which has been shown, in a double-blind randomised placebo-controlled trial, to prevent myocardial infarction and coronary death, albeit with no reduction in overall mortality.

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a- See reference 4 for an analysis of the cholesterol-lowering drugs of choice in different situations.

Selected references from Prescrire's literature search.

1- Prescrire Editorial Staff "Fenofibrate: no place in the prevention of cardiovascular events " *Prescrire Int* 2006; **15** (85): 195.

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Translated from ***Rev Prescrire*** **September 2010; 30 (323): 672**

Fluoxetine in early pregnancy: cardiac birth defects

● **Caution advised with all SSRIs.**

In early 2010, the European Medicines Agency reported a meta-analysis of epidemiological studies showing that exposure to *fluoxetine* in the first trimester of pregnancy is associated with an increased risk of cardiac malformations in newborns (1). The frequency of cardiac malformations was doubled in exposed neonates: 2% versus 1% in the general population.

Concerns about this risk were first raised in 2005, mainly based on troubling data on *paroxetine* (2).

In practice, all selective serotonin reuptake inhibitors (SSRIs) should be considered to carry a potential risk of congenital cardiac malformations. This is a yet another reason to carefully weigh the potential benefits and risks of prescribing SSRIs to pregnant women or to women who may become pregnant.

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Selected references from Prescrire's literature search.

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Translated from ***Rev Prescrire*** **February 2011; 31 (328): 107**

Bevacizumab, sunitinib: osteonecrosis of the jaw

● **Beware invasive dental procedures.**

Bevacizumab and *sunitinib* inhibit angiogenesis by blocking the action of vascular endothelial growth factor (VEGF) (1,2). *Bevacizumab* is an anti-VEGF monoclonal antibody. *Sunitinib* inhibits the tyrosine kinases linked to the VEGF receptor.

Both of these cancer drugs have been linked to osteonecrosis of the jaw (3,4). The British drug regulatory agency (MHRA) has reported 55 cases of osteonecrosis of the jaw attributed to *bevacizumab*. They were obtained from the drug company's pharmacovigilance database, which includes clinical trial data and post-marketing reports of adverse drug reactions (3). The French drug regulatory agency (Afssaps) has stated that 27 cases of osteonecrosis of the jaw attributed to *sunitinib* were reported between 2006 and 2010 (4). The patients had received bisphosphonates, known risk factors for osteonecrosis of the jaw (3). Nevertheless, since *bevacizumab* and *sunitinib* inhibit angiogenesis, it is plausible that they played a role in these cases (4).

In practice, this risk should be taken into account by avoiding invasive dental procedures whenever possible, in patients who have been exposed to these drugs, especially when there are other risk factors, such as exposure to bisphosphonates. Dental examination and appropriate preventive dental care should be provided before initiating treatment with these drugs.

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Selected references from Prescrire's literature search.

1- Prescrire Rédaction "1-3. Patients ayant un cancer colorectal" *Rev Prescrire* 2010; **30** (326 suppl. interactions médicamenteuses).

2- Prescrire Rédaction "Les inhibiteurs de tyrosine kinases en cancérologie et leurs limites" *Rev Prescrire* 2008; **28** (296): 420.

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Translated from ***Rev Prescrire*** **March 2011; 31 (329): 189**

Venous sclerosants: distant ischaemic disorders

● **Dozens of reports.**

In 2010, the French National Pharmacovigilance committee examined the results of a survey of ischaemic disorders linked to three venous sclerosants marketed in France: *lauromacrogol 400*, *sodium tetradecyl sulphate*, and *chrome alum* (1,2). The survey was based on spontaneous reports and publications.

The disorders included: 12 strokes and transient ischaemic attacks; 35 cases of migraine and visual disorders; 15 cardiac disorders; 8 cases of pulmonary embolism, 7 cases of deep venous thrombosis, and 11 cases of peripheral arterial thrombosis.

Proposed mechanisms include vasospasm, or migration of the sclerosant or cellular debris into the pulmonary circulation via the right side of the heart, possibly through a patent foramen ovale (an opening between the right and left atria, present in 20% to 35% of adults).

This is another reminder that local treatments can have significant effects at distant sites.

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Selected references from Prescrire's literature search.

1- Afssaps "Enquête sur les sclérosants veineux et le risque d'accidents ischémiques. Commission nationale de pharmacovigilance. Compte rendu de la réunion du mardi 25 mai 2010" 6 July 2010. afssaps.sante.fr accessed 23 January 2011: 5 pages.

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