in combination products, also raises concerns regarding the availability of codeine in the community. As with any medicine, due care should be taken in recommending or prescribing this drug. In other words, take caution with codeine.

References
1. MacDonald N, MacLeod SM. Has the time come to phase out codeine? Can Med Assoc J 2010;182:1825.

Conflict of interest: none declared

Self-test questions
The following statements are either true or false (answers on page 159)
3. Patients who are ultrafast metabolisers of codeine need higher doses to obtain satisfactory analgesia.
4. The dose of codeine found in over-the-counter products is too low to cause drug dependence.

Dental notes
Prepared by Michael McCullough, Chair, Therapeutics Committee, Australian Dental Association

Cautions with codeine
Patients who present with profound dental pain often do not require prescribed analgesics if they are treated promptly by a dentist. In the vast majority of presentations, the dental treatment will manage the patients’ pain. Nevertheless, although the prescription of an analgesic for ongoing pain management is often not required, professional advice about the most appropriate and effective over-the-counter medicine to use is a professional courtesy we should offer to our patients.

The considerable inter-individual variation in the effectiveness of codeine, combined with its rare but potentially serious adverse events, suggests that codeine for dental pain should be avoided. Patients with ongoing pain who are able to use a non-steroidal anti-inflammatory drug, such as ibuprofen, are likely to have more predictable control of their pain. The pain management strategies outlined in Therapeutic Guidelines: Oral and dental provide clear advice to help patients manage their pain or their expected pain, following dental treatment.

The warning ‘take caution with codeine’ should resound in the dental setting, particularly with patients who specifically request opioid drugs as an alternative to adequate dental treatment.

Reference