Dipyrone negates aspirin's antiplatelet effect

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(HealthDay)—There is an unfavorable pharmacological drug interaction between the non-narcotic analgesic dipyrone and aspirin in patients with coronary artery disease (CAD), according to research published online Aug. 14 in the *Journal of the American College of Cardiology*.

Amin Polzin, M.D., from the Heinrich Heine University Medical Center in Düsseldorf, Germany, and colleagues studied three subgroups of CAD patients with optimal medical therapy according to current guidelines. Group A included 10 CAD patients in whom aspirin had been withdrawn because of scheduled cardiac surgery; group B included 20 CAD patients taking aspirin; and group C included 36 patients with a co-medication of aspirin/dipyrone. Seventy-five percent of patients in groups B and C were on dual antiplatelet therapy with clopidogrel. Platelet function was measured by arachidonic acid-induced light-transmission aggregometry and thromboxane B_2-formation by immunoassay.

The researchers found that patients not taking aspirin had effective platelet aggregation. In group B patients, thromboxane formation was nearly completely inhibited. Patients in group C restituted arachidonic acid-induced thromboxane formation to levels sufficient for complete restoration of platelet aggregation; an impaired aspirin effect was seen in half of group C's co-medicated patients.

"Dipyrone co-medication in CAD patients can completely blunt the antiplatelet effects of aspirin," the authors write.

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