

季度藥訊 Quarterly Drug Newsletter

2009 No. 1

本季度藥訊的內容主要摘錄自世界各國藥政部門所公佈及在本澳所收集有關藥物安全性的資訊，目的是通知本澳的衛生專業人士最新的藥物安全性資訊，從而推廣安全及合理用藥。

The content of this Quarterly Drug Newsletter originates as compilation of the adverse drug reactions (ADR) and drug safety issues published by various drug regulatory authorities as well as those reported locally. With this information, we aim at disseminating the latest adverse drug reaction alerts, safety and efficacy issues to our healthcare professionals with the ultimate goal to encourage safe and rational use of pharmaceuticals.

熱點關注藥物 DRUGS OF CURRENT INTEREST

熱點關注藥物泛指一些近期在國內外及本地曾被報告發生藥物不良反應的藥物，以及最近獲批准進口本澳的新藥，訂定熱點關注藥物的目的是提醒衛生專業人士尤其關注及通報該等藥物所引起的不良反應，如閣下察覺病人在服用以下及其他藥物後產生任何不良反應，請向藥物事務廳通報。

Generally speaking, 'Drugs of Current Interest' are defined as those drugs of which adverse drug reaction(s) (ADRs) was (were) experienced and had been reported recently at international, national and local levels. In addition, drugs that have received recent approval for importation into Macao are also being incorporated into this list. The purpose of including this column serves to remind all healthcare professionals to pay special attention to ADRs and report them. If you observe any adverse reaction on your patient subsequent to the use of the following or any other drugs, please report all suspected reactions to the Department of Pharmaceutical Affairs.

Abacavir (Ziagen [®])	Gadobenate dimeglumine (Multihance [®])
Aliskiren (Rasilez [®])	Iloprost trometamol (Ilomedin [®])
Rimonabant (Acomplia [®])	Infliximab (Remicade [®])
Adalimumab (Humira [®])	Ivabradine (Coralan [®])
Atorvastatin (Lipitor [®])	Lamotrigine (Lamictal [®])
Bevacizumab (Avastin [®])	Lapatinib (Tykerb [®])
Botulinum toxin type A (Botox [®])	Oseltamivir (Tamiflu [®])
Bortezomib (Velcade [®])	Raltegravir (Isentress [®])
Certolizumab pegol (Cimzia [®])	Rituximab (Mabthera [®])
Darunavir (Prezista [®])	Rosiglitazone (Avandia [®] , Avandamet [®])
Decitabine (Dacogen [®])	Simvastatin (Zocor [®])
Deferasirox (Exjade [®])	Sunitinib malate (Sutent [®])
Desflurane (Suprane [®])	Trabectedin (Yondelis IMG IF [®])
Diacerein (Artrodar [®])	Tiotropium bromide (Spiriva [®])
Didanosine (Videx [®])	Zanamivir (Relenza [®])
Docetaxel (Taxotere [®])	Allopurinol
Entecavir (Baraclude [®])	Bisphosphonates
Eszopiclone (Sleepwel [®])	Carbamazepine
Etanercept (Enbrel [®])	Carbimazole
Etoricoxib (Arcoxia [®])	Fluoroquinolones
Ezetimibe (Zetia [®] , Ezetrol [®])	Heparin sodium
Ezetimibe/Simvastatin (Vytorin [®])	Moxifloxacin
Fosaprepitant dimeglumine (Emend [®])	Norfloxacin
Fulvestrant (Faslodex [®])	Propranolol

通報及聯絡資料 Reporting and Contact Information:

通報表格：在 http://www.ssm.gov.mo/design/services/serpt_chn.pdf 下載或向藥物事務廳索取。

網上通報：登入 <http://www.ssm.gov.mo>。

如有任何疑問，請致電 85983517(辦公時間)或傳呼 85008068(非辦公時間)。

Report form: access http://www.ssm.gov.mo/design/services/serpt_chn.pdf to download or obtain from Dept. of Pharmaceutical Affairs. Internet reporting: access <http://www.ssm.gov.mo>. Any query, call 85983517(office hrs) or pager 85008068 (off-duty hrs).

慎用非處方兒童傷風止咳藥

Cautioning use of nonprescription cough and cold preparations in children

資料來源：美國食物及藥物管理局

英國藥物與保健產品管理局

Sources : United States Food and Drug Administration (USFDA)

British Medicines & Healthcare-products Regulatory Agency (MHRA)

<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01899.html>

<http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/Safetywarningsandmessagesformedicines/CON038908>

為預防及減少對非處方兒童感冒止咳藥的濫用，以及向消費者傳達安全使用有關藥物的資訊，美國食物及藥物管理局（USFDA）及英國藥物與保健產品管理局（MHRA）表示繼續評估該類藥物的安全性和有效性，而MHRA更建議6歲以下兒童的家長及照顧者遵從標籤所指的服用劑量及留意有關警告資料。在有關問題未釐清前，衛生專業人士應明瞭以下資料，以便轉告家長及孩童照顧者：

- 傷風止咳藥只可舒緩症狀，不能消除致病的原因，也不能縮短病程。
- 不要給兒童服用標籤上註明只適用於成人或只標有成人劑量的藥物。
- 每次用藥後，須確保蓋好瓶蓋並放置於遠離兒童的地方。
- 查看藥物的活性成分、瞭解該成分的適應症及所能舒緩的症狀。
- 給兒童服用1種以上藥物時，必須確保每種藥物不具相同活性成分，否則，兒童可能因攝取過量某一成分而危害健康，如有任何疑問，應諮詢醫生或藥劑師。
- 嚴格按照藥物標籤及醫生處方用藥。
- 只可使用隨藥附送或專用的量器，不要使用普通家用匙具量藥，以確保兒童服用到正確劑量的藥物。
- 不要保存不再需要的藥物，避免以後誤用。

In order to prevent, reduce misuse and to better inform consumers about the safe use of nonprescription over-the-counter cough and cold medicines in children, the USFDA and the British MHRA will continue to assess the safety and efficacy. Meanwhile, MHRA recommends parents and care-givers for young children who are less than 6 years old to adhere to the dosage instructions and warnings on the label which accompanies the medication. Before the resolution of this issue they would advise the following for all healthcare professionals so that you can, in-turn, inform all parents or caregivers :

- Understand that using cough and cold medicines only treat the symptoms, they were not intended to cure the cold or cough or shorten the duration of illness.
- Do not give children those medications labeled only for adults use only or with adult dosage.
- Close the cap tightly after each use and store the medicines away from the children.
- Look at and understand the intended indication(s) of the active ingredient and know the type of symptom(s) of which the active ingredient will help to alleviate.
- Be very careful when giving more than one medicine to the child, make sure that the different medicines do

not contain the same type of "active ingredients" in each one of the preparations, otherwise he/she may receive too much of an ingredient that may be harmful. When in doubt please consult their doctor or pharmacist.

- Carefully follow the labeling directions on how to properly use the medicine.
- Only use measuring devices that come with the medicine or those specially made for measuring drugs. Do not use common household spoons to measure medicines because household spoons come in different sizes and are not meant for measuring medicines.
- To avoid future misuse, remove medicines that will no longer be needed from your medicine cabinet.

有關苯妥英 (phenytoin) 及磷苯妥英鈉 (fosphenytoin sodium)安全性的最新資訊

Latest safety update on phenytoin and fosphenytoin sodium

資料來源：美國食物及藥物管理局

Source : United States Food and Drug Administration (USFDA).

<http://www.fda.gov/medwatch/safety/2008/safety08.htm#Phenytoin>

http://www.fda.gov/cder/drug/infopage/phenytoin_fosphenytoin/default.htm

http://www.fda.gov/cder/drug/InfoSheets/HCP/phenytoin_fosphenytoinHCP.htm

美國食物及藥物管理局（USFDA）正對有關帶有人類白細胞抗原對偶基因(human leukocyte antigen (HLA) allele)HLA-B*1502 的亞裔病人在服用苯妥英後可能增加嚴重皮膚反應潛在風險的最新資料進行調查，有關皮膚反應包括史蒂文斯氏強生症候群(Stevens Johnson Syndrome -SJS)及毒性表皮溶解症(toxic epidermal necrolysis)。上述對偶基因基本上只存在於祖先源於亞洲地區的人群，當中包括中國漢族人、菲律賓人、馬來西亞人、南亞印度人及泰國人。最新資料顯示 HLA-B*1502 對偶基因可能與上述藥物不良反應存在關聯性。在USFDA 完成評估前，需要處方苯妥英或磷苯妥英鈉的醫生應權衡這類藥物說明書中所提及的風險及效益，對於帶有 HLA-B*1502 對偶基因的病人須避免使用苯妥英及磷苯妥英鈉來代替卡馬西平。

基於上述原因，醫生在處方苯妥英或磷苯妥英鈉前，應考慮：

- 抗癲癇藥物苯妥英在結構上與卡馬西平相似，卡馬西平的說明書最近加入更新資料，當中指出帶有 HLA-B*1502對偶基因的亞裔病人服用卡馬西平後可能增加嚴重皮膚反應包括史蒂文斯氏強生症候群及毒性表皮溶解症的潛在風險。
- 在中國、泰國、馬來西亞、印度尼西亞、菲律賓及台灣人口中估計約10%至15%或以上人群帶有 HLA-B*1502對偶基因；而南亞裔人包括印度人中約有2%至4%帶有HLA-B*1502對偶基因，但一些人群帶有對偶基因的比率較高。日本人和韓國人中帶有HLA-B*1502對偶基因的比率則少於1 %。
- 最新資料顯示，一些帶有HLA-B*1502對偶基因的亞裔病人在服用苯妥英後，亦可能與卡馬西平一樣

會引發嚴重的皮膚反應。由於磷苯妥英鈉是苯妥英的前體藥物，服用後亦會轉化為苯妥英，任何與苯妥英相關的事項也適用於磷苯妥英鈉。

- USFDA正對帶有HLA-B*1502對偶基因的病人在服用苯妥英及磷苯妥英鈉後引發史蒂文斯氏強生症候群的風險進行研究，然而，目前尚沒有資料足以要求亞裔病人在服用苯妥英前作HLA-B*1502對偶基因測試。
- 因服用苯妥英而誘發的嚴重皮膚反應，最常在服藥後首幾個月內發生。

The United States Food and Drug Administration (USFDA) would like to notify healthcare professionals about the latest safety information on phenytoin and fosphenytoin sodium. Accordingly, the Agency is investigating new preliminary data regarding a potential increased risk of serious skin reactions including Stevens Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) from phenytoin therapy in Asian patients tested positive for human leukocyte antigen (HLA) allele, HLA-B*1502. This allele occurs almost exclusively in patients with ancestry across broad areas of Asia, including Han Chinese, Filipinos, Malaysians, South Asian Indians, and Thais. New data suggest a possible association between HLA-B*1502. Until the USFDA evaluation is completed, physicians who are considering the use of phenytoin or fosphenytoin should be aware of the risks and benefits described in the current prescribing information for this drug and should consider avoiding phenytoin and fosphenytoin as alternatives for carbamazepine in patients who test positive for HLA-B*1502.

Based on the above reason physicians should consider the following information before prescribing phenytoin or fosphenytoin:

- Phenytoin is an antiepileptic drug with some structural similarity to carbamazepine. Labeling for carbamazepine was recently updated to include an increased risk of serious skin reactions, including SJS/TEN, in Asian patients who had recently started taking carbamazepine and who tested positive for HLA-B*1502.
- It is estimated that 10-15% or more of patients may carry the HLA-B*1502 allele in parts of China, Thailand, Malaysia, Indonesia, the Philippines, and Taiwan. South Asians, including Indians, appear to have an intermediate chance of having HLA-B*1502, averaging 2 to 4%, but it is higher in some groups. HLA-B*1502 appears to be present at a low frequency (<1%) in Japan and Korea.
- New preliminary data suggests that phenytoin may carry a risk of serious skin reactions in some Asian patients who tested positive for HLA-B*1502, similar to the risk carried by carbamazepine. Because fosphenytoin is a prodrug and is converted to phenytoin after administration, any concern regarding this association with phenytoin is also applicable to fosphenytoin.
- The possible risk of SJS from phenytoin and fosphenytoin in patients with HLA-B*1502 is still being studied; however, there is not yet enough information to recommend testing for HLA-B*1502 in Asian patients for whom phenytoin treatment is

contemplated.

- The risk for serious skin reaction with phenytoin therapy appears to be greatest in the first few months of therapy.

有關 tinzaparin sodium (商品名：Innohep®)安全性的最新資訊

Latest safety update on tinzaparin sodium (Innohep®)

資料來源：美國食物及藥物管理局

Source : United States Food and Drug Administration (USFDA)
<http://www.fda.gov/medwatch/safety/2008/safety08.htm#Innohep>
http://www.fda.gov/cder/drug/early_comm/tinzaparin.htm

美國食物及藥物管理局 (USFDA) 於 2008 年 2 月接獲有關終止一項 Innohep 與腎功能不全研究(IRIS)的資訊，終止原因是發現患者使用 Innohep 後，因各種原因而引發的死亡率不斷增加。Innohep 的製造商於 2008 年 7 月對該藥的說明書作出修訂，限制該藥不可用於 90 歲或以上的病患者。然而，根據 IRIS 研究的初步結果，USFDA 關注該藥引發死亡率增加的風險不僅限於 90 歲或以上的年長患者，基於此，USFDA 要求該公司修改 Innohep 的標籤，以便更全面地反映有關的研究結果，包括註明當 Innohep 與傳統肝素(unfractionated heparin)相比，前者會增加腎功能不全的年長患者(70 歲及以上)的死亡風險。當醫生須以肝素治療患有深靜脈栓塞(deep vein thrombosis, DVT)及/或肺栓塞(pulmonary embolism, PE)的 70 歲以上腎功能不全患者時，應考慮使用 Innohep 以外的替代性療法。

Accordingly, the United States Food and Drug Administration (USFDA) received information about termination of the clinical study in February 2008 on Innohep in Renal Insufficiency Study (IRIS) because of an interim finding about an increase in all-cause mortality in patients who received Innohep. In July 2008, the company revised the prescribing information to restrict the use of Innohep in patients 90 years of age or older. USFDA is concerned that the preliminary data from the IRIS study suggest that the increased risk of mortality is not limited only to patients 90 years of age or older. Therefore, USFDA has requested that the company to revise the labeling for Innohep to better describe the overall study results which suggest that, when compared to unfractionated heparin, Innohep increases the risk of death for elderly patients (i.e., 70 years of age and older) with renal insufficiency. Physicians should consider the use of alternative treatments to Innohep when treating elderly patients over 70 years of age with renal insufficiency and deep vein thrombosis (DVT), pulmonary emboli (PE), or both.

過量使用皮膚局部麻醉藥可引發致命副作用

Life-threatening side effects with the use of skin numbing ingredients

資料來源：美國食物與藥物管理局

Source : United States Food and Drug Administration(USFDA)
http://www.fda.gov/cder/drug/advisory/topical_anesthetics2009.htm
http://www.fda.gov/cder/drug/advisory/topical_anesthetics.htm

美國食物及藥物管理局 (USFDA) 向消費者發出一則有關在美容及醫療手術中過量使用皮膚局麻藥所引發潛在危險的警告資訊，上述局麻藥包括含有 tetracaine、lidocaine、benzocaine 或 prilocaine 的乳膏、軟膏或凝膠，USFDA 已批准了很多上述產品作醫生處方及非醫生處方藥物。一般的醫療手術中應由診所內已受訓練的醫務專業人士為病人施予局麻藥，然而，問題在於這些產品應用在美容手術時，往往缺乏具醫務專業訓練人士的監督，在缺乏醫督的情況下，病人可能大量使用局麻藥於皮膚上，導致藥物血中濃度過高而引發致命的副作用，包括心跳不規則、癲癇、昏迷、呼吸緩慢或停頓以及死亡，上述情況可發生於孩童和成人患者。

局部麻醉藥的作用在於阻斷皮膚的疼痛感覺，部份可通過皮膚進入血管內，血中濃度太高，可對病人造成嚴重傷害。當局部麻醉藥大面積塗於皮膚上、長時間應用以及使用後被覆裹，皆會導致更多藥物經皮膚進入血管內。如果皮膚已受刺激或長有皮疹，又或皮膚溫度上升，麻醉藥也可能進入血管內。運動、裹上保鮮紙或使用加熱墊，皆會導致皮膚溫度升高。而藥物經皮膚進入血液的量會因人而異。

消費者在接受皮膚美容或醫療手術前，應與主診醫生商討可否使用其他方法舒緩痛楚。倘若醫生需處方或建議病人使用局麻藥時，應考慮下列事項：

- 處方可令病人減輕痛楚的最低份量的局部麻醉藥。
- 指示病人正確的使用份量或塗以最少份量的藥物於患處及避免長時間使用。
- 提醒病人切勿塗搽於受損或過敏的皮膚上。如獲建議覆裹或蓋上任何材料或敷料時，須警惕這樣會增加副作用的機會。
- 通知病人有關可能產生的副作用，並指導病人如何降低使用這些藥物所產生嚴重副作用的機會。

The United States Food and Drug Administration (USFDA) had previously alerted consumers about potential hazards of using topical anesthetics for cosmetic and medical procedures. These topical anesthetics usually contain anesthetic drugs such as lidocaine, tetracaine, benzocaine, and prilocaine in a cream, ointment, or gel. USFDA has approved many of such products in both prescription and non-prescription strengths. Applying topical anesthetics for a medical procedure is usually done in a doctor's office by a trained medical professional. However, problems may arise when these products are used before a cosmetic procedure, that may not be supervised by trained health professionals. Without this supervision, a patient may apply large amounts of topical anesthetics to their skin. This application can result in high levels of these products in the blood causing life-threatening side effects, such as an irregular heartbeat, seizures, coma, slowed or stopped breathing and death following the use of these numbing products. These effects happened in both children and adults and when the anesthetic drug was used. Topical anesthetics work by blocking pain sensation in the skin. Some of the anesthetic drugs in these products can pass through the skin into the blood stream, and if too much

gets into the blood, patients can experience serious harm. More drug passes into the blood stream when the product is applied over a large area of skin, when it stays on the skin for a long time, and when the skin is covered after application of the cream. Anesthetic drugs may also pass into the blood stream if the skin is irritated or has a rash, or if the skin temperature goes up. Exercise, covering the skin with a wrap, or use of a heating pad can all increase the skin temperature. The amount of the drug that can pass through the skin and enter the blood also can differ from person to person.

If any consumer is thinking about having a cosmetic or medical procedure on his/her skin, discuss with your doctor whether there are other ways to reduce the pain you may feel during the procedure. For physicians who prescribe or recommend a numbing product to ease the patients' pain, please consider the following:

- Use a topical anesthetic that contains the lowest amount of anesthetic drugs possible that will relieve the patient's pain.
- Instruct the patient the exact amount to be used, or only use sparingly and as little amount to cover the affected skin area for the briefest period possible.
- Remind him/her not to apply onto broken or irritated skin. If wrapping or covering the skin with any type of material or dressing is recommended or desired, be aware that this step can increase the chance of side effects.
- Inform about the possible side effects of these drugs and how to lower the patient's chance of having life-threatening side effects from these topical agents.

有關哌醋甲酯 methylphenidate (商品名: Ritalin®) 安全性的最新資訊

Latest safety information on methylphenidate (Ritalin®)

資料來源：歐盟藥物監管局

Source : European Medicines Agency (EMA)

<http://www.ema.europa.eu/pdfs/human/referral/methylphenidate/2231509en.pdf>

為了令病人服用此藥時達至最高的安全性，歐盟藥物監管局 (EMA) 對上述藥物的處方、治療前篩選及病人的持續性監測作出了最新的建議。而所有含哌醋甲酯藥物產品的說明書內應載有下列資料：

- 醫生應在治療前對所有患者進行篩選，藉以了解患者的血壓或心率是否有任何異常，亦應檢查其家族性的心血管病史。任何有上述問題的病患在未經專科醫生評估前，不應服用該藥物。
- 在治療期間，醫生應定期監測病人的血壓與心率。如發生任何問題，應立刻進行進一步檢查。
- 由於缺乏有關長期性服用哌醋甲酯的資料，已服用哌醋甲酯超過一年的病人，醫生應每年中斷病人的哌醋甲酯療程最少一次，以決定病人是否需要繼續服用該藥。
- 由於服用哌醋甲酯後，可能導致或加重某些精神病，如：抑鬱、出現自殺念頭、產生敵意、精神病及躁狂症，因此醫生在治療前須小心篩選可能患有

上述疾病的病人，而在病人接受此藥物治療期間，醫生亦須定期監測病人的精神狀態。

- 在病人服用哌醋甲酯治療期間，醫生也應定期監測病人的身高和體重。

備註：已在本澳市場銷售，含有哌醋甲酯(methylphenidate)藥物的商品名包括 Ritalin®利他林®10 毫克錠劑和 Concerta® 18、36 及 54 毫克錠劑。

Accordingly, the European Medicines Agency (EMA) concluded new recommendations on prescribing, pre-treatment screening and ongoing monitoring of patients for methylphenidate in order to maximize the safe use of the medicine. The product information of all methylphenidate-containing medicines should contain the following information:

- before treatment, all patients should be screened to see if they have any problems with their blood pressure or heart rate. The family history of cardiovascular problems should also be checked. Any patients with these problems should not be treated without specialist evaluation;
- during treatment, blood pressure and heart rate should be monitored regularly. Any problems that develop should be investigated promptly;
- there is a lack of information on the long-term effects of methylphenidate. For patients who take methylphenidate for more than a year, doctors should interrupt treatment at least once a year to determine whether continued treatment with methylphenidate is necessary;
- the use of methylphenidate could cause or worsen some psychiatric disorders such as depression, suicidal thoughts, hostility, psychosis and mania. All patients should be carefully screened for these disorders before treatment and monitored regularly for psychiatric symptoms during treatment;
- the height and weight of patients treated with methylphenidate should be monitored during treatment.

Note: The brand names for methylphenidate-containing medications available in Macao include Ritalin 10 mg tablet and Concerta C.R. 18, 36, 54 mg tablets.

有關氯吡多 clopidogrel (商品名: 柏域斯® Plavix®) 療效的最新資訊

Latest effectiveness update on clopidogrel (Plavix®)

資料來源：美國食物及藥物管理局

Sources : United States Food and Drug Administration (USFDA)
<http://www.fda.gov/medwatch/safety/2009/safety09.htm#plavix>
http://www.fda.gov/cder/drug/early_comm/clopidogrel_bisulfate.htm

根據文獻報告，clopidogrel 在某些病人所產生的藥效較其他病人低。基於這情況，美國食物及藥物管理局 (USFDA) 正聯同 clopidogrel 的製造商進行研究，以便能深入了解個人遺傳因子及其他藥物(特別是質子泵抑制劑 - Proton Pump Inhibitors, PPI)對 clopidogrel 療效的影響，以及如何使 clopidogrel 獲得最大效用。Clopidogrel

在療效上的差異可能是由於個人的遺傳差異而令該藥在人體有不同的代謝程度或當其他藥物與 clopidogrel 併用時，影響 clopidogrel 的體內的代謝。USFDA 認為此研究所得數據是重要及具急切性，而有關的製造商亦同意按時完成研究工作，USFDA 亦會從速審評最新數據，以及將更新資料盡快向公眾公告。衛生專業人士應注意以下各點：

- 由於clopidogrel對預防血液凝塊導致的心臟病或中風效益明顯，醫生應繼續處方該藥予病人，而病人亦應繼續按醫生指示服用。
- 對已服用clopidogrel的病人，醫生應重新評估病人是否需要開始或繼續使用PPI。
- 正同時服用clopidogrel及PPI的病人應向主診醫生查詢應否繼續服用PPI。

According to some published reports which described that clopidogrel is less effective in some patients than it is in others, as the United States Food and Drug Administration (USFDA) is aware of this situation, she is collaborating with the manufacturer of clopidogrel to conduct studies that will allow a better understanding and characterization of the effects of genetic factors and other drugs (especially the proton pump inhibitors -PPIs) on the effectiveness of clopidogrel, as well as a better understanding about how to optimize the use of clopidogrel. Differences in effectiveness may be due to genetic differences in the way the body metabolizes clopidogrel or that using certain other drugs with clopidogrel can interfere with how the body metabolizes clopidogrel. The USFDA recognizes the importance and speediness of obtaining these data, while the manufacturers have agreed to a timeline to complete the studies. USFDA will review the new information expeditiously and announce any update to the public as soon as possible. Until further information is available all healthcare professionals should be reminded of the following:

- Physicians should continue to prescribe and patients should continue to take clopidogrel as directed, because clopidogrel has demonstrated benefits in preventing blood clots that could lead to a heart attack or stroke.
- Physicians should re-evaluate the need for starting or continuing treatment with a PPI in patients taking clopidogrel.
- Patients taking clopidogrel should consult with their physician if they are currently taking or considering taking a PPI.

有關基因重組人類活化 C 蛋白- drotrecogin alfa (商品名: 除栓素®、Xigris®)安全性的最新資訊

Latest safety update on drotrecogin alfa (商品名: 除栓素®、Xigris®)

資料來源：美國食物及藥物管理局

Sources : United States Food and Drug Administration (USFDA)
<http://www.fda.gov/medwatch/safety/2009/safety09.htm#Xigris>
http://www.fda.gov/cder/drug/early_comm/drotrecogin_alfa.html

美國食物及藥物管理局 (USFDA) 關注一項由

Gentry 等人於 Crit Care Med 2009 醫學雜誌發表有關 drotrecogin alfa 最新研究的結果，該研究指出罹患敗血症及出血基線危險因子(baseline bleeding risk factors)的病人在使用 drotrecogin alfa 後會增加嚴重出血及死亡的風險，研究結果顯示，20 位具出血性危險因子的病人在服用上述藥物後，有 7 位(35%)出現嚴重的出血情況，而 53 位不具出血性危險因子的病人在使用該藥後，則只有 2 位(3.8%)出現嚴重出血情況。上述資料與該藥說明書上警告及注意事項欄的資料吻合，即病人在使用該藥後最常見的嚴重不良反應是出血。此外，說明書相同位置亦列出服用該藥後會增加出血風險的因子，而禁忌欄中亦指出醫生如發覺病人出現以下臨床症狀，切勿使用此藥：

- 進行性內出血
- 近期(三個月內)發生缺血性中風
- 近期(二個月內)施行顱內或脊椎手術或頭部受重度創傷
- 創傷伴隨致命性出血危險
- 接受硬腦膜外插管
- 顱內病變、腫瘤或大腦疝

目前，該局正與製造商共同檢討上述事件，並在完成檢討後將所得的結論或相關建議向公眾公佈。

The United States Food and Drug Administration (USFDA) noted the result of a recently published study by Gentry et al. in Crit Care Med 2009. The study reported an increased risk of serious bleeding events and of death in patients with sepsis and baseline bleeding risk factors after receiving this medication. Serious bleeding events occurred in 7 of 20 patients (35%) who had a bleeding risk factor vs. only 2 of 53 (3.8%) patients without any bleeding risk factors. Such information is consistent with those printed on the current product label: on the Warnings and Precaution section of the product information for Xigris®, bleeding is one of the most common serious adverse reactions experienced by patients who received the drug. Besides, the risk factors that can increase the bleeding risk after using drotrecogin alfa are also included on this section. Furthermore, it was also printed on the Contraindications section of the product information for Xigris®, patients who have the following clinical symptoms should not be given with this medication:

- active internal bleeding
- recent (within 3 months) hemorrhagic stroke
- recent (within 2 months) intracranial or intraspinal surgery, or severe head trauma;
- trauma with an increased risk of life-threatening bleeding
- presence of an epidural catheter
- intracranial neoplasm or mass lesion or evidence of cerebral herniation

USFDA is currently working with the manufacturer regarding the above concern and will communicate the final conclusion and any resulting recommendations to the public when the review is completed.

有關撲熱息痛(paracetamol)可能引發哮喘病症狀

Latest information about the association of paracetamol and development of asthma

資料來源：紐西蘭藥物管理部門

Source : New Zealand MedSafe (Medsafe)

<http://www.medsafe.govt.nz/profs/PUArticles/Paracetamol-Feb%2009.htm>

據一項刊於“柳葉刀-Lancet”醫學雜誌的最新研究結果，當中指出越來越多證據顯示使用撲熱息痛(paracetamol)與引發哮喘具有關聯性。研究指出，早於一歲前或在這研究開始前曾服用撲熱息痛的 6 至 7 歲孩童產生哮喘症狀的風險會增加。多份研究資料亦顯示，無論始於母體懷孕、孩童及成人，隨著服用及接觸撲熱息痛時間越長，產生哮喘症狀的機會越大。儘管很多已知可引發哮喘的危險因子得以控制，上述藥物與引發哮喘的關聯性仍然顯著。然而，目前沒有任何研究可定斷上述情況的因果關係。亦沒有較安全的解熱鎮痛藥可取代撲熱息痛。鑑於服用撲熱息痛頻率越高，出現哮喘症狀的機會越大，故此，任何臨床干預措施應著重於減低過量使用撲熱息痛的情況發生。

In view of the result from a recently published paper at Lancet which highlighted the growing body of evidence about an association between paracetamol use and the development of asthma. The paper finds an increased risk of asthma symptoms in children aged 6 - 7 years who used paracetamol in their first year of life or in the year preceding the study. A number of studies have found that the strength of the association increases with increased frequency of paracetamol use and is found following exposure in-utero, in children, and in adults. The association remains significant after controlling for many of the known risk factors for asthma; however no studies have been able to demonstrate a causal association and there is no analgesic or antipyretic which could currently be considered a safer alternative. Considering the finding that the association is strongest with highest frequency of use of paracetamol, any clinical intervention should be aimed at reducing excessive use of paracetamol.

有關索尼塞馬 zonisamide(商品名：啞尼沙胺®Zonegran®)安全性的最新資訊

Latest safety update on zonisamide (Zonegran®)

資料來源：美國食物及藥物管理局

Source : United States Food and Drug Administration (USFDA)

<http://www.fda.gov/medwatch/safety/2009/safety09.htm#Zonisamide>

<http://www.fda.gov/cder/drug/InfoSheets/HCP/zonegranHCP.htm>

美國食物及藥物管理局 (USFDA) 最新臨床資料顯示，用於成年癲癇症病人部份性發作的輔助治療藥物 zonisamide，被證實可引致部份病人產生代謝性酸中毒。具有誘因性疾病或接受誘因性治療的病人產生代謝性酸中毒的風險會增加，此外，由 zonisamide 引致代謝性酸中毒的風險較易發生於年輕病人中，有關中毒情況亦較嚴重。故此，衛生專業人士須注意，當病人使用該藥前及在用藥期間，即使沒有出現任何症狀，醫生應定期監測病人的血清碳酸氫值。

Accordingly updated clinical data has determined that treatment with zonisamide, indicated as adjunctive therapy in the treatment of partial seizures in adults with epilepsy, can cause metabolic acidosis in some patients. Patients with predisposing conditions or therapies may be at greater risk for developing metabolic acidosis and the risk of zonisamide-induced metabolic acidosis appears to be more frequent and severe in younger patients. Healthcare professionals should be aware of the following advice: physicians should measure patient's serum bicarbonate before starting treatment and periodically during treatment with zonisamide, even in the absence of symptoms.

有關 aliskiren (商品名: Rasilez®)安全性的最新資訊 Latest safety update on aliskiren (Rasilez®)

資料來源：歐盟藥物監管局

Source: European Medicines Agency (EMA)

<http://www.ema.europa.eu/pdfs/human/press/pr/10333909en.pdf>

歐盟藥物監管局 (EMA) 接獲多宗因服用治療原發性高血壓含 aliskiren(Rasilez®)後產生血管性水腫或類似反應的報告。在評估現有資料後，該局轄下之人用醫藥產品委員會 (CHMP) 總結認為，用以治療原發性高血壓的 aliskiren，其好處仍高於其風險，但是此類藥物仍可引致罕見及嚴重的副作用，如血管性水腫。基於此，建議：

- 醫生不應處方任何含有 aliskiren 的藥物予那些曾經由該類藥物引起血管性水腫的病人。
- 任何病人如服用 aliskiren 後產生血管性水腫徵兆，應立即停藥，並向醫生求診。

Regarding the safety aliskiren (Rasilez®), a drug that is authorized for the treatment of essential hypertension. Cases of angioedema or similar reactions were reported with aliskiren-containing medicines to the EMA. Following assessment of all available evidence, the EMA's Committee for Medicinal Products for Human Use (CHMP) concluded that the benefits of aliskiren-containing medicines in the treatment of essential hypertension continue to outweigh their risks, but that angioedema can occur as a rare and serious side effect with these medicines. The Committee is therefore recommending that:

- Physicians should not prescribe any aliskiren-containing medicines for patients who had developed angioedema with the aliskiren-containing medicine in the past.
- Any patient who develops signs of angioedema should stop aliskiren treatment promptly and seek for medical attention.

有關 metoclopramide 安全性的最新資訊 Latest safety update on metoclopramide

資料來源：美國食物及藥物管理局

Source: United States Food and Drug Administration (USFDA)

<http://www.fda.gov/medwatch/safety/2009/safety09.htm#Metoclopramide>

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<http://www.fda.gov/bbs/topics/NEWS/2009/NEW01963.html>

http://www.doh.gov.tw/CHT2006/DM/DM2_p01.aspx?class_no=25&level_no=1&doc_no=70643

美國食物及藥物管理局 (USFDA) 要求有關藥物的製藥廠必須在 metoclopramide 的標籤內加註關於長期或高劑量使用該藥物引起風險的警告語句。長期使用 metoclopramide 可導致病人出現非自主性或重複性的肌肉運動障礙 (tardive dyskinesia)，甚至當病人停藥後，有關症狀仍然存在。上述症狀難以逆轉，且尚未有任何治療方案。病人應避免長期使用含 metoclopramide 成分藥品，長者（尤其女性）以及已使用該藥一段長時間之病患最容易出現上述風險。

在本澳銷售含 metoclopramide 成分藥物的商品名包括 Apo-metoclop、Balon S.C.、Chiaowelgen、Clopamon-T、Elitan、Geneprami-D、H-peran、Linwels、MA-10 tab、Malon、Maril、Martomide、MCP-ratiopharm、MCP-ratiopharm 10 tabletten、MCP-ratiopharm SF、MCP-ratiopharm Tropfen、Macloma、Met-SIL、Metoc-5、Metoclopramida tab、Metoclopramide hydrochloride、Metolon-5、Metomide、Metoperan、Metram、Primperan、Promeran、Prowel、Pulin、Sinprim、Syntomide、TABS MA-5、Vomitrol、甲氧氯普胺、鹽酸甲氧氯普胺注射液。

The United States Food and Drug Administration (USFDA) requested the manufacturers of metoclopramide to add a boxed warning onto the drug labels stating about the risk of long-term or high-dose uses of this medication. Chronic use of metoclopramide has been linked to tardive dyskinesia, which may include involuntary and repetitive movements of the body, even after the drugs are no longer taken. These symptoms are rarely reversible and there is no known treatment. Avoid taking metoclopramide-containing drug on a long term basis. Those at greatest risk include the elderly, especially older women, and people who have been on the drug for a long time.

Commercial names of metoclopramide-containing products available in Macao include Apo-metoclop, Balon S.C., Chiaowelgen, Clopamon-T, Elitan, Geneprami-D, H-peran, Linwels, MA-10 tab, Malon, Maril, Martomide, MCP-ratiopharm, MCP-ratiopharm 10 tabletten, MCP-ratiopharm SF, MCP-ratiopharm Tropfen, Macloma, Met-SIL, Metoc-5, Metoclopramida tab, Metoclopramide hydrochloride, Metolon-5, Metomide, Metoperan, Metram, Primperan, Promeran, Prowel, Pulin, Sinprim, Syntomide, TABS MA-5, Vomitrol, 甲氧氯普胺, 鹽酸甲氧氯普胺注射液。

有關含金屬背膠透皮藥貼安全性的最新資訊 Latest safety update on transdermal drug patches with metallic backings

資料來源：美國食物及藥物管理局

Source: United States Food and Drug Administration (USFDA)

<http://www.fda.gov/medwatch/safety/2009/safety09.htm#Transdermal>

<http://www.fda.gov/cder/drug/advisory/transdermalpatch.htm>

<http://www.fda.gov/bbs/topics/NEWS/2009/NEW01967.html>

http://www.doh.gov.tw/CHT2006/DM/DM2_p01.aspx?class_no=25&level_no=1&doc_no=70756

部分透皮藥貼的背膠含鋁或其他金屬，當病人進行核磁共振造影(Magnetic Resonance Imaging-MRI)掃描時，該類藥貼的金屬會過熱而灼傷病人的皮膚。美國食物及藥物管理局 (USFDA) 現正對所有含金屬物料藥貼的成份及標籤進行評估，以確保此類藥物的標籤內加插警告語，提醒正在使用此類藥貼的病人，在接受 MRI 掃描時，可被灼傷的風險。基於此，衛生專業人士在轉介或為病人進行 MRI 掃描前，首先確認使用此類藥貼的病人，提醒他們在 MRI 掃描前除掉及棄置已用的藥貼，待掃描完成後再貼上。

Accordingly, certain transdermal medicated patches contain aluminum or other metals in the backing of the patches, they can be overheated during an MRI scan and cause skin burns in the immediate area of the patch. While the United States Food and Drug Administration (USFDA) is reviewing the labeling and composition of all medicated patches to ensure that those made with materials containing metal provide a warning about the risk of burns to patients who wear the patches during an MRI scan. In view of the above, those healthcare professionals who refer patients to have an MRI scan or who conduct an MRI scan on the patients, should identify those patients who are wearing a patch before the patients have the MRI scan and advise patients about the procedures for removing and disposing of the patch before the MRI scan, and replacing the patch after the MRI scan.

-完 END-