



**Organización Panamericana de la Salud**  
Oficina Regional de la Organización Mundial de la Salud



# BULLETIN OF MEDICINES AND HEALTH FOR THE AMERICAS

Pharmaceutical Forum of the Americas

PAGE 1

Volume 1 | Number 1 | June 2008

## World Health Day 2008 focused on Climate Change

PAHO/WHO celebrated on April 7<sup>th</sup> the World Health Day and the 60<sup>th</sup> anniversary of the World Health Organization. This year the central concern was the effect of climate change on health. During the celebration, Dr. Mirta Roses launched a call for awareness and action to prevent the harmful consequences of climate change on food supply, water availability, infectious diseases, and extreme weather events.

Source:

<http://www.paho.org/Spanish/DD/PIN/ps080404.htm>  
<http://www.paho.org/Spanish/DD/PIN/whd2008.htm>



## Contaminated heparin

FDA was notified of around 350 adverse effects involving heparin sodium from the end of last year to February 2008, against less than 100 reports in 2007. A heparin-like contaminant, oversulphated chondroitin sulphate, was detected in batches of active pharmaceutical ingredient (API) of heparin from China. This contaminant causes dyspnea, nausea, vomiting, excessive sweating, hypotension and allergic reactions, in some cases life-threatening. In Canada and Australia the same contaminant found by the FDA was detected in lots of API and products of heparin. The German authorities are also recalling certain batches of heparin due to an increase in the reports of adverse effects.

Sources:

[www.who.int/medicines/publications/drugalerts/Alert\\_118\\_Heparin.pdf](http://www.who.int/medicines/publications/drugalerts/Alert_118_Heparin.pdf)  
<http://www.fda.gov/cder/drug/infopage/heparin/default.htm>

## Vaccination...

### ...in the Americas

The Vaccination Week in the Americas took place on April 19<sup>th</sup> to 26<sup>th</sup>, gathering all efforts from the countries of the Region to achieve one goal: to supply free vaccines to 62 million people.

This campaign, which was launched six years ago, has vaccinated about 195 million people from 45 countries since its first edition. This initiative aims to promote equity and access in vaccination, principally by enhancing vaccination coverage in neglected populations, as indigenous communities, border areas and isolated villages.

The vaccines provided cover the leading infectious diseases, including measles, rubella, polio, tetanus, diphtheria, yellow fever, influenza, rotavirus, hepatitis B, and whooping cough.



### ...in the Caribbean

The Vaccination Week of the Americas counted with the participation of the countries of the Caribbean, through the development of vaccination and information campaigns. For example, the initiative of the Dominican Republic government aimed to provide around 800.000 vaccines to vulnerable populations.

In addition, Haiti is undertaking a remarkable children vaccination effort, the largest of its history, focused on the elimination of Rubella and the consolidation of the eradication of measles. The campaign consists of two phases. The first, launched in November 2007, reached an estimated of 2.3 million children in rural areas and urban schools. The second phase, scheduled for June 2008, is meant to reach about 1.8 million children.

Sources:

<http://www.paho.org/English/DD/PIN/pr080416.htm>  
<http://www.paho.org/English/DD/PIN/pr080425.htm>

## Final Report of the Pharmaceutical Care in Hypertension Project



The Pharmaceutical Forum of the Americas made public the final report of this project. It was developed in Argentina, Uruguay and Paraguay, and counted with 113 patients at the end of the study.

The intervention and the control group presented a significant reduction in the median arterial pressure compared within groups:

- **Intervention group:** Initial MAP=107.8 mmHg; Final MAP=101.8 mmHg; p=0.0015
- **Control Group:** Initial MAP=105.8 mmHg; Final MAP=99.6 mmHg; p=0.0004

Both groups showed a reduction in MAP levels. However, the study failed to demonstrate a significant difference in the magnitude of the reduction between groups. The investigators postulate that, as both groups of pharmacists were trained in Pharmaceutical care, this fact might have influenced the results.

The report highlights the fact that, even there was no difference between groups, a reduction of MAP was evident, and that the implementation in the community is feasible; but another randomized study with a larger number of patients would be necessary to determine the impact of this intervention in hypertension management.

## **Veralipride: Wave of withdrawals in America**

Veralipride is a dopamine antagonist drug used for the treatment of postmenopausal vasomotor symptoms. This medicine proved limited efficacy and serious adverse events, including depression, anxiety and tardive dyskinesia, both during and after treatment.

After the withdrawal from the Spanish market, EMEA started an evaluation on this drug. The Agency found that the risks of veralipride outweighs its benefits, as it presents serious, and sometimes irreversible, adverse effects, and its efficacy is similar to conjugated estrogens, a safer alternative. Consequently, EMEA recommended on July 2007 the withdrawal of all marketing authorizations in Europe.

In the past few months veralipride has been withdrawn from the markets of several Latin American countries, as Peru, Colombia, Uruguay, Chile and Argentina.

Source:

<http://www.emea.europa.eu/pdfs/general/direct/pr/29987307en.pdf>

Agencia española de medicamentos y productos sanitarios - Actividad - Alertas - Medicamentos de Uso Humano - Seguridad

## **Serious adverse effects with Botulinum Toxin A and B**

FDA emitted an alert on botulinum toxin both type A and B, after evaluating several reports of serious adverse effects. The treatment with these toxins caused respiratory failure and death, when used in both approved and non approved indications. The systemic toxicity appears when the toxin, meant to act only locally, disseminates through the body. The most serious conditions are related to the use of these toxins in unapproved indications in children, as limb spasticity.

Source:

[http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2008/2008\\_32\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2008/2008_32_e.html)

<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01796.html>

## **Direct-to-public “information” about prescription-only medicine in Europe**

The Directorate General for Enterprise and Industry of the European Commission launched a public consultation on the key ideas of a legal proposal on information to patients. This proposal, as says this consultation, seeks to harmonize the way medicines information is made available to the public, and to ensure that it will be of good-quality, objective, reliable and non-promotional. But by making a critical analysis of this document, other conclusions may be reached. The basic proposals are:

- To allow direct-to-public information about prescription only medicines, by television, radio and printed media;
- Set the criteria to differentiate advertising from information;
- Establish a mechanism for monitoring the information published, including the creation of national co-regulatory bodies. These would be integrated by public authorities and a mix of stakeholders, including healthcare professionals, patient organizations and the pharmaceutical industry.

It is worthy of mention, in the frame of this proposal, the difficulty to draw a clear line between advertising and objective information, create completely independent monitoring commissions and achieve an effective revision and punishment of the infractions. The public consultation finished on April 7<sup>th</sup>. Now, all the responses are being evaluated and a summary of the outcomes of the consultation will be published.

Read the consultation paper in the next link:

[http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/docs/doc2008/2008\\_02/info\\_to\\_patients\\_consult\\_200802.pdf](http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/docs/doc2008/2008_02/info_to_patients_consult_200802.pdf)

### More surprises about tergiversation of scientific articles

On April 16th, The Journal of the American Medical Association (JAMA) published two articles about manipulation of data and scientific articles. Both were based on the internal documents of Merck made public during the litigation on rofecoxib, due to the increase in mortality caused by its product.

- **Guest authorship and ghostwriting in publications related to rofecoxib:** This article brings into light the contract of renamed investigators and academic authorities to be placed in the top of authorship lists. Ross and colleagues demonstrate that the true authorship belongs to Merck employees and paid-writers. In addition, the investigators found irregularities in the conflict of interest disclosures.
- **Reporting mortality findings in trials of rofecoxib for Alzheimer Disease or cognitive impairment:** The authors compare the safety data included in two published articles with the safety internal analysis made by Merck. Psaty et al. show how the company through an inadequate analysis diminished the magnitude of mortality data.

JAMA also published an editorial, highlighting the manipulation of clinical research articles and clinical reviews.

Sources: *JAMA*. 2008;299(15):1800-1812  
*JAMA*. 2008;299(15):1813-1817  
*JAMA*. 2008;299(15):1833-1835

### Myocardial infarction, abacavir and didanosine: More information needed

Results from the "Data collection of Adverse effects of anti-HIV Drugs" (D:A:D) study were published in **The Lancet 2008; 371:1417-1426**. The D:A:D study is a large prospective observational cohort of patients infected with HIV, involving over 33,000 patients from the United States, Europe and Australia. The objective is to determine if the treatment with nucleoside reverse transcriptase inhibitors (NRTIs) is associated with an increase in risk of myocardial infarction (MI).

The study found an increased rate of myocardial infarction with the recent use (currently or within the preceding 6 months), of abacavir **RR 1.90, 95% CI 1.47-2.45 [p=0.0001]** and didanosine **RR 1.49, 95% CI 1.14-1.95 [p=0.003]**.

In addition, the risk was not statistically significant in those patients who discontinued the two NRTIs more than six months previously, compared with those who never used the drugs. An increase in the rate of myocardial infarction was not found with zidovudine, stavudine, or lamivudine, though the study hypothesized an increase in the rate of heart attack with zidovudine and stavudine.

Though delivers a valuable alert, the study presents some limitations, so health professionals should analyze these statistically significant results with caution:

- The D:A:D is a observational cohort study. A randomized controlled trial designed for the detection of cardiovascular events should be developed to provide more solid information;
- No causal relation could be proved, and no clear mechanism of harm is proposed;
- A relatively short period of time was evaluated, considering a life-time medication;
- The investigators expected to find an increase in the rate of MI with stavudine and zidovudine, based on the association of these drugs with dyslipidemia and insulin resistance. This represents a possible bias, as high cardiovascular risk patients may have been treated with abacavir or didanosine, drugs not expected to seriously affect risk factors.

The manufacturer provided a pooled analysis of 54 studies on abacavir, conducted by themselves (only a quarter of the total, 13 studies, were randomized), which did not show an increase in rate of myocardial infarction. However, due to the scarce number of events (only 27, of over 10,000 patients), the analysis does not have enough power to show a meaningful difference. In addition, these trials were not designed to detect the event of interest. As this analysis was provided by the producer of abacavir, data must be interpreted cautiously (read previous note).

Two large observational studies that may add more information to this subject are expected to conclude by the end of 2008. For the moment, no changes in the treatment of HIV infection should be undertaken until more solid, conclusive data is available. For the moment, doctors should focus on preventable risk factors as smoking and dyslipidemia.

Source:

<http://www.emea.europa.eu/humandocs/PDFs/EPAR/Kivexa/14288808en.pdf>

Use of nucleoside reverse transcriptase inhibitors and risk of myocardial infarction in HIV-infected patients enrolled in the D:A:D study: a multi-cohort collaboration;

**The Lancet 2008; 371:1417-1426**

### New report on Multi drug resistant Tuberculosis

WHO published the fourth edition of the “*Anti-tuberculosis drug resistance in the world*” report. This document, based on a survey including over 90,000 cases from 81 countries, focus on the burden and trends of drug resistant tuberculosis.

The report estimates that around 500,000 cases of multi drug-resistant Tuberculosis (MDR-TB) emerged during 2006, representing the 5% of the 9,000,000 total new cases. The rate of MDR-TB shows a heterogeneous distribution, ranging from 0.0% in some western countries up to 22.3% in Azerbaijan. The Region of the Americas reported one of the lowest rates, with the exceptions of Peru (5.3%) and Guatemala (3.0%).

Source:

“*Anti-tuberculosis drug resistance in the world*”, Report n°4

### Safety of moxifloxacin

Several cases have been reported relating moxifloxacin with fulminant hepatitis and bullous skin reactions, as Stevens-Johnson-Syndrome (SJS) and toxic epidermal necrolysis (TEN). Moxifloxacin is a fluoroquinolone antibiotic approved for infection of skin and subcutaneous tissue, bacterial sinusitis, community acquired pneumonia, among others.

The reported cases:

- Hepatic injury: Eight reports of fatal hepatitis and cases with a positive re-challenge.
- TEN: Several cases with possible causal relation, two with fatal outcome.
- SJS: 35 cases of SJS, 2 with a fatal outcome and 7 life-threatening.

Source:

<http://www.agemed.es/actividad/alertas/usoHumano/seguridad/moxifloxacin-feb08.htm>

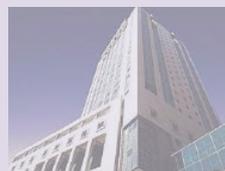
<http://www.mhra.gov.uk>

## Congresses and Meetings



International society of Pharmacovigilance  
“Strategies for developing Pharmacovigilance”  
5th-8th October 2008, Buenos Aires, Argentina  
Preliminary programme: <http://www.isop2008.org/>

### VI Pan American Conference of Pharmaceutical Education



**19-21 of November 2008**  
Radisson Victoria Plaza Hotel,  
Montevideo, Uruguay

**Preliminar programme: Good Pharmacy Practice, Pharmaceutical Care, Workshop “the pharmacy student in the Americas”, and more.**  
**Submission deadline: 4<sup>th</sup> of July**

### World Congress of Pharmacy and Pharmaceutical Sciences 2008



68<sup>th</sup> International Congress of FIP  
“**Reengineering Pharmacy Practice in a Changing World**”  
Basel, Switzerland  
29<sup>th</sup> August to 4<sup>th</sup> September 2008  
[www.fip.org/CONGRESS/basel08/](http://www.fip.org/CONGRESS/basel08/)

### XII Congress of the Pharmaceutical Federation of South America

“**Science, technology and Pharmaceutical Services to assure the patient a better utilization of medicines**”

**18-21 of November 2008**  
Radisson Victoria Plaza Hotel  
Montevideo, Uruguay

Information available in [www.fefas.org/fefas08/](http://www.fefas.org/fefas08/)

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Design: Fernando Scarcella, Andrés Venturino

**Bulletin of Medicines and Health for the Americas has no relationship with the pharmaceutical industry and receives no funding from private or governmental health institutions.**