The case of ISOTRETINOIN

compliance with the Pregnancy Prevention Programme in EU

An Italian experience based on Altroconsumo project to involve consumers in pharmacovigilance

EMA – Healthcare Professionals Working Group meeting, London 28.10.2011

ALTROCONSUMO

Who are we?

- Altroconsumo is an independent consumers' association, set up in Milan (Italy) in 1973
- It's member of BEUC – the European umbrella organisation that brings together 44 consumer associations from 31 European countries – since 1978
- Since 1990 it is member of Consumers International (225 associations from 115 nations)

Our activity **in figures** (2010):

340.000 members
more than 393.000 advices
more than 463 public partecipations, 14 AGCM complaints, 88 dossiers
more than 6.000 media presences
more than 8.000.000 visits to www.altroconsumo.it
7 magazines and numerous guides
more than 100 test
more than 180 professionals on consumer side

ISOTRETINOIN

- An oral treatment for severe acne
- Available as branded (Roaccutane, Aisoskin, Isoriac) and generic products
- Indicated for the second-line treatment of severe acne, resistant to the standard first-line therapy (oral antibiotics and topical drugs)
- Only dermatologists can prescribe it
- Because of its teratogenic effect, pregnancy must be avoided during treatment

TELL US YOUR STORY WITH ISOTRETINOIN

- April 2009: pubblication of a questionnaire on the website www.altroconsumo.it in collaboration with the Italian Medicine Agency
- Main questions: who prescribed it? For what problem? After the first-line treatment for acne was unsuccessful? Age and sex of patient? Information received? Follow-up? Satisfaction with the therapy? Adverse reactions? Any comment?

CONTACTS RECEIVED

(from April 2009 to mid October 2011)

All contacts	335
women	200
men	135
14-17 years old	55
18-24	99
25-34	114
≥ 35	61
blank	2

THERAPEUTIC INDICATIONS

Kind of acne:		total
severe	**183**	
moderate	**89**	
light	**13**	
other problems	44	
blank	6	
		335
Second-line treatment (*after oral antibiotics and topical drugs; **after antibiotics; ***after other drugs)	277 (=188*+45**+44***)	
First-line treatment	45	
blank	13	
		335

INFORMATION AND FOLLOW-UP

Information on:				
adverse effects (besides teratogenesis)	259 yes	58 no	18 blank	335
blood donation	137 yes	189 no	18 blank	335
Doctor's suggestion to report ADR	259 yes	57 no	19 blank	335
Blood tests during treatment	245 yes	64 no	26 blank	335

Lenght of treatment and effects

Lenght of treatment:				totals
16 weeks	115			
24 weeks	92			
other	92 (20 > 24 weeks)		+ 36 blank	335
Good results	243 yes	75 no	17 blank	335
Adverse reactions	238 yes	79 no	18 blank	335
Doctor informed	220 yes	95 no	20 blank	335

WOMEN

WOMEN	200
14-17 years old	15
18-24	60
25-34	83
≥ 35	42

TERATOGENIC RISK

Informed by the doctor:					
Exhaustive manner	155				
Briefly	28				
not at all	10			+ 7 blank	200
Pregnancy test before treatment	82 yes	106 no	3 other	+ 9 blank	200
Pregnancy test every month	105 yes	84 no	3 other	+ 8 blank	200
Contraception	135* yes	57 no		+ 3 blank	149
* See following slide					

Some details about contraception

Only pill	Pill + condom	Only condom	Abstinence
58	7	7	7
Total: 79 women out of 135 that said «yes», specified what kind of contraceptive they used			

Informed consent to treatment and patient information brochure

Male	Informed consent to treatment	Female
42	Yes	103
73	No	84
10	blank	9
10	other	4
135		200
	Information brochure	
48	Yes	88
80	No	105
7	blank	7
135		200

Some reasons why… no pregnancy test

- "I told the doctor I would have abstained from sex"
- "I was already using the pill, so there was no reasons for a pregnancy test"
- "I had no sex before starting the treatment and I had my menstruations regularly during the treatment"
- I told the doctor I was sure I was no pregnant

Teratogenic risk: info to males

Did the doctor inform you about T.r. …		… and blood donors		
		yes	no	blank
Exhaustive manner	69	36	31	2
Briefly	29	7	21	1
Not at all	30	9	21	//
(other – not specified)	1	1	//	
Blank	6	//	//	6
Sub- totals		53	73	9
Totals	135	135		

Some patients' comments

- "Due to the severe effects of the drug, the doctor should have informed me before"
- "Because I'm a man, the doctor didn't explain in details the risk of the drug on the foetus"
- "The doctor didn't tell me anything because I'm a man"
- "I'm a man and the problem didn't concern me"

Some patients' questions & stories

- "the dermatologist assured me that possible effects on a future pregnancy would have vanished in a year. Now several years have passed, at least 10, but I would like to know if these potential malformations on the fetus can still occur. Are there any medical examinations to do?

- "I was a clueless girl ... so 4 months after the end of the treatment and I stop using the contraceptive pill, I got pregnant and I was advised to abort for possible residual teratogen effects of Isotretinoin."

CONCLUSIONS - 1

- **Inappropriate prescriptions of oral isotretinoin**
- **Lack of information on teratogenesis** (in male patients) **and on other adverse drug reactions**
- **Lack of knowledge of the most efficacious contraceptive methods**
- **Inadequate follow-up during treatment**
- **Lack of communication between patients and doctors, mainly on psychiatric reactions**

CONCLUSIONS - 2

Consumers can play an important role in pharmacovigilance because:

- it is the consumer who directly experiences problems
- consumers want to play an active role in drug safety-related problems
- consumers report in a reliable and valid manner
- consumers give useful information about authorised use of drugs and also misuse (less likely to be reported by health professionals).

Thank you

Moira Stefini

Marialuisa Villa

ALTROCONSUMO