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Why report Adverse Drug Reactions?

No medicine is without risk. The benefits of medicinal products need to be continuously weighed against their risks.

The Portuguese National Pharmacovigilance System monitors the safety of medicinal products and collects and assesses adverse drug reactions (ADRs), identifies and analyzes the risks associated with the use of medicines, implements risk minimization measures and promotes communication of the latter to healthcare professionals, patients, consumers and citizens in general.

Given the limited knowledge of the safety profile of some medicines, especially of the newer, more recently marketed substances, reporting of ADRs takes on even greater relevance. How a single attentive professional can make a difference can be easily found in the literature.[1]

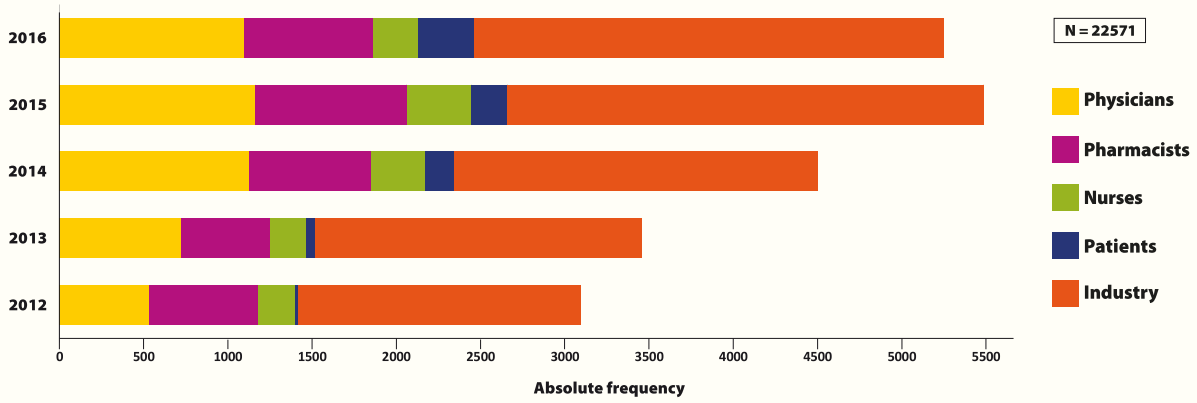
Although ADR detection methods are becoming more and more sophisticated, it is still widely accepted that spontaneous reporting is the most expedite way to uncover possible serious and until then unknown reactions.

A small number of ADR reports, or even just one, may be enough to signal a potential safety problem and to set in motion articulated actions undertaken by the system's various stakeholders, which can simply lead to a labelling change or, in more serious cases, to changes in the formulation or marketing conditions of a medicinal product. In the vast majority of cases knowledge on the medicine's safety profile is expanded and updated, and lives may even be saved.

It is important to stress that the marketing authorization holders themselves are interested in acquiring more knowledge on their products' risk profile. They report every reaction associated with their products including those already found in the literature, as soon as they become aware of them, and whether or not a causal relation exists between the drug and the ADR.

In 2012, exactly five years ago, online reporting and patient participation in the national pharmacovigilance system were both announced.[2] Healthcare professionals', patients' and marketing authorization holders' participation has shown consistent growth, as illustrated by the chart below.

ADR reports received by the Portuguese Pharmacovigilance by reporting source



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Director: Fátima Canedo
Editor: Rui Pombal
Contributors: Ana Sofia Martins, António Leandro Ponte, Cristina Mousinho, Elsa de Fátima Costa, Fátima Bragança, Fátima Hergy, Leonor Nogueira Guerra, Magda Pedro, Márcia Silva, Sílvia Duarte, Vanda Araújo
Publishing Assistant: Inocência Pinto
Advisory Board: Conselho Diretivo do INFARMED, I.P. – Comissão de Avaliação de Medicamentos
INFARMED – Autoridade Nacional do Medicamento e Produtos de Saúde, I.P.
Parque de Saúde de Lisboa, Av. do Brasil, N.º 53, 1749-004 Lisboa
Phone: +351 217 987 100
E-mail: infarmed@infarmed.pt
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Why report an Adverse Drug Reaction? (cont'd)

The Portuguese National Pharmacovigilance System was restructured in 2017 by further decentralizing the Pharmacovigilance Units and by relaunching pharmacovigilance delegates as ADR reporting facilitators. Units got closer to healthcare professionals by more directly supporting reporting procedures and ensuring broader country-wide coverage. This overhaul additionally aimed to foster deeper networking with universities and research centres for the development of a critical mass in pharmacovigilance and pharmacoepidemiology research.[3]

2018: New ADR Portal (Portal RAM)

Portal **RAM**
Notificação de Reações Adversas a Medicamentos

From a technological standpoint, intense and constant digital progress has been made in the last few years. No organization can afford to ignore the ongoing shift in technological paradigms. Over two thirds of Portuguese mobile phone owners currently have a smartphone, up to a total of 6.5 million users, a growth from 40.4% in 2013 to the current 71.6%.[4]

The new ADR Portal (Portal RAM in Portuguese), in addition to communicating and keeping pace with the evolution of the EEA ADR database Eudravigilance, also:

(I) Supports in a more effective way reporting professionals and patients in the ADR reporting process;
(II) Increases ADR processing efficiency;
(III) Improves statistical analysis of data;
(IV) Ensures adaptation to new technological paradigms.

The launch of the new ADR Portal seals another stage in the evolution and history of pharmacovigilance in Portugal. This important breakthrough significantly addresses causes of underreporting such as lack of time, reporting difficulties, access barriers, etc.

The next step will be taken shortly and will involve the development of the necessary technological interfaces to ensure that the new portal is connected to the various public and private information systems existing in healthcare organizations outside and within the national health service. ADR data will thus become integrated and healthcare professionals' efforts to report will not be duplicated.

Other challenges remain, such as the continuing, intense and endless fight against illiteracy in pharmacovigilance. And new challenges appear including how to treat data on undesirable effects communicated through social media. The European pharmacovigilance WEB-RADR pilot project is an example in this respect.[5]

"This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."
Winston Churchill

Infarmed is undertaking a campaign to support healthcare professionals and patients in ADR reporting (**video** and **infographic**). **We are counting on you to report!**

Fátima Canedo

References

[1] *Medscape, Sunday. Why Should I Report an Adverse Drug Event? https://www.medscape.org/viewarticle/578160 [consultado 12-11-2017]*
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Gabapentin
Risk of respiratory depression

Quick Read

Respiratory depression can rarely occur with gabapentin, especially in patients with compromised respiratory, neurological or renal function, in the elderly, and in patients concomitantly on other CNS depressant drugs such as opioids.

Gabapentin is structurally related to the neurotransmitter GABA (gamma-aminobutyric acid), though it has a mechanism of action that is different from that of other active ingredients which interact with the GABA synapses, such as valproate, barbiturates and benzodiazepines. Gabapentin is authorized in Portugal since 1996 for the treatment of epilepsy as adjuvant therapy in patients 6 or more years of age, or in monotherapy in patients aged 12 years or older. It is also indicated for peripheral neuropathic pain in adults.

Based on an analysis of available safety data, including from the literature[1-4] and from the European adverse drug reaction report database Eudravigilance, the PRAC at EMA has recently confirmed an association between respiratory depression and the use of gabapentin, with or without concomitant use of opioids.

It has been decided to include a warning in the SmPC highlighting the groups of patients who are at increased risk of developing this adverse reaction:

Summary of product characteristics

4.4. Special warnings and precautions for use

Concomitant use with opioids

Respiratory depression

Gabapentin has been associated with severe respiratory depression. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment, concomitant use of CNS depressants and the elderly might be at higher risk of experiencing this severe adverse reaction. Dose adjustments might be necessary in these patients.

4.8. Undesirable effects

[…]

Frequency 'rare': Respiratory depression

References

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Sílvia Duarte

Communications to Healthcare Professionals published on the Infarmed website

Click on the links

INN Medicinal product	Target	Comunication Online publication date
Ulipristal Ellaone	**Pharmacists** **Physicians:** OB/GYN and general/family medicine.	**Pregnancy Registry for cases when pregnancy was not detected before emergency contraception was taken or in which the latter failed** 10-10-2017

Compiled by Magda Pedro

Educational Materials published in the Infomed product information webpage

Click on the links

INN Medicinal product	Target	Comunication Online publication date
Tiotropium bromide Gregal	**Physicians:** pneumonology, allergology and general/family medicine	**Safety information** 03-10-2017
Micafungin Mycamine	**Physicians:** infectious diseases, intensive care, internal medicine, general surgery, microbiology and paediatrics **Pharmacists:** hospital	**Administration and monitoring guide** 16-10-2017
Tenofovir Tenofovir Teva	**Physicians:** infectious diseases, internal medicine, gastroenterology and paediatrics	**Renal function and dose adjustment in ADOLESCENT patients with chronic hepatitis B and/or HIV infection** 17-10-2017
	Physicians: infectious diseases, internal medicine and gastroenterology	**Renal function and dose adjustment in ADULT patients with chronic hepatitis B and/or HIV infection** 17-10-2017

Compiled by Magda Pedro

What do they mean?

ADR	Adverse Drug Reaction
EMA	European Medicines Agency
MA	Marketing Authorization
PIL	Patient Information Leaflet
PRAC	Pharmacovigilance Risk Assessment Committee (EMA)
SmPC	Summary of Product Characteristics