

Summary

- Have similar analgesic properties
- Minimal respiratory depression when used in isolation
- Increased side effects in NSAIDs especially renal, GIT and bleeding
- Tramadol is more expensive, can be given IV
- Both have low potential for abuse and reduced issues with gastric motility (constipation)

	Ibuprofen	Tramadol
	Is a non selective cyclooxygenase inhibitor	Is a synthetic opioid
Uses	As an anti-inflammatory, anti pyretic and mild analgesic	As an analgesic
Pharmaceutical	Presented as tablets for oral/PR	As a clear colourless solution or tablets Racemic mixture
Pharmacodynamics	Reversibly inhibits COX 1 and 2 enzymes causing decreased production of prostaglandin precursors	Has agonist properties at all opioid receptors but particularly at mu receptors. 1/5 potency of morphine. Also blocks noradrenaline and serotonin reuptake.
Pharmacokinetics		75% bioavailability Oral/IV onset 1hr duration 9 hours
Absorption	Rapidly absorbed 85% bioavailability Oral/PR only onset 30 mins, duration 6 hours	
Distribution	Very small volume of distribution 0.1L/kg Highly protein bound (99%) pKa 4.5, weak acid therefore mostly unionised	moderate Vd 2.5 L/kg Minimally protein bound 20%
Metabolism	hepatic via oxidation	Hepatically via demethylation, glucuronidation and sulfation. active metabolite M1 via CYP2D6
Elimination	half life 2-3 hours excreted as metabolites in urine	half life tramadol 8hrs, active metabolite 8hrs excreted 30% unchanged in urine
Side effects	Worsen renal function by inhibiting PGE2 and causing vasoconstriction. Increased risk of GI bleeding and ulceration. Impair platelet function May reduce the beneficial effects of aspirin	caution in use with SSRIs, SNRIs, MAOs, TCA less respiratory depression and constipation than morphine. Patients deficient in CYP2D6 have decreased analgesic effect