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Liver abnormalities and antibiotics.
CSM Mersey has received 62 reports of hepatic reactions associated with antibacterial treatment. The reports include 24 cases of jaundice of which 15 were associated with co-amoxiclav (Augmentin) and four with fluclaxacillin. The remaining 38 reports were attributed to 17 different antibiotics including nitrofurantoin, ciprofloxacin, isoniazid and minocycline. In 11 of the reported cases (10 associated with co-amoxiclav and one with fluclaxacillin), jaundice developed after the antibacterial course had finished (range, one to five weeks after cessation of therapy).

Patients and health care professionals should be aware that ADRs can occur after a drug has been withdrawn and that when presented with a possible ADR, a thorough drug history should be always be taken.

Serious skin reactions with lamotrigine (Lamictal\textsuperscript{\textregistered}) in children
Serious skin reactions occurring in children taking lamotrigine were highlighted by the CSM\textsuperscript{4} in 1997 and have subsequently been discussed in the literature.\textsuperscript{5,6} Skin reactions such as Stevens Johnson Syndrome (SJS) are potentially fatal and have an incidence of between 1 in 100 and 1 in 300 in children taking lamotrigine, compared to an incidence of 1 in 1000 in adults. Risk factors for skin reactions include concomitant sodium valproate therapy, a high initial dose of lamotrigine, and rapid dose escalation.

CSM Mersey has received 13 reports of reactions to lamotrigine in patients \(\leq\) 16 years of age; 11 reports described skin reactions of which 7 were classified as serious (2 SJS). In 9 of the reports the patient had one or more risk factor, as follows:-
- in 8, the dose was too high, ranging from 1½ to 10 times the recommended dose
- in 3, the dose escalation was too fast
- in 4, sodium valproate was being taken concurrently.

Of these 9 cases, 4 occurred after the CSM warning in 1997. Information from the literature suggests that such reactions occur within the first 2-8 weeks of treatment and rarely after 6 months.\textsuperscript{5,6} In 10 of the 11 cases of
lamotrigine associated skin reaction reported to CSM Mersey, the rash appeared within 3 weeks of starting treatment. Symptoms appeared in the remaining case six months after lamotrigine had been started.
Two years of pharmacist yellow card ADR reporting

In the CSM Mersey area, hospital pharmacists, and community pharmacists via the demonstration scheme, have been reporting ADRs via the Yellow Card Scheme since April 1997. Over this period, CSM Mersey has received 156 reports from hospital pharmacists and 35 reports from community pharmacists. A summary of the first year of hospital pharmacist reporting in the UK has been published. Following evaluation of the community pharmacist’s demonstration scheme, the CSM recommended that the Yellow Card scheme should be extended to include community pharmacists as recognised reporters. This evaluation has been published and shows that reports from community pharmacists are of comparable quality to those received from general practitioners. It also showed that community pharmacists submitted a higher proportion of reports associated with herbal products, an area for which relatively few reports have previously been received. A breakdown of reports received by CSM Mersey is tabled below.

<table>
<thead>
<tr>
<th>1998 reporter statistics - CSM Mersey</th>
<th>Total number of reports</th>
<th>Reports of serious reactions</th>
<th>Reports of reactions to black triangle drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners</td>
<td>362</td>
<td>116 (32.0%)</td>
<td>178 (49.2%)</td>
</tr>
<tr>
<td>Hospital Doctors</td>
<td>187</td>
<td>112 (59.9%)</td>
<td>67 (35.9%)</td>
</tr>
<tr>
<td>Nurses (Pilot study)</td>
<td>79</td>
<td>28 (35.4%)</td>
<td>38 (48.1%)</td>
</tr>
<tr>
<td>Hospital Pharmacists</td>
<td>64</td>
<td>51 (79.7%)</td>
<td>21 (32.8%)</td>
</tr>
<tr>
<td>Community Pharmacists</td>
<td>13</td>
<td>2 (15.4%)</td>
<td>6 (46.2%)</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>3 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total reports for 1998</td>
<td>708</td>
<td>312 (44.1%)</td>
<td>310 (43.8%)</td>
</tr>
</tbody>
</table>

Gastrointestinal reactions to alendronate (Fosamax™)

Since the launch of alendronate (Fosamax™) in 1995, CSM Mersey has received 78 yellow cards describing 150 reactions associated with its use. Of these, 133 (88.7%) have been gastrointestinal in origin. The majority of reactions involved the oesophagus including:
- dyspepsia, epigastric pain or discomfort (18 reports),
- oesophagitis or oesophageal ulcer (14 reports),
- indigestion, heartburn, reflux or regurgitation (15 reports).

Other gastrointestinal reactions included,
- haematemesis (2 reports),
- duodenal (1 report) and gastric (1 report) ulcers,
- nausea, vomiting, diarrhoea, constipation, anorexia (28 reports).

It is extremely important that alendronate is taken correctly. Patients should be advised to swallow tablets whole, with a full glass of water, on an empty stomach at least 30 minutes before breakfast (and any other oral medication). After taking alendronate, patients should stand or sit upright for at least 30 minutes and not lie down until after eating breakfast. The tablets should not be taken at bedtime or before rising.

Even when alendronate is taken correctly, 1-2% of patients will experience oesophageal reactions. Patients should be warned to stop taking alendronate if oesophageal symptoms occur.

References
8. Davis S et al. Community pharmacist reporting of suspected adverse drug reactions, the first year of the Yellow Card demonstration scheme. Pharm J 1999; 263

Beta blocker eye drops and breathlessness

CSM Mersey has received two reports of breathlessness associated with β-blocker eye drops. In the first case, a severe exacerbation of COPD coincided with the introduction of timolol eye drops and symptoms improved on drug withdrawal. In the second case, breathlessness was associated with a change in formulation from branded timolol to a generic preparation, the same effect was seen with a second generic timolol preparation; the drops were withdrawn and the patient recovered.

Prescribers should exercise caution when treating glaucoma in patients with a history of breathlessness.

ΣCFC Free Inhalers Σ
Anecdotal reports suggest that there may be problems with some of the new CFC free inhalers. Please report any reactions that may be associated with a switch, including changes in disease control or device problems.