re:ACTION May 1995 No.7

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

REPORTING TO CSM West Midlands

We welcome Yellow Card reports on all adverse reactions to new (–) drugs and on all serious or unusual reactions to well-established drugs.

Yellow Cards can be found in the BNF, MIMS, the ABPI Datasheet Compendium and in FP10 prescription pads. Further supplies can be obtained from CSM West Midlands.

Please send reports to

CSM West Midlands Freepost SW2991 BIRMINGHAM B18 7BR.

No stamp is needed. **This address has changed and will appear on future yellow cards.** The old address can continue to be used until March 1996.

ADDITIONS TO CLOSELY MONITORED DRUGS include

- valaciclovir (Valtrex®)
- losartan (Cozaar®)
- atovaquone (Wellvone®)
- meropenem (Meronem®)
- nefazodone (Dutonin®)
- fenticonazole (Lomexin®)
- nedocromil sodium (Rapitil®)

We are keen to receive reports of all suspected reactions to these closely monitored drugs.

RECENT REPORTS

Pink blusher ... an acute reaction to Gaviscon®

We recently received a report concerning a young man who took a 15 ml dose of Gaviscon® and, within 15 minutes, developed a generalized red, itchy rash. This had the features of an acute hypersensitivity reaction, of the sort that is well-known to occur with penicillins. Certain drugs, such as opiates, N-acetyl cysteine (Parvolex®) and X-ray contrast media can cause a similar reaction by provoking the non-immunological release of inflammatory mediators.

The active ingredients of Gaviscon® are alginic acid and inorganic salts of sodium, magnesium and aluminium. None seemed a likely cause of this acute reaction, and it is more easily explained by hypersensitivity to the preservative parabens, or the pink colouring agent, erythrosine.

Reactions that are due to constituents of medicines other than the active ingredient can be important, and we welcome such reports.

A nasty twist ... drug-induced torsades de pointes

(*Drugs* (1994) **47**:51)

Torsades de pointes is a form of ventricular tachycardia in which the QRS axis twists through 360^{o} over the course of 10 to 15 beats. It is associated with a prolonged QT interval, and may be induced by drugs. Hypokalaemia and hypomagnesemia predispose to torsades de pointes.

The drugs most clearly incriminated are the phenothiazines, especially thioridazine; tricyclic antidepressants; antiarrhythmic drugs such as quinidine; erythromycin; and the non-sedating anti-histamines astemizole and terfenadine.

There is potential scope for serious interactions with the non-sedating antihistamines astemizole and terfenadine, because their metabolism can be inhibited by drugs such as cimetidine, erythromycin, and the azole antifungals. High concentrations of antihistamine increase the risks of torsades de pointes.

Reports of torsades de pointes due to drugs, as with other well-recognized but serious reactions and interactions, are welcome.

SOS...the sulphone syndrome

(*Southern Med. J.* (1994) **87**:1145)

Dapsone is used to treat leprosy and also vasculitis; it is a component of Maloprim®, and has more recently found widespread use as prophylaxis and treatment for *Pneumocystis carinii* pneumonia in patients with HIV.

We recently received a report of a fatal reaction in a 70 year old man who took Maloprim® (dapsone + pyrimethamine) once a week as prophylaxis for malaria. He developed an exfoliative dermatitis and then massive hepatic necrosis.

A 34-year old HIV-positive woman developed rash, fever, abdominal pain, hepatitis, and a haemolytic anaemia with eosinophilia 4 weeks after starting treatment with dapsone, according to an American case-report.

These cases are examples of the 'sulphone' syndrome which can rarely occur with dapsone. Patients who are HIV-positive may be more susceptible to adverse reactions to drugs.

Please send any comments, questions or suggestions to: Dr R E Ferner, CSM West Midlands, City Hospital, Dudley Road, BIRMINGHAM B18 7BR