Mydriatic eye drops: severe adverse effects in children

● Systemic reactions.

In May 2008 the French Health Products Safety Agency (Afssaps) released the results of a national pharmacovigilance survey focusing on the systemic adverse effects of atropinic mydriatic eye drops based on atropine, cyclopentolate or tropicamide in children and the elderly. The report listed 150 cases, observed up to 13 March 2007, in 133 children and 17 patients aged over 75. There were a total of 277 systemic adverse effects (1). Nine cases were life-threatening, 7 of which involved infants under one year of age.

Neuropsychiatric disorders were most frequent (118 cases) and mainly affected children under the age of 4. They included delirium, hallucinations, confusion, agitation and seizures.

Fever accounted for 8% of adverse effects in children under the age of 8.

Their temperature was usually below 39°C, and fever was associated with flushed cheeks, which is a sign of atropinic effects. Intestinal occlusion was the most frequent adverse effect observed in infants. Urinary disorders were exclusively reported in patients over age 75.

It is well known that eye drops can have systemic, dose-dependent adverse effects (2). The dose must be carefully tailored to the patient’s age, and the patient (or parents) must be informed of warning signs.

Corticosteroids: neuropsychiatric effects in children and adolescents

● Neuropsychiatric adverse effects, even when inhaled.

Whether they are inhaled, injected or taken orally, corticosteroids have known neuropsychiatric adverse effects, including euphoria, insomnia, excitation, confusion, manic episodes, depression and seizures (1).

The Toulouse Regional Pharmacovigilance Centre and the French Association of Pharmacovigilance Centres identified 95 spontaneous reports in the French Pharmacovigilance Database. These reports described 136 neuropsychiatric adverse effects observed in children and adolescents between January 1994 and March 2007 (2). Fifteen cases were considered serious.

The patients’ mean age was 10.4 years; 57 patients (60%) were under 6 years old; and 46 patients (48.4%) were boys.

In 29 cases the events occurred after an overdose (16 cases) or an excessive dose (13 cases), due to errors in prescription or administration. In the other 13 cases the steroid had been intentionally given at a high dose to treat a major health problem (severe asthma, leukaemia, or nephrotic syndrome).

The most frequently reported adverse effects were agitation or excitation (59 times, 43.4%) and sleep disturbances (25 times, 18.4%) (2).

The steroid was administered orally in 72 cases (69.9%), intravenously in 25 cases (25 times, 18.4%) (2). The dose must be carefully tailored to the patient’s age, and the patient (or parents) must be informed of warning signs.

Sitagliptin: serious allergies

● Risks greater than benefits.

In October 2008, at the express request of Prescrire, the European Medicines Agency (EMEA) released a review of the allergic adverse effects of sitagliptin, a blood glucose-lowering agent indicated in type 2 diabetes (1,2).

The EMEA had been notified of hypersensitivity reactions that included anaphylaxis, angioedema and skin reactions, occurring during the first 3 months of sitagliptin therapy. Some cases occurred after the first dose.

There were 8 reports of skin reactions, 6 of which were serious. They included 3 cases of Stevens-Johnson syndrome, “exfoliative rashes” and one case of erythema multiforme.

Exposing patients to these risks is not justified, given the very limited efficacy of sitagliptin. It is better to use established oral antidiabetics such as metformin and glibenclamide (2).