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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

Eat, drink and be careful: interactions between drugs and food (*Drugs & Therapy Perspective.* 2003; **19**:19-22)

A recent review article draws attention to drug interactions with food. Food can change the bioavailability of drugs. An example is the chelation of alendronic acid by food or milk, leading to treatment failure. The action of food can also add to or subtract from the action of a drug. Hyperkalaemia can occur when patients who take potassium-retaining drugs such as ACE inhibitors and spironolactone increase dietary potassium intake. Salt substitutes (which contain KCl in place of NaCl) are a particular hazard.

Ingestion of vitamin K-rich sources of food such as broccoli, cabbage and liver can antagonize the action of warfarin.

Grapefruit juice is a potent inhibitor of the drug-metabolizing cytochrome P450 enzyme system and can increase the plasma concentrations of calcium antagonists such as felodipine, diltiazem, and verapamil. The breakdown of atorvastatin, simvastatin, carbamazepine, ciclosporin, erythromycin, saquinavir, and terfenadine can also be affected.

We would welcome reports of suspected interactions between drugs and food.

Provisional safety of new drugs: rosuvastatin (*Lancet 2003*: **362**: 1341)

A recent, controversial, editorial in the Lancet questioned the evidence of safety for the new drug rosuvastatin (Crestor®) and criticized the way it had been marketed. New members of an established class of drugs can have unacceptable adverse effects: benoxaprofen and cerivastatin are examples.

Although other statins have been available for some time, rosuvastatin is a new drug and intensively monitored by the MHRA.

Such drugs are can be identified by the inverted black triangle (▼) in the *British National Formulary*, *MIMS* and *Summary of Product Characteristics*. New drugs are intensively monitored for approximately two years after licensing. Older drugs, for example, in new indications, may also be intensively monitored.

Drugs, before licensing, are tested in relatively few patients and some quite common adverse effects may not have been detected in the clinical trials [see How safe is safe? re:Action No 8, 1995]. All suspected reactions to intensively monitored drugs, however minor they seem, should be reported.

Safety data are reviewed two years after marketing and intensive monitoring may be continued if safety concerns remain. In 2002 37% of our reports concerned black triangle drugs and we welcome reports of **any** suspected reactions to these drugs.

Stop the Wort I want to get off: withdrawal reactions with *Hypericum*

(*Ann Pharmacol.* 2003; **37**: 150)

Recently, media attention has been focused on the withdrawal reactions of antidepressants. St John's Wort (*Hypericum*), a herb with evidence of modest antidepressant activity, may also, cause withdrawal reactions.

Dean and colleagues report the case of a 58-year-old woman who took St John's Wort

1800mg three times a day. After 32 days of treatment, she stopped treatment because of a suspected photosensitivity reaction. Within 24 hours she experienced nausea, anorexia, retching, dizziness, dry mouth, thirst, rigors, and extreme fatigue. The authors of the report suggest that the high dose of St John's Wort used in this case may have been a factor in the suspected withdrawal reaction.

This year CSM West Midlands has received 13 reports of drug withdrawal reactions. Most of these were to antidepressants but 1 involved tacrolimus and 1 megestrol. We welcome any reports of suspected adverse reactions, no matter how trivial, to herbal preparations, and any reports of drug withdrawal reactions.

www.dystonia.org?: effects of drugs bought over the internet

(*Ann Pharmacol* 2003. **37**: 1531)

Barnes and colleagues report the case of a 40-year-old white woman with severe spasm and marked contortions of the limbs, jaw and, neck. She was incapable of voluntary movement, except of her eyes, and had been stuck at home for 9 hours before being found. She was empirically treated with tetanus immunoglobulin and intravenous penicillin.

After recovering the women reported taking haloperidol 20mg, bentazepam 50mg (a benzodiazepine) and a paracetamol/codeine combination product. The drugs had been purchased without prescription, from a website which sold them as "sleep aids". She had suffered an acute dystonic reaction to the large dose of haloperidol.

We welcome Yellow Card reports to drugs (and herbs) obtained from the internet. A sample of the drug for testing would also be very helpful.

The Medicines and Healthcare Products Regulatory Agency (MHRA) would welcome reports of UK-based internet sites selling drugs without prescription: Enforcement Group 020-7084 2617 (this is their new number from 7th December).

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
rosuvastatin	▼ Crestor®	hypercholesterolaemia and dyslipidaemias
mometasone furoate	▼ Asmanex®	prophylactic treatment for asthma
ezetimibe	▼ Ezetrol®	adjunct in primary and homozygous familial hypercholesterolaemia; adjunct in homozygous sitosterolaemia
moxifloxacin	▼ Avelox®	community-acquired pneumonia; exacerbation of chronic bronchitis, sinusitis
testosterone gel	▼ Testogel®	hypogonadism due to androgen deficiency in men
teriparatide	▼ Forsteo®	established osteoporosis in postmenopausal women.

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