

re:ACTION No.2 - October 1993

*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 unexpected 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 BIRMINGHAM B15 1BR.

No stamp is needed.

CLOSELY MONITORED - DRUGS - a reminder

Nearly seventy new drugs are closely monitored by the CSM, and are marked with a - .
The latest additions include :

- acarbose (Glucobay®)
- lacidipine (Motens®)
- danaparoid sodium (Orgaran®)
- levonorgestrel (Norplant®)
- apomorphine (Britaject®)

RECENT REPORTS

Lead astray: poisoning from ethnic remedies (Brit Med J 1993; 306: 507 and Ann Clin Biochem 1993; 30: 142-145)

There have been at least 5 cases in recent years of patients in the west Midlands Region who have taken ethnic remedies which contained soluble lead and sometimes other heavy metals. They have been used for impotence, infertility and stroke. Symptomatic poisoning has caused vomiting, constipation, lethargy, anaemia and peripheral neuropathy. Patients and doctors sometimes forget that such unlicensed "remedies" can cause adverse effects. We welcome reports of problems with ethnic or herbal preparations.

Corticosteroids:...from the hip

(Prescribers' Journal 1993; 32: 32 and J Bone & joint Surg 1993; 75: 365)

Corticosteroids have a powerful vasoconstrictor action which can be demonstrated by intradermal injection. This action is thought to be partly responsible for the avascular necrosis of bone which can complicate corticosteroid therapy. The femoral heads are most commonly affected, and the reaction seems to be more likely after high doses or long courses of treatment. A Yellow Card report described a 31-year old man with multiple sclerosis was given a course of intravenous methyl prednisolone, and 2 months later received oral prednisolone 60 milligrams a day, tailed off over 7 days. He then developed severe pain in both hips. An isotope bone scan and magnetic resonance imaging (but not plain X-ray) showed avascular necrosis of both femoral heads. Many patients with this complication of corticosteroid therapy will require total hip replacement.

Corticosteroids:...striking a cord

A further Yellow Card report described a 69-year old man who underwent investigations for weakness in the legs. A myelogram showed an arterio-venous malformation of the spinal cord. There was a deterioration in power just after the X-ray, and he was given an infusion of methyl prednisolone. Just after the infusion, he developed a flaccid paraplegia. Fortunately, he recovered some power and sensation in the legs over the next several days. This serious reaction may have been due to vasospasm caused by the corticosteroid where the blood supply to the spinal cord was already abnormal.

Yellow card reports of serious or unusual reactions to well-established drugs are welcome.

Adverse Reactions to Drugs Course

22nd-24th November 1993

Postgraduate Centre Dudley Road Hospital

with speakers from hospital medicine, the pharmaceutical industry and the Medicines Control Agency. Further details from Mrs Deborah Eaton, Clinical Investigation Unit, Queen Elizabeth Hospital, Birmingham B15 2TH. telephone 021-414 4094 or Fax 021-414 1355