



Readers' Comments

To the Editor:

I was ecstatic when I read the article "Butorphanol Nasal Spray for Headache" (*AJPM* 2002; 12:50-51). I was initially afraid that someone was going to promote this agent as a reasonable choice in headache. I was happily surprised when I saw that a clinician actually stood up and took a stand against the use of Stadol[®] nasal spray. I never use this medication. It's a horribly addictive medication for which I've seen a multitude of addiction problems. It's only effective use that I've seen is in causing rebound headaches. Unfortunately, it was initially claimed by the manufacturer to be non-addictive, and many of the older family practice physicians, therefore, feel that it is a safe medication. It is an opioid with a potent euphoric potential. For this reason, patients will return to their physicians claiming it works great, and physicians will then continue to prescribe it. It is a very insidious medication. The way I describe it is to use the analogy of a Demerol[®] nasal spray. If Demerol[®] nasal spray were available, how many of our patients could we trust to keep it at home and to use it only when they had a headache, to use it appropriately in a limited fashion, without becoming addicted to it. I think the obvious answer to that is essentially no one. Stadol[®] nasal spray is every bit as addictive and habit forming as a Demerol[®] nasal spray would be. I echo the general sentiments of Lawrence Robbins, MD, in his stand against Stadol[®] nasal spray. I feel that Stadol[®] nasal spray has absolutely no use at all in the treatment of headache. My conclusion is based upon the agent's insidiously addictive nature and the risk of causing rebound, not to mention the fact that triptans work so well that burorphanol is really unneeded.

When I discuss this issue with other physicians, I always get the question of whether or not Stadol[®] nasal spray would be appropriate to use if it were used in a limited fashion such as for one or two headaches per year. My answer is that I don't have patients that get one or two headaches per year and I don't think many other physicians do either.

— Randall L. Oliver, MD
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