Skip to main content

Aspirin and Codeine (Empirin Codeine)

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Codeine

The most frequently observed adverse reactions to codeine include light-headedness, dizziness, drowsiness, nausea, vomiting, constipation and depression of respiration. Less common reactions to codeine include euphoria, dysphoria, pruritus and skin rashes.

Aspirin

Mild aspirin intoxication (salicylism) can occur in response to chronic use of large doses. Manifestations include nausea, vomiting, hearing impairment, tinnitus, diminished vision, headache, dizziness, drowsiness, mental confusion, hyperpnea, hyperventilation, tachycardia, sweating and thirst.

Therapeutic doses of aspirin can induce mild or severe allergic reactions manifested by skin rashes, urticaria, angioedema, rhinorrhea, asthma, abdominal pain, nausea, vomiting, or anaphylactic shock. A history of allergy is often lacking, and allergic reactions may occur even in patients who have previously taken aspirin without any ill effects. Allergic reactions to aspirin are most likely to occur in patients with a history of allergic disease, especially in patients with nasal polyps or asthma.

Some patients are unable to take aspirin or other salicylates without developing nausea or vomiting. Occasional patients respond to aspirin (usually in large doses) with dyspepsia or heartburn, which may be accompanied by occult bleeding. Excessive bruising or bleeding is sometimes seen in patients with mild disorders of primary hemostasis who regularly use low doses of aspirin.

Prolonged use of aspirin can cause painless erosion of gastric mucosa, occult bleeding and infrequently, iron-deficiency anemia. High doses of aspirin can exacerbate symptoms of peptic ulcer and occasionally, cause extensive bleeding.

Excessive bleeding can follow injury or surgery in patients with or without known bleeding disorders who have taken therapeutic doses of aspirin within the preceding 10 days. Hepatotoxicity has been reported in association with prolonged use of large doses of aspirin in patients with lupus erythematosus, rheumatoid arthritis and rheumatic disease. Bone marrow depression, manifested by weakness, fatigue, or abnormal bruising or bleeding, has occasionally been reported. In patients with glucose-6-phosphate dehydrogenase deficiency, aspirin can cause a mild degree of hemolytic anemia. In hyperuricemic persons, low doses of aspirin may reduce the effectiveness of uricosuric therapy or precipitate an attack of gout.

DRUG ABUSE AND DEPENDENCE

Like other medications containing a narcotic analgesic, aspirin and codeine (aspirin and codeine (aspirin and codeine)) phosphate tablets are controlled by the Drug Enforcement Administration and is classified under Schedule III.

Aspirin and codeine (aspirin and codeine (aspirin and codeine)) can produce drug dependence of the morphine type; therefore, it has a potential for being abused. Psychic dependence, physical dependence and tolerance may develop on repeated administration.

The dependence liability of codeine has been found to be too small to permit a full definition of its characteristics. Studies indicate that addiction to codeine is extremely uncommon and requires very high parenteral doses.

When dependence on codeine occurs at therapeutic doses, it appears to require from one to two months to develop, and withdrawal symptoms are mild. Most patients on long-term oral codeine therapy show no signs of physical dependence upon abrupt withdrawal.