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Bah Humbug: Christmas hallucinations

(*Infection* 2004; **32**: 293-295)

If you can hear carols, you may be experiencing an adverse drug reaction. A 78-year-old man started a course of the antifungal agent voriconazole 6 days after a course of treatment for acute myeloid leukaemia. He presented with a 5-day history of auditory hallucinations. They were so realistic that the man wrote to the hospital administration to complain about the constant music. He was able to compile a list of the song titles, which included "Do you hear what I hear." There was no evidence of delirium or an altered mental state.

When itraconazole was substituted for voriconazole the music stopped.

The West Midlands Centre for Adverse Drug Reaction Reporting has received 20 reports of auditory hallucinations to various drugs including: amantadine, bezafibrate, bupropion, clonidine, codamol, dosulepin, enalapril, escitalopram, itraconazole, lamotrigine, ofloxacin, omeprazole, orlistat, prednisolone, risperidone (2), sumatriptan, terbinafine, venlafaxine and zopiclone.

Drugs can induce bizarre symptoms. *We welcome reports of any unusual reactions, even to common drugs.*

Gambling with drugs

(*Neurol Sci* 2004; **25**: 98-101)

It's official: money induces euphoria – it has effects similar to those of cocaine and amphetamine. The neural response to money is consistent with the involvement of dopaminergic neurons.

Avanazi *et al* report on two men who began to gamble pathologically when doses of dopaminergic drugs were increased. Both men, in their sixties, met DSM-IV criteria for pathological gambling, each with an addiction to slot machines.

In response to perceived symptomatic deterioration of their Parkinsonism, both patients had decided to

self-medicate, increasing their dosages of drugs which included L-dopa, entacapone, ropinirole, tolcapine [withdrawn in 1998 due to liver problems in the UK] and cabergoline. Both men improved when doses were reduced.

There are 29 reports world-wide of pathological gambling associated with Parkinson's disease. In fifteen cases a reduction in dopamine replacement therapy led to successful treatment of pathological gambling. Traditional gambling treatment programmes do not appear to be successful.

We would welcome reports of unexpected changes in behaviour related to drug therapy, particularly those related to the use of new (▼) drugs.

A spot of bother: isotretinoin and neuropathy

(*BMJ* 2004; **328**: 1537)

Acne can cause facial and psychological disfigurement, and while most cases respond to topical treatment or tetracyclines, the vitamin A derivative isotretinoin is sometimes used.

A recent report described two cases of Guillain-Barré syndrome associated with isotretinoin treatment. Guillain-Barré syndrome is a rapidly progressive ascending demyelinating neuropathy that can cause paralysis and require prolonged intensive care.

Guillain-Barré syndrome has been identified as an adverse drug reaction, but usually to vaccines. Of these, the influenza vaccine based on swine fever is the most well known. Influenza and hepatitis A vaccine are also suspected of causing the syndrome. The syndrome is known usually to have an immunological basis, so the link with immunization is understandable.

Isotretinoin is established to cause other severe systemic adverse reactions, including fetal malformation, bone toxicity, and hyperlipidaemia. Intracranial hypertension and papilloedema sometimes occur. It is a recognized class effect of vitamin A and its derivatives, and is said to be the

reason for avoiding polar bear liver. However, other neurological adverse effects are rare.

The authors comment that the data were insufficient to establish a causal relationship. As with so many other adverse drug reactions, more reports, which mean more data, would allow drug regulators to make better decisions on potential risks of adverse reactions. We welcome any reports of serious neurological reactions to drugs.

Bronchospasm and moxifloxacin

Analysis of the adverse drug reactions submitted to The West Midlands Centre for Adverse Drug Reaction reporting, has drawn attention to possible respiratory problems associated with moxifloxacin (Avelox®).

Our unit has received three reports of bronchospasm, and two reports of dyspnoea with moxifloxacin. Two of the cases of bronchospasm occurred in the context of serious allergic reactions.

Although the manufacturer's Summary of Product Characteristics contains reference to hypersensitivity reactions and dyspnoea, currently no reference is

made to bronchospasm. No cases appear to have been reported in the literature.

Bronchospasm is a serious reaction, and we would welcome any reports, whether to a new agent or a well-established drug.

Thank you

Our unit would like to wish all of our reporters a Happy New Year. We rely heavily on the goodwill of reporters to the Yellow Card Scheme to ensure drug safety from the moment a product becomes available until its use finally ceases

The efforts of the doctors, nurses, pharmacists and other reporters in the West Midlands has made the past year one of our most successful years in terms of collecting reports.

Each card adds a little more to our knowledge of drug safety. If you have never reported an adverse drug reaction before, then visit our website (www.csmwm.org) for top tips on reporting and remember our motto:

“If in doubt, write one out.”

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** and the entire list of about 220 intensively monitored drugs 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
diphtheria, tetanus, pertussis and inactivated polio virus	▼ Infanrix IPV®	Primary vaccination
low-dose diphtheria, tetanus, acellular pertussis and inactivated polio	▼ Repevax®	primary vaccination
low-dose diphtheria, tetanus and inactivated polio	▼ Revaxis®	primary vaccination
duloxetine	▼ Yentreve®	moderate to severe stress urinary incontinence
efalizumab	▼ Raptiva®	resistant moderate to severe chronic plaque psoriasis
strontium ranelate	▼ Protelos®	postmenopausal osteoporosis

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