re:ACTION No.35

An occasional bulletin from the Yellow Card Centre West Midlands

October 2007

http://www.yccwm.org.uk

If you would like to receive this bulletin by email contact: yccwm@swbh.nhs.uk

Does the colour of your tablet matter?

Bijl, AMH. et al. *Drug Safety* 2007:**30(10)**: 965-966

The Netherlands Pharmacovigilance Centre (Lareb) has recently reported on cases of suspected adverse effects associated with artificial colourings used within medicines. A case of urticaria associated with blue levothyroxine tablets, that settled after subsitiution with white levothyroxine tablets, led them to analyse their database for similar cases. In total they held 30 suspected cases.

Although alternative explanations could be found for many of the reactions, the blue dye indigo carmine (E132) was identified as a possible cause of adverse drug reactions. Healthcare professionals should be aware that rare reactions to such colouring agents can occur.

The authors suggest that reports to spontaneous reporting systems, such as the Yellow Card scheme, provide a mechanism for detecting such adverse drug reactions.

Suspected adverse reactions to pharmaceutical excipients, or suspected generic inequivalence, should be reported to the Yellow Card scheme.

Anaemia from ayurvedic lead

Haematologica 2007; **92 (Suppl. 1)**: 26-27

Two Belgian patients presented at a hospital emergency department with abdominal discomfort. Blood results indicated anaemia, and on examination it was found that the patients had high blood lead concentrations.

Further questioning of the patients revealed that both patients had been taking orange-red pills from an Indian Ayurvedic practitioner. A single pill contained 31mg of lead. We have reported similar cases within the West Midlands.

The Yellow Card scheme welcomes reports of adverse reactions to complementary therapy. Limited information about the safety of such treatments, and the potential for adulteration of such products, make your Yellow Card reports vitally important. Please be vigilant for the potential of reactions to traditional and herbal medicines, and feel free to report any cases you become aware of.

Salivary glands and thiazolidindiones

Monster-Simons, MH. et al. *Drug Safety* 2007: **30(10)**: 969-970

Thiazolidindiones are known to cause fluid retention and heart failure. More recently rosiglitazone has been associated with cardiac events. Lareb reports on three suspected cases of salivary gland enlargement.

All three cases occurred between five weeks and seven months after commencement of treatment. One case was associated with pioglitazone, and two with rosiglitazone.

The World Health Organisation has received 21 cases of salivary gland enlargement associated with rosiglitazone, and three with pioglitazone.

Thiazolidinediones are selective agonists at the peroxisome proliferator activated receptor gamma (PPAR γ), These receptors are present in salivary gland tissue which may account for this possible adverse effect. The Medicines and Healthcare products Regulatory Agency (MHRA) has received seven cases of suspected parotid gland enlargement associated with rosiglitazone and three cases with pioglitazone. However, it is important to note that a causal relationship has not yet been established.

The Yellow Card scheme welcomes adverse drug reports of an unusual nature.

Side effect or adverse drug reaction?

Recent research conducted by our unit has uncovered some confusion and differences of opinion concerning the terms *adverse drug reaction* and *side effect*. Suspected adverse effects of medication were

not being reported to the Yellow Card scheme because of such confusion.

The Yellow Card scheme solicits reports of suspected adverse drug reactions. But what is considered an *adverse drug reaction*?

The World Health Organisation define an *adverse drug reaction* as:

"a response to a drug that is noxious and unintended and occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease, or for modification of physiological function"

This definition does not include any suggestion of pharmacological plausibility. In contrast, a *side effect* has been defined as a predictable or dose-dependent effect of a drug that may not be the principal effect of the drug, and may be desirable, undesirable or inconsequential.

For the purposes of reporting to the Yellow Card scheme, *side effects* are considered equivalent to *adverse drug reactions*. Any serious adverse effect to an established drug may be reported to the scheme, even if known, whether the reporter considers it an *adverse drug reaction* or a *side effect*. For black triangle ▼ drugs any adverse effects, no matter how trivial, may be reported, regardless of whether they are known effects, or considered to be *adverse drug reactions* or *side effects*.

The Yellow Card scheme is a valuable mechanism for the monitoring of new and established drugs. Reporters should be assured that regardless of whether they define an adverse effect as a *side effect* or an *adverse drug reaction*, reports can be submitted to the scheme.

Yellow Cards are available in the back of the BNF, from our centre (see below), and can also be filled out electronically at http://wwww.yellowcard.gov.uk

If in doubt, fill one out.

Sharing our expertise

Do you need a speaker for an educational event, or a lunchtime meeting? Our centre is keen to promote the Yellow Card scheme, and can provide training on adverse drug reactions, the Yellow Card scheme, and related subject areas - such as medical error.

If you would like to discuss this with us, please ring 0121 507 5672 or email yccwm@swbh.nhs.uk.

The Yellow Card Centre West Midlands

We encourage the reporting of Yellow Card reports for all suspected adverse reactions to new (▼) drugs, vaccines and unlicensed herbal remedies, all suspected reactions to all drugs in children, and 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.

Please send reports to:

Medicines and Healthcare Products Regulatory Agency, CHM, Freepost, London, SW8 5BR.

No stamp is needed. If you would like a supply of pre-addressed and reply-paid yellow cards, please contact us:

Phone: 0121 5075672 **Email**: yccwm@swbh.nhs.uk

Address: Yellow Card Centre West Midlands, City Hospital, Dudley Road, Birmingham, B18 7QH.

SOME ADDITIONS TO THE LIST OF INTENSIVELY MONITORED DRUGS

Approved name	Trade name	Indication
Varenicline	▼ Champix®	Smoking cessation
Abatacept	▼ Orencia®	Rheumatoid arthritis

Please send any comments to:

Prof R E Ferner at West Midlands Centre for Adverse Drug Reaction Reporting, email: r.e.ferner@bham.ac.uk