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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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Translated from Rev Prescrire January 2014; 34 (363): 22

## **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 seri-

ous 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).

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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).

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