Meperidine, morphine | Increased opioid effects |
| Desipramine | Methadone, morphine | Possible toxicity due to inhibition of desipramine metabolism |
| Doxepin | Propoxyphene | Possible toxicity due to increased doxepin levels |
| Erythromycin | Methadone | Increased opioid metabolism (may induce withdrawal) |
| MAOIs | Meperidine | Excitatory response (includes seizures, arrhythmia, hyperpyrexia) |
| Phenytoin | Methadone | Increased opioid metabolism (may induce withdrawal) |
| Quinidine | Codeine | Decreased analgesia |
| TCAs | All | Increased sedation |

MAOI = monoamine oxidase inhibitor; TCA = tricyclic antidepressant

Adapted from: American Medical Association. *Table: Important Opioid Drug Interactions*. Available at: http://www.ama-cmeonline.com/pain_mgmt/tables/table_opioid_interactions.htm. Accessed: September 5, 2013;

Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine. *Acute Pain Management: Scientific Evidence*. 3rd ed. ANZCA & FPM; Melbourne, VIC: 2010; South African Society of Anaesthesiologists. *SAJAA* 2009; 15(6):1-120.