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Clarification

Alert readers the world over will have recognised that our item entitled "Hormone treatment promises to shorten time of pregnancy, yielding cost savings, productivity gains" on page 111 of the April issue – though no doubt tempting to many in positions of power – was in fact an April fool's prank.

Details online at english.prescrire.org

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Gliptins: severe pancreatic and cutaneous disorders

● **It is best not to use these drugs.**

In 2013, the French Health Products Agency released the results of a national pharmacovigilance survey of serious adverse effects of gliptins (DPP-4 inhibitors), reported to pharmacovigilance centres and drug companies (1).

They included 474 serious adverse effects attributed to *sitagliptin*, in patients with an average age of 64 years: pancreatic disorders (74 cases), pancreatic and other cancers (68 cases), cutaneous and subcutaneous disorders (42 cases, including bullous pemphigoid, angioedema and photosensitivity), hepatic disorders (37 cases), renal disorders (25 cases, including renal failure), and musculoskeletal disorders (21 cases, including rhabdomyolysis).

456 adverse effects were attributed to *vildagliptin*, 237 of which were serious (including 9 deaths). The most common adverse effects were pancreatitis (31 cases), cutaneous disorders (30 cases, including 17 cases of bullous pemphigoid), acute renal failure (17 cases), and cancer (17 cases).

With *saxagliptin*, a more recent drug, the most frequent serious adverse effects were cutaneous and pancreatic disorders.

The risk of angioedema appears to be increased by co-administration of an ACE inhibitor, angiotensin II receptor blocker (sartan), or *aliskiren* (1), all of which are known to aggravate angioedema of other origins (2).

According to the French agency, more data are needed on the risk of infections and on possible immunological effects that could explain certain cutaneous disorders and other adverse effects (1).

In practice. Currently, gliptins appear to have more harms than benefits. It is best not to use these drugs, which have not been shown to prevent the complications of diabetes (3).

Selected references from Prescrire's literature search
1- ANSM "Réunion du comité technique de pharmacovigilance, compte rendu de la séance du 18 juin 2013. Suivi national de pharmacovigilance: les incrétinomimétiques" 25 July 2013. ansm.sante.fr accessed 12 November 2013: 10 pages.
2- Prescrire Editorial Staff "Angioedema due to ACE inhibitors: common and inadequately diagnosed" *Prescrire Int* 1998; **7** (35): 92-93.
3- Prescrire Editorial Staff "Prescrire's advice: do not include gliptins in your prescribing list" *Prescrire Int* 2013; **22** (135): 37.

Translated from ***Rev Prescrire*** **February 2014; 34 (364): 109**

Benfluorex: left heart valve disease very common (continued)

● **Echocardiographic study.**

In 2012, the results were published on 293 patients from a French multicentre echocardiographic study of patients who had been exposed to *benfluorex* (Mediator° or other brands, now withdrawn). In late 2013, the same group published the results on 835 patients who had taken *benfluorex* for at least 3 months, had no history of cardiac valve disease and had not been exposed to other anorectics or ergot derivatives known to provoke cardiac valve disease. Their echocardiography results were compared with those of 376 matched controls (1,2).

Their mean age was 59 years and 58% were women. The median duration of exposure to *benfluorex* was 36 months. The echocardiograms were read by 2 specialists who had not seen the patients' medical records (1).

According to echocardiography results, apparently drug-induced mitral or aortic regurgitation was observed in 57 *benfluorex*-exposed patients (6.8%), but in only 1 of the controls ($p < 0.0001$). Valve abnormalities classified as having uncertain aetiology also appeared more common in the *benfluorex* group (5.4% versus 2.3% in the control group). The severity of heart valve regurgitation appeared to increase with the duration of *benfluorex* exposure (1).

In practice. These results are consistent with those of the Regulate trial: when an adult has aortic or mitral regurgitation after taking *benfluorex* for at least a few months, the most probable cause of their valve disease, by far, is *benfluorex* (3,4).

Selected references from Prescrire's literature search
1- Tribouilloy C et al. "Frequency of drug-induced valvular heart disease in patients previously exposed to benfluorex: a multicentre prospective study" *Eur Heart J* 2013; **34**: 3580-3587 + Responses published online 8 November 2013.
2- Prescrire Editorial Staff "Exposure to benfluorex: left heart valve disease very common" *Prescrire Int* 2013; **22** (140): 185.
3- Prescrire Editorial Staff "Benfluorex and cardiac valve disease: long delay in publication" *Prescrire Int* 2013; **22** (135): 47.
4- Prescrire Rédaction "Imputer une affection à un médicament: une démarche probabiliste" *Rev Prescrire* 2013; **33** (359): 671.