

Superoxide dismutases are also under investigation for their free-radical scavenging properties in a variety of conditions including the prevention of bronchopulmonary dysplasia in neonates.

Bronchopulmonary dysplasia. Use of sudismase in premature infants treated for respiratory distress syndrome did not prevent development of bronchopulmonary dysplasia (p.1500) in the first month.¹ However, treated infants subsequently showed a lower incidence of severe respiratory disease and hospitalisations in the first year, suggesting a reduction in chronic lung injury. The antioxidant was given intratracheally in a dose of 5 mg/kg every 48 hours as long as intubation and ventilation were necessary. A systematic review² was unable to reach a firm conclusion about the efficacy of superoxide dismutases in preventing chronic lung disease.

1. Davis JM, et al. Pulmonary outcome at 1 year corrected age in premature infants treated at birth with recombinant human CuZn superoxide dismutase. *Pediatrics* 2003; **111**: 469–76.
2. Suresh GK, et al. Superoxide dismutase for preventing chronic lung disease in mechanically ventilated preterm infants. Available in The Cochrane Database of Systematic Reviews; Issue 1. Chichester: John Wiley; 2001 (accessed 09/05/05).

Head injury. Pegorgotein was found¹ to be little more effective than placebo in improving neurological outcome or reducing mortality in patients with severe head injury.

1. Young B, et al. Effects of pegorgotein on neurologic outcome of patients with severe head injury: a multicenter, randomized controlled trial. *JAMA* 1996; **276**: 538–43.

Motor neurone disease. A small percentage of patients with familial amyotrophic lateral sclerosis (see Motor Neurone Disease, p.2380) have been shown to have a mutation in the gene encoding for the enzyme copper-zinc superoxide dismutase but there has been no consensus as to whether patients with this mutation should be given superoxide dismutase supplements.¹

1. Orrell RW, deBellerche JS. Superoxide dismutase and ALS. *Lancet* 1994; **344**: 1651–2.

Radiotherapy. Although some studies^{1,2} indicate that orgotein can ameliorate the adverse effects of radiotherapy for bladder tumours, another study³ was terminated prematurely because of unacceptable hypersensitivity reactions and apparent inefficacy.

1. Sanchiz F, et al. Prevention of radioinduced cystitis by orgotein: a randomized study. *Anticancer Res* 1996; **16**: 2025–8.
2. Valencia J, et al. The efficacy of orgotein in the treatment of acute toxicity due to radiotherapy on head and neck tumors. *Tumori* 2002; **88**: 385–9.
3. Nielsen OS, et al. Orgotein in radiation treatment of bladder cancer: a report on allergic reactions and lack of radioprotective effect. *Acta Oncol* 1987; **26**: 101–4.

Preparations

Proprietary Preparations (details are given in Part 3)

Spain: Ontosein†.

Multi-ingredient: **Arg.:** Vitix; **Indon.:** Glisodin.

Suprofen (BAN, USAN, rINN)

R-25061; Suprofeeni; Suprofen; Suprofen; Suprofenum; Suto-profen. 2-[4-(2-Thenyl)phenyl]propionic acid.

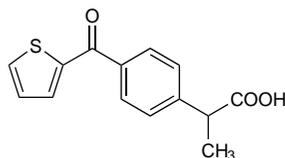
Супрофен

$C_{14}H_{12}O_3S = 260.3$.

CAS — 40828-46-4.

ATC — M01AE07.

ATC Vet — QM01AE07.



Pharmacopoeias. In US.

USP 31 (Suprofen). A white to off-white powder, odourless or having a slight odour. Sparingly soluble in water.

Profile

Suprofen is an NSAID (p.96). Suprofen has been used as 1% eye drops to inhibit the miosis that may occur during ocular surgery.

It was formerly given orally in mild to moderate pain and in osteoarthritis and rheumatoid arthritis but, after reports of adverse renal reactions, marketing of the oral dose form was suspended worldwide.

Preparations

USP 31: Suprofen Ophthalmic Solution.

Proprietary Preparations (details are given in Part 3)

USA: Profenaf†.

Suxibuzone (BAN, rINN)

Suksibutsoni; Suksibuzonas; Suxibuzon; Suxibuzona; Suxibuzonum; Szuxibuzon. 4-Butyl-4-hydroxymethyl-1,2-diphenylpyrazolidine-3,5-dione hydrogen succinate (ester).

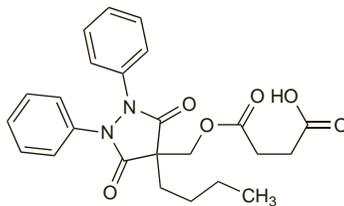
Суксіббузон

$C_{24}H_{26}N_2O_6 = 438.5$.

CAS — 27470-51-5.

ATC — M02AA22.

ATC Vet — QM01AA90; QM02AA22.



Pharmacopoeias. In Eur. (see p.vii).

Ph. Eur. 6.2 (Suxibuzone). A white or almost white, crystalline powder. Practically insoluble in water; soluble in alcohol; freely soluble in acetone; practically insoluble in cyclohexane.

Profile

Suxibuzone, a derivative of phenylbutazone (p.117), is an NSAID (p.96) that has been applied topically at a concentration of about 7% in musculoskeletal and joint disorders. Concern over safety and toxicity after oral use has led to its withdrawal from the market in many countries.

Preparations

Proprietary Preparations (details are given in Part 3)

Spain: Danilon.

Tenoxicam (BAN, USAN, rINN)

Ro-12-0068; Ro-12-0068/000; Tenoksikaami; Tenoksikam; Tenoksikamas; Ténoxicam; Tenoxicamum; Tenoxicám; Tenoxicam. 4-Hydroxy-2-methyl-N-(2-pyridyl)-2H-thieno[2,3-e][1,2]thiazine-3-carboxamide 1,1-dioxide.

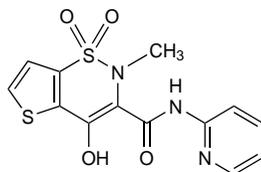
Теноксикам

$C_{13}H_{11}N_3O_4S_2 = 337.4$.

CAS — 59804-37-4.

ATC — M01AC02.

ATC Vet — QM01AC02.



Pharmacopoeias. In Eur. (see p.vii).

Ph. Eur. 6.2 (Tenoxicam). A yellow, polymorphic, crystalline powder. Practically insoluble in water; very slightly soluble in dehydrated alcohol; sparingly soluble in dichloromethane; it dissolves in solutions of acids and alkalis. Protect from light.

Stability. An admixture of tenoxicam 0.02% and ceftazidime 0.5% (as the sodium salt) in glucose injection 5% appeared stable when stored for up to 120 hours at 25° in glass bottles;¹ when stored in PVC bags, the admixture was stable for up to 72 hours at 25° and for up to 144 hours at 4°.

1. Wang D-P, et al. Compatibility and stability of ceftazidime sodium and tenoxicam in 5% dextrose injection. *Am J Health-Syst Pharm* 2004; **61**: 1924–7.

Adverse Effects, Treatment, and Precautions

As for NSAIDs in general, p.96.

Incidence of adverse effects. Adverse effects associated with tenoxicam have been reviewed.¹ The majority of adverse effects relate to the gastrointestinal tract (11.4%), nervous system (2.8%), or skin (2.5%).

Gastrointestinal disturbances including nausea and vomiting (14.7%) and dyspepsia (2.3%), surgical site bleeding (4.3%), wound infection (2.7%), dizziness (5.7%), and headache (10.7%) were the most common adverse effects reported in a placebo-controlled study involving 1001 patients following the perioperative use of oral and intravenous tenoxicam.² It was noted, however, that the incidence of dizziness, nausea and vomiting, and headache was greater in the placebo group and that the

difference in the incidence of dyspepsia between the 2 groups was not significant.

1. Todd PA, Clissold SP. Tenoxicam: an update of its pharmacology and therapeutic efficacy in rheumatic diseases. *Drugs* 1991; **41**: 625–46.
2. Merry AF, et al. Clinical tolerability of perioperative tenoxicam in 1001 patients – a prospective, controlled, double-blind, multicentre study. *Pain* 2004; **111**: 313–22.

Effects on the kidneys. A review¹ of the effects of tenoxicam on renal function concluded that tenoxicam could be given at normal recommended doses to elderly patients or those with mild to moderate renal impairment who were not at high risk of renal failure or receiving potentially nephrotoxic therapy. Data from the manufacturer's database¹ on 67 063 patients, including 17 005 over 65 years of age, who had received tenoxicam indicated that there had been 45 adverse events relating to urinary system function, described as severe in 7. The prevalence of adverse events was similar in elderly and non-elderly patients, the most common effects being dysuria and renal pain.

1. Heintz RCA. Tenoxicam and renal function. *Drug Safety* 1995; **12**: 110–19.

Effects on the liver. A report¹ of acute hepatitis associated with the use of tenoxicam.

1. Sungur C, et al. Acute hepatitis caused by tenoxicam. *Ann Pharmacother* 1994; **28**: 1309.

Effects on the skin. A report of 3 cases of toxic epidermal necrolysis (Lyell's syndrome) associated with tenoxicam.¹

For the general incidence of dermatological effects see above.

1. Chosidow O, et al. Toxidermies sévères au ténoxicam (Tilcotil). *Ann Dermatol Venerol* 1991; **118**: 903–4.

Interactions

For interactions associated with NSAIDs, see p.99.

Pharmacokinetics

Tenoxicam is well absorbed after oral doses; peak plasma concentrations occur within about 2 hours in fasting subjects; this may be delayed to about 6 hours when tenoxicam is given with food but the extent of absorption is not affected. It is also rapidly absorbed when given by intramuscular injection. Tenoxicam is about 99% protein bound and penetrates synovial fluid. The plasma elimination half-life ranges from 42 to 81 hours; with daily dosage, steady-state concentrations are reached within 10 to 15 days. Tenoxicam is completely metabolised to inactive metabolites which are excreted mainly in the urine; there is some biliary excretion of glucuronide conjugates of the metabolites.

References

1. Nilsen OG. Clinical pharmacokinetics of tenoxicam. *Clin Pharmacokinetics* 1994; **26**: 16–43.
2. Guentert TW, et al. Relative bioavailability of oral dosage forms of tenoxicam. *Arzneimittelforschung* 1994; **44**: 1051–4.
3. Nilsen OG, et al. Single- and multiple-dose pharmacokinetics, kidney tolerability and plasma protein binding of tenoxicam in renally impaired patients and healthy volunteers. *Pharmacol Toxicol* 2001; **89**: 265–72.

Uses and Administration

Tenoxicam, a piroxicam (p.117) analogue, is an NSAID (p.99). It is used in the symptomatic management of musculoskeletal and joint disorders such as osteoarthritis and rheumatoid arthritis, and also in the short-term management of soft-tissue injury. Tenoxicam is given as a single oral daily dose usually of 20 mg. In acute musculoskeletal disorders treatment for up to 7 days is usually sufficient but in severe cases it may be given for up to a maximum of 14 days. Doses similar to those given orally have been given by intramuscular or intravenous injection for initial treatment for 1 or 2 days. Tenoxicam has also been given by rectal suppository.

References

1. Todd PA, Clissold SP. Tenoxicam: an update of its pharmacology and therapeutic efficacy in rheumatic diseases. *Drugs* 1991; **41**: 625–46.

Preparations

BP 2008: Tenoxicam Injection; Tenoxicam Tablets.

Proprietary Preparations (details are given in Part 3)

Arg.: Mefenix†; **Austria:** Tilcotil; **Belg.:** Tilcotil; **Braz.:** Inflagel; Prodoxican; Teflan; Tenobio†; Tenocam†; Tenotec; Tenoxen†; Tilatil; Tilonax; Tiloxican†; Titenil†; **Chile:** Avancel†; Bioflan; Mitrotil; Recaflex; Texicam†; Tilcotil; **Denm.:** Tilcotil; **Fin.:** Tilcotil; **Fr.:** Tilcotil; **Gr.:** Admiral; Algin-Vek; Amcinafal; Ampirox; Artroxican; Artruic†; Aspagin; Biodruff; Doctican†; Dranat; Hobaticam; Indo-bros; Istotosal; Liaderyl; Neo-adilbamin; Neo-antiiperstam; Neo-endusix; Octveran; Oxytel; Ponsolit; Redax; Soral; Tenox†; Tentepanil; Tilitin; Tosacalm; Velasor; Voir; Zibelant; **Hong Kong:** Nadamen†; **Hung.:** Tilcotil; **India:** Tobtil; **Indon.:** Artricon; Medtil; Notribis; Oxafalm; Pilopil; Thenil; Tilcotil; Tilflam; Xotilon; **Ir.:** Mobiflex†; **Ital.:** Dolmen; Rexalgan; Tilcotil; **Jpn.:** Tilcotil; **Malaysia:** Nadamen†; **Sefil; Sinoral†; Tilcotil; Mex.:** Tilcotil; **Neth.:** Tilcotil; **NZ:** Tilcotil; **Philipp.:** Tilcotil; **Port.:** Bioreucam†; Calibrat†; Doxican; Tenalgin; Tilcotil; **S.Afr.:** Tilcotil; Tobtil†; **Singapore:** Nadamen†; **Spain:** Artruic; Reutenox; Tilcotil†; **Swed.:** Alganex; **Switz.:** Tilcotil; **Thai.:** Memzotil; Nadamen†; **Sefil; Sinoral; Tecanam; Tenax; Tenocam; Tenox; Tenoxil; Tenxil; Tilcotil; Tonox; Turk.:** Nobateks; Oksamen; Tenoksan; Tenoktil; Tenox; Tilcotil; Tilko; VienOks; Zikalar; **UK:** Mobiflex; **Venez.:** Rodix; Tecam†; Tenoxin; Tilcotil†.

Multi-ingredient: **Arg.:** Mefenix Relax†.