هيئة الدواء المصرية

IN THIS ISSUE

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مركز اليقظة الصيدلية المصري

EPVC Mission

Pharmaceutical Vigilance administration is the way through which the processes for authorizing, regulating, monitoring and evaluating the safety of any pharmaceutical product or medical device take place, in addition to disseminating any safety information for public health programs, healthcare professionals, and the Egyptian citizen.

The Pharmaceutical vigilance administration is an integral part of the Central Administration of Pharmaceutical Care that works on the enhancement of the pharmaceutical services to guarantee safe and effective use of medications in Egypt, under the patronage of the Egyptian Drug Authority.

Newsletter

November 2024

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Safety Notification ! Drug-induced tendinopathy

The Regulatory Authority in New Zealand has published the following safety notification

Key messages

Fluoroquinolones, long-term glucocorticoids, statins and aromatase inhibitors are the most common medicine classes associated with tendinopathy.

Progressive tendon degeneration without inflammation is a typical sign of drug-induced tendinopathy. Although the Achilles tendon is most commonly affected, drug-induced tendinopathy can occur in any tendon.

Terminology of tendon disorders

Tendon disorders include tendonitis (tendon inflammation), tendon rupture (tendon tears) and tenosynovitis (inflammation of the tendon sheath).1 The term tendonitis is often used to describe a broad range of tendon conditions. However, where inflammation is minimal or absent, tendinopathy may be more accurate.

Inside a tendon

Tenoblasts and tenocytes make up 90% of cells in the tendon. Together, they generate collagen and elastin fibres, as well as extracellular matrix components. Chondrocytes make up the remaining 10% of tendon cells and these are found at entheses (tendon-bone junctions). Classic drug-induced tendinopathy shows signs of progressive tendon degeneration without inflammation.

Medicines associated with tendinopathy

Drug-induced tendinopathy is most commonly associated with fluoroquinolones, long-term treatment with glucocorticoids, statins and aromatase inhibitors. The following table summarizes characteristics of drug induced tendinopathy with these medicine classes.

Medicine class	Route and dose	Time to onset	Type and site
Fluoroquinolones[a,b]	any	within 48 hours	Achilles tendon in 90% of cases, of which 40% of cases lead to tendon rupture
Glucocorticoids[b]	oral, inhaled	≥3 months	Achilles tendon and other large lower limb tendons, leading to rupture several years after starting a glucocorticoid
Statins[b]	any dose	8-10 months	Achilles tendon in just over 50% of cases, of which, one-third result in tendon rupture
Aromatase inhibitors[b-d]	unknown	2 weeks to 19 months	Tenosynovitis of the hands and wrists, tendonitis, tendon rupture (rare)

Fluoroquinolones

Tendinopathy can occur with any fluoroquinolone (eg, ciprofloxacin, moxifloxacin, norfloxacin) and at any dose and route of administration. It is usually an acute event occurring as early as within 48 hours but has been reported to occur up to several months after discontinuation of treatment. Tendinopathy with fluoroquinolones may be prolonged, disabling and irreversible. Discontinue fluoroquinolone treatment at the first sign of tendonitis (eg, pain, swelling, inflammation) and use alternative treatment. Advise patients to rest the affected limb and avoid inappropriate physical exercise.

Long-term glucocorticoids

Tendinopathy usually occurs after at least three months of treatment with an oral or inhaled glucocorticoid. Patients with autoimmune connective tissue disorders (eg, rheumatoid arthritis, systemic lupus erythematosus) treated with long-term oral glucocorticoids are particularly at risk.

Statins

Statin-induced tendinopathy can occur at any dose and about 8 to 10 months after exposure. Discontinue statin treatment if tendinopathy is suspected. Tendinopathy may recur if statin treatment is restarted.

Aromatase inhibitors

Tenosynovitis, particularly of the hands and wrists, has been linked with aromatase inhibitors (eg, anastrozole, letrozole, exemestane). The onset time is reported to range from 2 weeks to 19 months. More recently, cases of tendonitis and tendon rupture have also been reported in association with aromatase inhibitors.1 Closely monitor patients with tendon disorders and initiate appropriate measures such as immobilization of the affected limb.

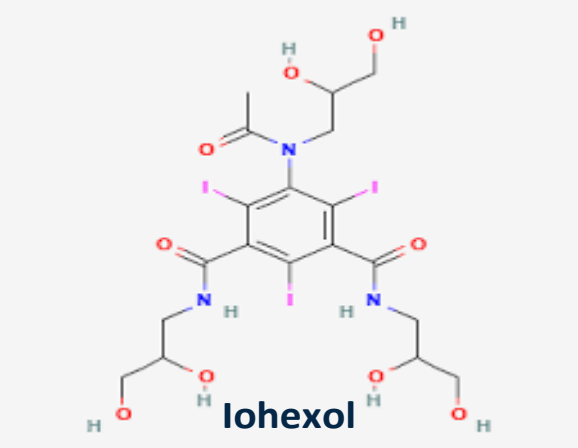
References:

Medsafe : *(Click Here)*

Safety Reminder " Iohexol: Non-ionic monomeric contrast media adverse events and preventive measurements"

Since the beginning of 2024, the Egyptian Pharmaceutical Vigilance Centre has received 65 ICSRs of Iohexol induced reactions, 52 % of the reported ICSRs were serious, life-threatening and caused prolonged hospitalization; death is reported as a possible outcome in three cases.

As a result, EPVC would like to remind the involved healthcare professionals of the significance and scope of that topic, as well as potential preventative measures that could mitigate the adverse effects of Iohexol.



Background:

Iodinated contrast media can be classified as either ionic or nonionic and high-osmolar or low-osmolar. Nonionic monomers are preferred as contrast agents due to their nonionic nature, lower osmolalities, and potentially lower chemotoxicity compared to ionic monomers.

Iohexol is an iodinated nonionic, low-osmolar contrast medium used to visualize the anatomical structures of the body including blood vessels, tissues, organs, and body cavities. Iodine is the radiopaque component of Iohexol, allowing for opacification of vessels in the path of the blood flow of contrast media during angiography and urography. After Iohexol injection, internal structures of the human body can be visualized until significant hemodilution occurs.

Iohexol enhances computed tomographic (CT) imaging through augmentation of radiographic efficiency. The degree of enhancement is directly related to the iodine content in the administered dose; peak iodine blood levels usually occur immediately and dramatically decrease within 5—10 minutes.

Iohexol may be Indicated in the following:

- Angiography
- arthrography
- A computed tomography (CT) imaging
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Gastrointestinal radiography
- Herniography
- Hysterosalpingography
- Myelography
- Urography

Safety Reminder " Iohexol: Non-ionic monomeric contrast media adverse events and preventive measurements" (Continued)

Warning and Precaution

Overall, most people tolerate contrast media injections without adverse reactions. However, severe, life-threatening reactions do occur.		
Adverse event	**Description and People with high risk**	**Precautions and possible Preventive measurements**
Hypersensitivity	Iohexol may cause life-threatening or fatal hypersensitivity reactions, including anaphylaxis. Manifestations have included respiratory arrest, laryngospasm, bronchospasm, angioedema, and shock. Most severe reactions develop shortly after the start of the injection (within 3 minutes), although reactions may be delayed until hours later. The risk for hypersensitivity is increased in patients with a prior history of reaction to contrast agents, known allergies (eg, bronchial asthma, medication, food allergies), and/or other hypersensitivities.	Premedication with antihistamines or corticosteroids does not prevent serious life-threatening reactions, although it may reduce the incidence and severity of reactions. Obtain allergy and hypersensitivity history prior to administration. Emergency resuscitation equipment and trained personnel should be available prior to Iohexol administration. Monitor all patients for hypersensitivity reactions
Nephrotoxicity	Acute kidney injury, including renal failure, may occur after parenteral Iohexol administration. Risk factors for nephrotoxicity include preexisting renal impairment, dehydration, diabetes mellitus, congestive heart failure, advanced vascular disease, older age, concomitant use of nephrotoxic or diuretic medications, multiple myeloma (or paraproteinaceous diseases), and repeated and/or large iodinated contrast agent doses.	Use the lowest necessary dose in patients with renal impairment. Adequately hydrate patients prior to and following parenteral Iohexol administration. Avoid laxatives, diuretics, or preparatory dehydration prior to Iohexol administration

Safety Reminder " Iohexol: Non-ionic monomeric contrast media adverse events and preventive measurements" (Continued)

Cardiovascular events	Life-threatening or fatal cardiovascular reactions (eg, hypotension, shock, cardiac arrest) have occurred with parenteral Iohexol administration; fatal events, while rare, typically occurred during or 5 to 10 minutes after administration. Cardiac decompensation, serious arrhythmias, myocardial ischemia, or MI may occur during coronary arteriography and ventriculography.	Use the lowest necessary dose in patients with heart failure; emergency resuscitation equipment and trained personnel should be available during administration.
Dermatological effects	Severe cutaneous adverse reactions (including Stevens-Johnson syndrome [SJS], toxic epidermal necrolysis [TEN], acute generalized exanthematous pustulosis [AGEP], drug reaction with eosinophilia and systemic symptoms [DRESS]) have occurred 1 hour to several weeks after administration; reaction severity may increase and time to onset may decrease with repeat administration.	Avoid use in patients with a history of a severe cutaneous adverse reaction to Iohexol
Extravasation	May be a vesicant (higher osmolar contrast and/or higher volumes are associated with a higher risk) Extravasation may result in tissue necrosis and/or compartment syndrome, particularly in patients with severe arterial or venous disease	Ensure proper needle/catheter/line placement prior to and during administration. Monitor infusion site. Avoid infiltration.
CNS disturbances	Encephalopathy with symptoms of headache, visual disturbance, cortical blindness, confusion, seizures, loss of coordination, hemiparesis, aphasia, unconsciousness, coma and cerebral oedema.	Care should be taken in patients with the following risks: Patients with acute cerebral infarction, acute intracranial bleeding, previous stroke, and history of epilepsy.

Safety Reminder " Iohexol: Non-ionic monomeric contrast media adverse events and preventive measurements" (Continued)

Thrombo-embolic events	Serious, rarely fatal, thromboembolic events causing MI and stroke have been reported with both ionic and nonionic contrast media.	Use meticulous intravascular administration techniques during angiographic procedures. Minimize the length of the procedure to minimize the risk. Clotting has been reported when in vitro blood remains in contact with syringes containing nonionic contrast media; use of plastic syringes in place of glass syringes has been reported to decrease, but not eliminate, the likelihood of in vitro clotting. Due to the risk of thrombosis/embolism, avoid angiocardiography in patients with homocystinuria.

References:

Non-ionic contrast media background: *(Click Here)*

Clinical practice guidelines : *(Click Here)*

Clinical practice guidelines : *(Click Here)*

Iohexol SPC : *(Click Here)*

Together for safer medicine initiative news

EPVC is extremely proud to announce that Dr Maysa Abohussien Executive manager for the Pharmaceutical care initiative "together for safe medicine "had an Invitation from Nile Television Network " Nahark Saied TV Show" on Sunday 13 October 2024 in Maspero building to talk about the Success ,achievements, results and the role of the initiative "together for safe medicine " in spreading pharmacovigilance science between pharmacists all over Egypt governates, As the initiative "together for safe medicine " was chosen as one of the most success initiatives which had a markedly noticed effect on the safety of medicine in the Egyptian market. Where Dr Maysa had clarified and answered all the questions concerning initiative including the role of EPVC team in Educating all shared pharmacists all over Egypt governments the pharmacovigilance science definition ,Adverse drug reaction reporting with clarifications of different methods of ADRs reporting that were facilitated by EDA as E-reporting link, Arabic link, EDA hot line 15301 and how to practice Pharmacovigilance in shared pharmacists work places either its governmental or community pharmacies. Also, the results of the initiative had been discussed where Epvc had finished the first 4 waves with 402 shared pharmacists from 392 different community and governmental pharmacies that applied 627 pharmacovigilance related activities and reported 2366 ADRs valuable reports helped in detecting safety signals in Egyptian market. The Sucess journey of Initiative "together for safe medicine "is continuing as EPVC started the 5th&6th waves activities on September 2024 and Still working with shared pharmacists on practicing Pharmacovigilance science in their work community and governmental pharmacies.

"Trainings for Raising Reporting Awareness:

The Egyptian Pharmaceutical Vigilance Center (EPVC) is pleased to report that, in collaboration with the "Central Administration for Pharmaceutical Affairs - MoHP" it gave high-level vigiflow expansion training on the "Fundamentals of Pharmacovigilance system" to focal points from various Health Affairs Directorates. The trainings are intended to increase awareness of the importance of completeness scores, as well as to promote the information on the national database that announces the framework and to show appreciation for those organizations' primary objectives. In addition to holding preparation sessions, EPVC manages case intake processes, audits, provides planning organizations with feedback, and assesses whether more preparation is necessary to maintain the highest standard of cases entered to the national database. In the meantime, EPVC is successfully sourcing instances from the national database, making the necessary modifications, and providing the planning organizations with useful input. It is expected that this comprehensive approach would produce a more reliable and strong way to supervise and track risks to pharmaceutical safety. The Egyptian Pharmaceutical Vigilance Center (EPVC) would like to express its gratitude to the following MoHP organizations: "Cairo Health Directorate, Giza Health Directorate, Menofia Health Directorate" for their high ICSR entry rate on Vigiflow.

We appreciate your participation in the national database reporting system. Additionally, EPVC would like to express its gratitude to all of the organizations that collaborated with us to expand the Vigiflow system. We wish them ongoing success in their work and commend their dedication to improving the monthly section cases and the increasingly better case quality stages in the national database.

EPVC Tips

On Pharmacovigilance

Combat Antibiotic Resistance: Prescribe with Purpose

To preserve the effectiveness of antibiotics and protect our patients, let's prioritize rational prescribing. Remember:

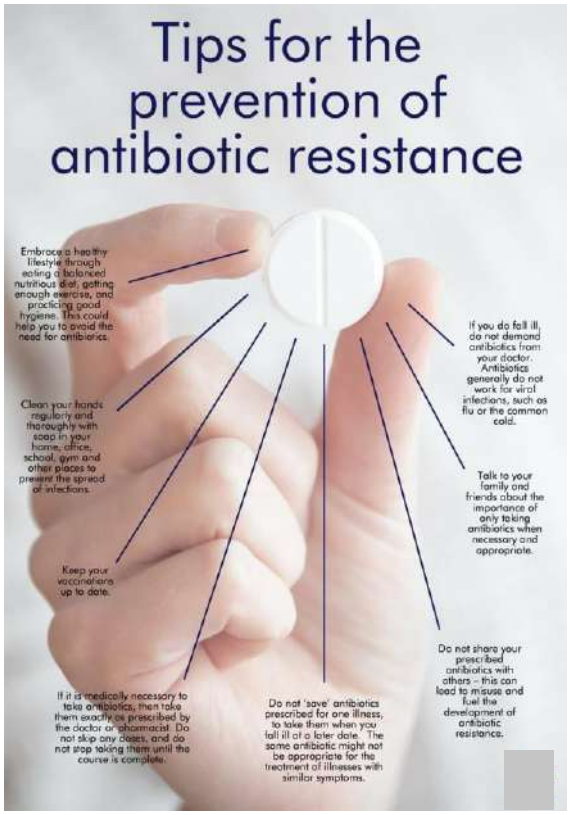
Diagnose Accurately: Confirm bacterial infection before prescribing.

Choose Wisely: Select the narrowest-spectrum antibiotic.

Dose Correctly: Adhere to recommended dosage and duration.

Educate Patients: Emphasize the importance of completing the full course.

By making informed prescribing decisions, we can help combat antibiotic resistance and ensure optimal patient outcomes.



References:

Picture : ***(Click Here)***

Visit EDA website to find all medicine- related news, updates and alerts Click here

You will find all EPVC Newsletters and DHPCs here

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One report counts

A call for reporting

Please remember that you can report safety information of medicines to EPVC using the following communication information:

Participate with us

We invite you to take a quick survey on how much our communication with you is effective
We value your feedback! Help us enhance our communication by taking a quick survey. Your insights are crucial in ensuring we meet your expectations.
Survey Link: (Click Here)

Thank you for your valuable input

What is Pharmacovigilance

Pharmacovigilance (PV) is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug- related problem.

What is the Egyptian Pharmaceutical Vigilance Center?

With the increasing demand for patient's safety which is becoming more stringent, . The Egyptian Pharmaceutical Vigilance Center was established to be responsible for the safety monitoring of the pharmaceutical products throughout its lifecycle and it is the regulatory authority regarding Pharmacovigilance and its applications .

EPVC monitors the safety of all types of pharmaceutical products, including human medicines, biological products, supplements, cosmetics, veterinary medicines, medical devices, Biocides and pesticides

Communication information

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