



## Maryland Poison Center

# Tox Tidbits



January 2001

### DID YOU KNOW THAT...

The Maryland Poison Center is available to help prevent, diagnose and treat adverse drug and food reactions.

Each year, the Maryland Poison Center handles over 500 calls concerning drug, food and other types of adverse reactions. In addition, many cases of drug interactions are treated with poison center assistance. Most of these adverse reactions and drug interactions result in mild symptoms but some can be quite severe.

**For consultation on all poisonings and adverse events call:**

**410-706-7701**  
(Baltimore area)

**1-800-492-2414**  
(all of Maryland)

#### • PLEASE SHARE!

Post and share this edition of *Tox Tidbits* with your colleagues. Fax any comments or questions to: *Tox Tidbits*, c/o Lisa at 410-706-7184.

Supported by Maryland Department of Health and Mental Hygiene

## PHENYLPROPANOLAMINE

The FDA announced on November 6, 2000 that it is taking steps to remove phenylpropanolamine hydrochloride (PPA) from all drug products. This is due to an increased risk of hemorrhagic stroke associated with the use of PPA.

Phenylpropanolamine has been used for many years as a decongestant in over-the-counter (OTC) and prescription cough and cold medicines and as an appetite suppressant in OTC weight loss products. Because of concerns over numerous reports of hemorrhagic stroke associated with using PPA, the FDA asked the pharmaceutical industry to conduct a study evaluating this risk. This study by Yale researchers (*N Engl J Med* 2000;343:1826-32) was a case-control study of men and women 18-49 years old who were hospitalized with a subarachnoid or intracerebral hemorrhage. The final study consisted of 702 case subjects and 1,376 controls. There was a statistically significant increased risk of hemorrhagic stroke in women using PPA for weight control in the 3 days after starting use of the drug and for women using PPA as a nasal decongestant in the first day of use. An analysis of men showed no increase risk of hemorrhagic stroke, however there were no men reporting the use of PPA-containing appetite suppressants.

This risk of hemorrhagic stroke is very low, but since there is no way to predict who is at risk and because there are safer alternatives to PPA, the FDA recommends that PPA not be used by anyone. Patients and health care providers can call the FDA at 1-888-INFO-FDA for more information. All adverse events should be reported to the FDA's MedWatch program: [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088.

### Toxicology Grand Rounds:

#### *"Drug-Drug Interactions in Pediatric Practice"*

Elora Hilmas, Pharm D  
Johns Hopkins Hospital

Thursday, January 11, 2001 at 2:00 PM  
Johns Hopkins Hospital  
Marburg Conference Room

*All are welcome!*

*Call 410-706-7604 for more info!*