re:ACTION October 2002 No.25

An occasional bulletin from the West Midlands Centre for Adverse Drug Reaction Reporting

Please let us know if you would like to receive this bulletin by email: help@csmwm.org

RECENT REPORTS

Inhaled Crisis: Fluticasone (*Am. J. Resp. Crit. Care Med.* 2002; **165**: 767)

The CSM have previously warned about the risk of systemic adverse effects with high doses of all inhaled corticosteroids and have issued specific guidance to minimize the adverse effects of fluticasone. A postal survey of 2912 paediatricians and endocrinologists in the UK, has shown that fluticasone was responsible for 28 of the 31 cases of reported adrenal crisis, despite accounting for only 15 per cent of prescriptions for inhaled corticosteroids. Patients developing adrenal crisis had received high daily doses of between 500-2000 micrograms/day.

We have received 1 case of severe adrenal suppression in a 7-year-old boy, leading to growth failure, and 37 additional cases of suspected systemic adverse effects to fluticasone have been reported to us.

Prescribers are reminded that:

- It is important to review therapy regularly and titrate down to the lowest dose at which effective control of asthma maintained.
- If a doctor considers that a child's asthma is not controlled on the maximum licensed dose of their inhaled corticosteroid, despite the addition of other therapies, the child should be referred to a specialist in the management of paediatric asthma.

On the QT: Non-cardiac drugs (*Am. J. Geriat. Cardiol*. 2002: **11**: 197)

Many drugs have the ability to lengthen the QT interval in the electrocardiogram and the potential to precipitate potentially lethal cardiac arrhythmias, particularly torsade de pointes. Factors such as obesity, old age, diabetes mellitus, heart disease and hepatic disease, also affect the QT interval and so drug-induced QT prolongation can be missed. Problems can also arise when 2 drugs which are metabolised by cytochrome P450 interact. The elderly are particularly at risk and it has been estimated that 2-3 per cent of total drug prescriptions in the UK may cause QT prolongation.

Examples of drugs known to extend the QT interval are:

tricyclic antidepressants
amiodarone
sotalol
terfenadine
clarithromycin
erythromycin
ketoconazole
terodiline
tacrolimus
haloperidol
droperidol
chlorpromazine
pimozide
thioridazine
procainamide
propafenone
chloroquine

We welcome reports of cardiac problems associated with drugs and drug interactions.

Dressed to thrill (*Move. Disorders* 2001; **16** (suppl 1): S35)

A recent case report highlights the effects of dopaminergic therapy on sexual interest and behaviour.

A 71-year-old man with a 37-year history of Parkinson's disease, taking levodopa, was prescribed selegiline 10mg daily. He rapidly developed the urge to wear women's clothes. Following his wife's death, he started cross-dressing at least once a week. The urge abated after selegiline treatment was stopped.

Hypersexuality is a known adverse effect of anti-Parkinsonian treatments, but qualitative changes in sexual behaviour or 'novelty seeking' are rarer.

We would welcome reports of unexpected changes in sexual behaviour related to drug therapy, particularly those related to the use of black triangle drugs.

Cox-2 inhibitors and bone fracture healing (*J. Bone Mineral Res.* 2002; **17**: 963)

Recent research in rats has shown that the cyclooxygenase-2 inhibitor celecoxib, in doses roughly equivalent to those used in humans, impairs fracture healing. Similar results were found with rofecoxib, though at higher relative doses. Indometacin appeared to delay healing but not inhibit it.

The CSM have received 1 report of osteoporotic fracture associated with celecoxib use in an 80-year-old female who had been taking 100mg bd. We welcome reports of slowly-healing fractures in patients treated with Cox-2.

Erratum: metformin and radiography

In re:ACTION 24 we stated that The Royal College of Radiologists advised that metformin should not be used in the 48 hours before or after intravenous contrast media, based on 1998 guidelines. Following considerable concern by Members of the College about administrative difficulties that this advice caused new guidance was issued in 1999.

Currently the RCR guideline BFCR(99)2 advises that metformin should be stopped only in patients with abnormal renal function.

We would be interested in any reports of lactic acidosis (or other serious adverse effects) associated with either metformin or contrast media alone or in combination.

REPORTING TO CSM West Midlands

We welcome Yellow Card reports on all suspected adverse reactions to new (▼) drugs including vaccines and unlicensed herbal remedies and *all suspected reactions to all drugs used in children*, and on all serious or unusual reactions to well-established drugs. You do not have to be certain that a drug caused a reaction in order to report.

You can **download a copy of the redesigned yellow card in Adobe PDF format** from our website (http://csmwm.org).

Please send reports to: CSM West Midlands, Freepost SW2991, BIRMINGHAM, B18 7BR.
No stamp is needed. If you would like a supply of pre-addressed and reply-paid yellow cards, please contact the above address.

SOME ADDITIONS TO THE LIST OF INTENSIVELY MONITORED DRUGS

Approved name	Trade name	Indication
bimatroprost	▼ Lumigan®	chronic open-angle glaucoma
cilostazol	▼ Pletal®	improvement of walking distances in patients with intermittent claudication
drospirenone	▼ Yasmin®	oral contraception
escitalopram	▼ Cipralex®	depression - active isomer of citalopram
etoricoxib	▼ Arcoxia®	OA and RA pain, acute gouty arthritis, chronic musculo-skeletal pain, acute dental pain and dysmennorhea
insulin glargline	▼ Lantus®	diabetes mellitus
parecoxib	▼ Dynastat®	post-operative pain
perindopril and indapamide	▼ Coversyl Plus®	hypertension not adequately controlled on perindopril alone
tacrolimus	▼ Protopic®	moderate to severe atopic dermatitis
tiotropium	▼ Spiriva®	maintenance treatment in COPD

The entire list of about 220 intensively monitored drugs can be obtained from the centre or on our website: http://csmwm.org. Please report **all** adverse reactions you suspect are due to intensively monitored drugs. Please send any comments to: Dr R E Ferner at CSM West Midlands, or email: r.e.ferner@bham.ac.uk