

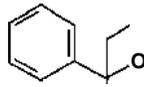
Propoxyphen

Synonyme:

Propionsäure-[(4-Dimethylamino-1,2-diphenyl)-3-methyl-2-butyl]-ester
 4-Dimethylamino-1,2-diphenyl-3-methyl-2-propoxybutan
 a-(2-Dimethylamino-1-methyl)-a-phenylphenethylester

Chemische Formel:

$C_{22}H_{29}NO_2$



CH

$H_3C / \quad \wedge \quad CH_3$

Beschaffenheit:

Polamidon-ähnlich.

Verwendung:

Analgesie

Tagesdosen: 128-390 mg als Hydrochlorid, 200-600 mg als Napsylat (bei Morphinabhängigen bis 1400 mg).

Vorkommen:

Kombination mit Paracetamol und Acetylsalicylsäure

Halbwertszeit (8-24 Std): 15 Std. bzw. 27 Std. für Norpropoxyphen oral und parenteral (Hydrochlorid).

Wirkungscharakter und Stoffwechselverhalten:

Morphinartiges Analgetikum; Polamidon-ähnliche Struktur.

Nach parenteraler Applikation lokale Schädigung möglich.

Metabolisierung über N-Demethylierung zu Norpropoxyphen (13,2%), das im Serum infolge der längeren Halbwertszeit kumuliert (Nickander), weiterer Abbau zu Dinorpropoxyphen (0,7%) 75,1% werden unverändert im Urin in 7 Tagen ausgeschieden (MCMAHON; GRAM). In toxischer Dosis Atemdepression

und Kardiotoxizität. (Norpropoxyphen hierfür verantwortlich).

Die minimal toxische Dosis liegt bei 500 mg bei Erwachsenen.

Therapeutische Konzentration:

0,23 mg/l nach 2 Std.

0,27 mg/l nach 4 Std.

0,42 mg/l bei chronischem Gebrauch (VEREBELY).

Toxizität:

LDL₀ oral Mensch: 20 mg/kg

LD₅₀ oral Ratte: 18 mg/kg

LD₅₀ subkutan Maus: 204 mg/kg

Toxische Blutkonzentration: 1 mg/l (1,6-2) (Schon).

Letale Blutkonzentration: 2 mg/l (1-1,7), d.h. 500-800 mg oral (STUVNER; CRAVEY, BASELT; FINKLE; MCBAY; CAPLAN; FINKLE)

Letale Konzentration:

Hirn	21 mg/l	(8,8-40)
Leber	59 mg/l	(7,3-119)
Urin	20 mg/l	(2,5-35)

Symptome und klinische Befunde:

Bewußtlosigkeit, Koma, Krämpfe, Atemdepression, Herzrhythmusstörungen, Schock, Lungenödem, Herzversagen, helle, rote Haut. Morphinabhängigkeit bei chronischem Gebrauch.

Nachweis:

UV (WALLACH; MCBAY)

GC (NORHEIM; SERFONTEIN; ANGELO; CHRISTENSEN; CLEEMANN)

MS (WOLEN)

Therapie:*Akut:*

Beatmen, Antidot Naloxon (KERSH), da das jedoch nicht immer wirkt (KARLINER; BOGARTZ; WARREN; MAUER; NICKANDER).

Chronisch:

Verhaltenstherapeutische Entwöhnung nach Entgiftung siehe Heroin.

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