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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al: and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Side effects of benoxaprofen

SIR,—On 10 July (p 136) you published, alongside a letter from one of us (Dr M F Shadforth) pointing out the probable long-term benefits from benoxaprofen in rheumatoid arthritis, several other letters cautioning that the side effects of this drug were being overstated. These letters suggested that time was required to assess the drug and that a hasty decision from the Committee on Safety of Medicines would be ill advised. Perhaps the Committee on Safety of Medicines was subject to other pressures, but it did not heed the advice, since on 4 August it suspended benoxaprofen. It did not give the profession opportunity to comment, stating that urgent action was required. Why then did it not suspend the drug on 25 July? Perhaps all 3500 adverse effects and 61 deaths occurred that week. The side effects of benoxaprofen in this centre were insignificant when compared with the benefits it provided. We have many patients who developed photosensitivity but requested that they continue the drug since the unwanted effect was preferable to the arthritis. We have patients now imploring us to obtain continuous supplies to keep their disease controlled. It seems we cannot do this and they will need to revert to other agents requiring full hospital surveillance. Almost certainly some of them will suffer uncomfortable, or even life-threatening, side effects which could have been avoided had they remained on benoxaprofen.

By first announcing its decision to the popular press the Committee on Safety of Medicines ensured that patients would approach us when we had insufficient information to make considered decisions. It has effectively abolished the drug worldwide. This agent was synthesised and developed in Britain. Which country would allow it to be marketed when the parent country announces it is too dangerous to distribute? Dista Products, or their parent, Eli Lilly Industries, had no option but to withdraw the drug throughout. Rheumatology has lost a potentially valuable agent.

Mistakes occur and can be forgiven. Repeated mistakes require correction. It appears that this is not the first time the Committee on Safety of Medicines has taken such a course, approaching the popular press before the profession, since we have learnt of many decisions of the Committee on Safety of Medicines from the papers before our official communication. One of us has still not received an official communication on the present matter. Nor is this the first agent with disease-modifying properties in rheumatoid arthritis to be withdrawn because of the surveillance of the Committee on Safety of Medicines. Imperial Chemical Industries abandoned Clozic just before the drug was marketed. This was almost certainly because it felt the Committee on Safety of Medicines would not accept the incidence of side effects. This drug, too, promised to have disease-modifying