

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

This bulletin (complete with an index of all past issues) and other items of news about the Centre are available on the internet at <http://csmwm.org>

RECENT REPORTS

Paediatric reports

Last year at CSM West Midlands we received 98 reports of reactions in children under the age of 16. One of the reports - liver failure in a 5 year old girl treated with sodium valproate for epilepsy - had a fatal outcome. Eighty-one of these reports were of reactions to vaccines, of which 24 were serious.

The CSM is very keen to receive reports of reactions to drugs in children, particularly where the drug has been used off label, so that we can build up a clearer picture of the safety of drugs in children. The guidelines for reporting remain the same: serious or unusual reactions to established drugs and alternative medicines, and all reactions to black triangle (▼) drugs and vaccines.

Hypericum hyperbole (*BMJ* 2000;321:536-539)

A recent randomised controlled trial compared St John's Wort (*Hypericum*) with imipramine. An unlicensed *Hypericum* extract 250 mg twice daily was as effective as imipramine 75 mg twice daily. We anticipate much wider use of St John's Wort as a result.

Since our last bulletin (re:Action 18, Jan 2000) other potentially dangerous interactions between *Hypericum* and licensed medications have come to light. These interactions result in a decreased therapeutic effect of the licensed medicines. The CSM has advised that St John's Wort should not be used with any of these medicines

indinavir	warfarin
cyclosporin	oral contraceptives
digoxin	theophylline

Other drugs which could interact with St John's Wort include other HIV protease inhibitors (saquinavir, zidovudine, zalcitabine, zalcitabine, zalcitabine); HIV non-nucleoside reverse transcriptase inhibitors (efavirenz, nevirapine); anticonvulsants (phenytoin, carbamazepine,

phenobarbitone); SSRIs and -triptans used to treat migraine.

We welcome Yellow card reports of any suspected adverse reactions or interactions with St John's Wort and other herbal medicines.

Renal failure with COX-2, too (*Annals of Internal Medicine* 2000; 133: 394 and *Am J Kidney Dis* 2000; 35: 937-40)

A 49 year-old man, 9 years post renal transplantation developed acute renal failure whilst taking rofecoxib 50mg a day for four weeks. After discontinuation of the rofecoxib the serum creatinine fell to normal within three days. Other case reports underline the potential dangers.

We have received two reports of acute renal failure associated with rofecoxib use, out of almost 100 reports of reactions to rofecoxib and celecoxib since they were licensed. The majority are gastrointestinal reactions: while most are minor, about 10% are serious.

We are keen to have reports of any reaction to the intensively monitored NSAIDs rofecoxib and celecoxib; and of serious or unusual reactions to the older NSAIDs, including serious renal and gastrointestinal effects.

Orlistat and hypertension (*BMJ* 2000; 321: 87)

A 40-year old woman suffered dizziness, a pulsating headache, and peripheral oedema after increasing the dose of orlistat she was taking for obesity. On examination she was hypertensive. The symptoms and signs disappeared on stopping the drug and recurred on rechallenge. The mechanism for this effect is unknown.

At CSM West Midlands we have received 3 reports of headache associated with use of orlistat. A 48-year old woman with hypertension experienced headache shortly after starting orlistat 120mg daily. She recovered on drug withdrawal. In the second report, a 22-year old woman experienced headache shortly after starting orlistat 120mg three times daily. The symptoms resolved spontaneously and she remained on the drug. In a third case a 41-year old woman experienced headaches shortly after starting orlistat 120mg three times daily. She took the drug for one month and symptoms resolved on stopping.

Headaches are a common adverse effect of drug therapy. Sometimes, as in the case of intercranial hypertension due to tetracyclines, they may have serious consequences.

In the case of orlistat, as with all black triangle drugs, reports of any reaction, even a minor one, are welcomed.

No smokeY Bupropion

Bupropion (Zyban®) is a selective inhibitor of the neuronal re-uptake of noradrenaline and

dopamine, and has been recently been licensed as an aid to smoking cessation in combination with motivational support in nicotine-dependant patients. Known adverse effects include headache, nausea and nausea.

One of the more serious reactions is convulsion (incidence of 1 in 1000) and bupropion is contraindicated in patients with current or previous seizure disorders.

We have received over 40 reports concerning bupropion since its launch this summer. The majority of these are of minor reactions that could also be due to nicotine withdrawal. A number of patients seem intolerant of the starting dose.

As with all black triangle drugs, we welcome reports of any adverse reaction to bupropion.

New faces

Mr Anthony Cox BSc, MRPharmS has recently joined CSM West Midlands and is available to give pharmaceutical advice. Contact 0121-507 5672, or e-mail us at help@csmwm.org

REPORTING TO CSM West Midlands

We welcome Yellow Card reports on all adverse reactions to new (▼) drugs including vaccines and unlicensed herbal remedies, and on all serious or unusual reactions to well-established drugs.

Since the issue of the GMC's guidelines on patient confidentiality we no longer require the patient's name or date of birth. However, you should give sufficient details to enable **you** to identify the patient if we should need to contact you about the reaction. You can now **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.

ADDITIONS TO THE LIST OF INTENSIVELY MONITORED DRUGS

Approved name	Trade name	Indication
exemestane	▼ Aromasin ⁷	advanced breast cancer
oxcarbazepine	▼ Trileptal ⁷	epilepsy
brinzolamide	▼ Azopt ⁷	open-angle glaucoma
celecoxib	▼ Celebrex ⁷	relief of osteo- or rheumatoid arthritis
bupropion	▼ Zyban ⁷	adjunct to stop smoking
risedronate	▼ Actobel ⁷	post-menopausal osteoporosis

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