Diflunisal: A Review of its Pharmacological Properties and Therapeutic Use in Pain and Musculoskeletal Strains and Sprains and Pain in Osteoarthritis

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Summary

Synopsis: Diflunisal is a salicylic acid derivative with analgesic and anti-inflammatory activity. It has been studied in osteoarthritis, pain resulting from musculoskeletal sprains and strains and from minor surgery and cancer. The duration of its analgesic effect is longer than that of aspirin and diflunisal is effective when given twice daily. Diflunisal is not metabolised to salicylic acid and has a lesser effect than aspirin on platelet function in vivo. In osteoarthritis, diflunisal appears comparable in efficacy to moderate doses of aspirin (2 to 3g daily), but is better tolerated. It has not been compared with the most active phenylalkanoic acid derivatives such as naproxen in adequate numbers of patients. Diflunisal is comparable with glafenine in pain and with propanoxyphene/paracetamol combinations and oxyphenbutazone in pain and in musculoskeletal strains and sprains. As with other non-steroidal agents, gastrointestinal complaints are the most frequently reported side effects.

Pharmacology: Diflunisal is a salicylic acid derivative with analgesic and anti-inflammatory activity. The analgesic effect of diflunisal is longer than that of aspirin, lasting for at least 8 hours and up to 12 hours.

Between-patient and crossover studies have indicated that usual therapeutic doses of diflunisal cause less faecal blood loss than therapeutically equivalent doses of ordinary aspirin. Endoscopic examination during a comparison of diflunisal and aspirin in osteoarthritis, revealed a higher incidence of gastric erosions with aspirin than with diflunisal. To date there have been no comparisons with enteric-coated aspirin, aloxpiron or benorylate or with the other non-steroidal anti-inflammatory drugs.

1 'Dolobid' (Merck Sharp and Dohme).