

**ANNUAL REPORT OF THE MALAYSIAN ADVERSE DRUG REACTIONS  
ADVISORY COMMITTEE (MADRAC) 2011**

**1. Membership of MADRAC till the end of 2011**

<b>MADRAC Members(<i>Alternate members</i>)</b>	
Mr Selvaraja Seerangam Director of National Pharmaceutical Control Bureau <i>(Dr Tajududdin Akasah)</i> <i>Acting Director of National Pharmaceutical Control Bureau</i>	Chairman
Ms Sameerah Shaikh Abdul Rahman Deputy Director of Centre for Post Product Registration Centre National Pharmaceutical Control Bureau	Secretary
Ms Siti Aida Abdullah Secretary, Drug Control Authority, Ministry of Health	Committee Member
Datuk Dr Jeyaindran Tan Sri Dr. Sinnadurai Head of Department and Senior Medical Consultant (Critical Care), Hospital Kuala Lumpur <i>(Dr Hjh Rosaida Mohd Said)</i>	Committee Member
Dr Hussein Imam Hj. Muhammad Ismail Head of Department and Senior Consultant Paediatrician, Hospital Kuala Lumpur <i>(Dr Norzila Mohd Zainudin)</i>	Committee Member
Datuk Dr Roshidah Baba Head of Dermatology Services Head of Department and Senior Consultant Dermatologist, Hospital Melaka <i>(Dr Rohna Ridzwan)</i>	Committee Member
Dr Lim Chong Hum Head of Department and Senior Consultant Psychiatrist, Hospital Ampang <i>(Dr Zanariah Mat Saher)</i>	Committee Member
Dr G.R. Letchuman Ramanathan Head of Department and Senior Medical Consultant (Endocrinology), Hospital Taiping <i>(Dr. Padmini Menon)</i>	Committee Member
Dr Gun Suk Chyn Head of Department and Senior Medical Consultant (Rheumatology), Hospital Tuanku Ja'afar <i>(Dr Muhaini Othman)</i>	Committee Member
Dr Tan Chwee Choon Head of Department and Senior Medical Consultant (Nephrology), Hospital Tuanku Ampuan Rahimah <i>(Dr Sunita Bavanandan)</i>	Committee Member

Dr Rohani Jahis Senior Principal Assistant Director, Infectious Disease Branch, Disease Control Division, Ministry of Health <i>(Dr Nor Zahrin Hasran)</i>	Committee Member
Ms Wan Mohaina Wan Mohammad Senior Principal Assistant Director, Pharmaceutical Services Division, Ministry of Health <i>(Ms Anis Talib)</i>	Committee Member

## 2. MEETINGS

During the calendar year 2011, six (6) meetings were conducted with a total of 9385 adverse drug reactions reports were reviewed by the committee.

## 3. ANALYSIS OF ADVERSE DRUG REACTIONS REPORTS

A detailed review and analysis of the adverse drug reactions (ADR) reports received during the year 2011 was conducted (Appendix 1).

#### 4. DRUG CONTROL AUTHORITY (DCA) REGULATORY ACTION

During the course of 2011, the following regulatory actions were proposed by MADRAC and approved by the DCA. These are the major directive action directed by the DCA on certain pharmaceutical products following the alerts received from other international regulatory agencies as well as data from local institutions.

No.	MADRAC Meeting	DCA Meeting	Products Involved	Description
1	120 (24/3/11) & 121 (19/5/11)	240 (26/5/11)	All antipsychotic drugs	<p><b>Class labelling updates regarding use during pregnancy &amp; potential risk to newborns</b></p> <ul style="list-style-type: none"> <li>• Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery.</li> <li>• These complications vary in severity. In some cases, neonates required intensive care unit support and prolonged hospitalisation.</li> <li>• Antipsychotic drugs should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.</li> </ul>
2	120 (24/3/11) & 122 (21/7/11)	242 (28/7/11)	All beta agonists	<p><b>Strengthened warnings against use in preterm labour</b></p> <ul style="list-style-type: none"> <li>• Serious adverse reactions including death have been reported after administration of terbutaline/salbutamol to women in labour.</li> <li>• In the mother, these include increased heart rate, transient hyperglycaemia, hypokalaemia, cardiac arrhythmias, pulmonary oedema and myocardial ischaemia.</li> <li>• Increased foetal heart rate and neonatal hypoglycaemia may occur as a result of maternal administration.</li> </ul>
3	122 (21/7/11)	242 (28/7/11)	All 5-alpha reductase inhibitors (5-ARIs)	<p><b>Class labelling updates to warn about potential risk of high grade prostate cancer</b></p> <ul style="list-style-type: none"> <li>• Men aged 55 and over with a normal digital rectal examination and PSA <math>\leq</math>3.0 ng/mL at baseline taking finasteride 5 mg/day in the 7-year Prostate Cancer Prevention Trial (PCPT) had an increased risk of Gleason score 8-10 prostate cancer.</li> <li>• Similar results were observed in a 4-year placebo-controlled clinical trial with dutasteride.</li> <li>• However, whether the effect of 5-ARIs to reduce prostate volume, or study-related factors, impacted the results of these studies have not been established.</li> </ul>

4	122 (21/7/11)	242 (28/7/11)	All products containing fluoroquinolones	<p><b>Class labelling updates to include warning of exacerbation of myasthenia gravis</b></p> <ul style="list-style-type: none"> <li>• Fluoroquinolones have neuromuscular blocking activity and may exacerbate muscle weakness in patients with myasthenia gravis.</li> <li>• Post-marketing serious adverse events, including deaths and requirement for ventilator support have been associated with fluoroquinolones use in persons with myasthenia gravis.</li> <li>• Avoid fluoroquinolones patients with known history of myasthenia gravis.</li> </ul>
5	122 (21/7/11)	243 (25/8/11)	All products containing ketoconazole	<p><b>Contraindication &amp; boxed warnings for risk of serious hepatotoxicity</b></p> <ul style="list-style-type: none"> <li>• Contraindicated in patients with acute or chronic liver disease.</li> <li>• Very rare cases of serious hepatotoxicity, including cases with a fatal outcome or requiring liver transplantation have occurred with the use of oral ketoconazole. Some of these cases occurred within the first month of treatment, including some within the first week.</li> <li>• Assess liver function, prior to treatment to rule out acute or chronic liver disease, and monitor at frequent and regular intervals during treatment, and at the first signs or symptoms of possible hepatotoxicity.</li> </ul>

## 5. ACTIVITIES

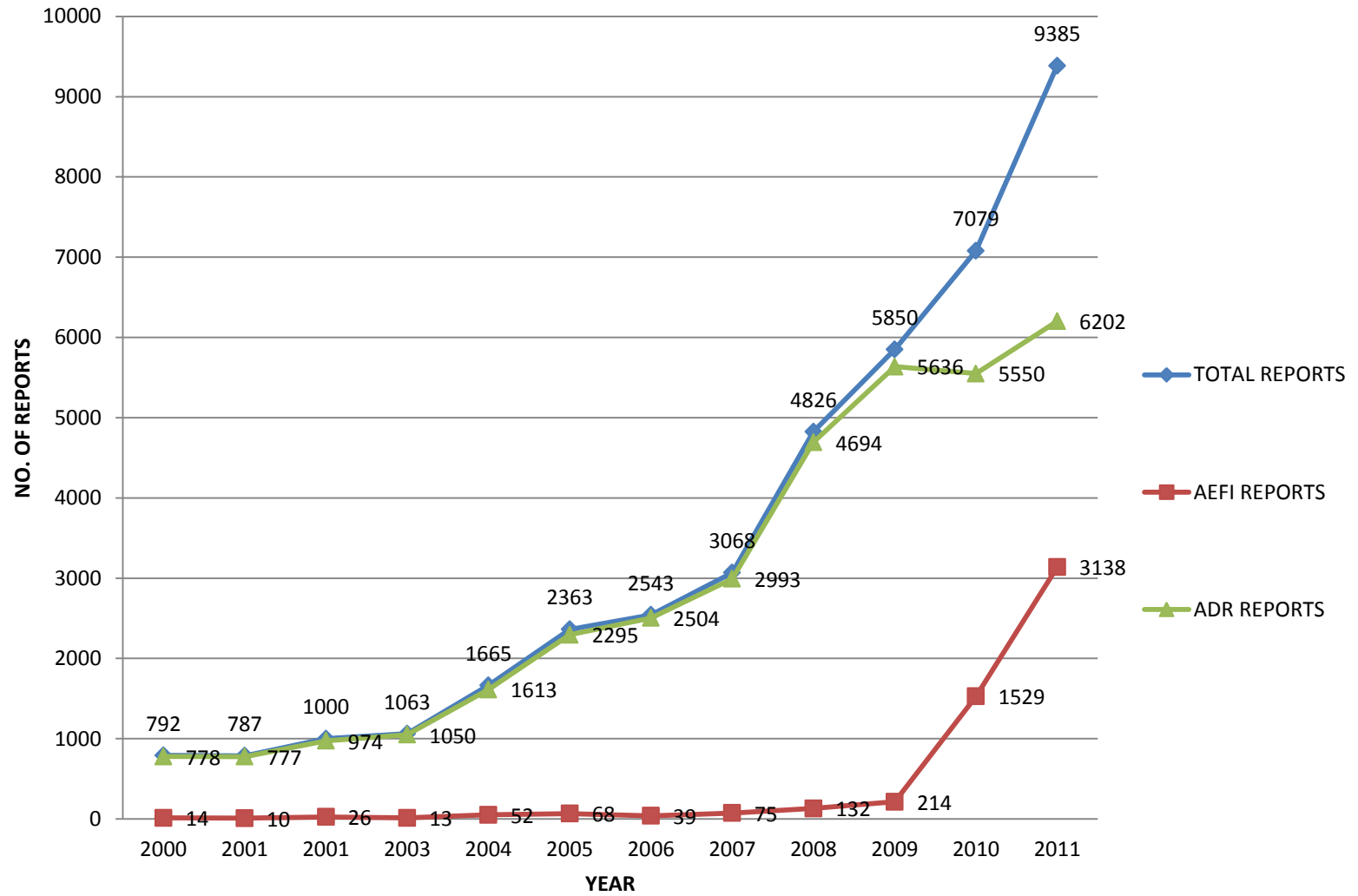
Throughout 2011 several talks in an effort to promote awareness on ADR/AEFI reporting, quality reporting as well as to update healthcare personnel on issues related to drug safety.

NO.	PROGRAMME	PLACE	TITLE OF PRESENTATION
1	Program "Kenali Ubat Anda"	Hospital Jelevu	ADR Reporting
2	Bengkel Pengurusan Laporan Adverse Drug Reaction & Medication Error	Senawang Health Clinic, Negeri Sembilan	Reporting system for Adverse Drug Reaction
			Adverse Events Following Immunization (AEFI)
3	Bengkel Pengurusan AEFI dan Sistem Rangkaian Sejuk	Insitut Keselamatan Kesihatan Pekerjaan Negara (NIOSH), Bangi, Selangor	Pengenalan kepada Kesan Advers Selepas Pelalian
			Pengendalian Kesan Advers Selepas Pelalian
4	Sesi Kelab Jurnal Bil 06/2011	National Pharmaceutical Control Bureau	Human Papillomavirus (HPV)
5	Sesi Pembentangan Latihan Dalaman Pusat Pasca Pendaftaran Produk	National Pharmaceutical Control Bureau	Vaccination Program in Malaysia
6	Kursus Medication Safety	Hospital Tuanku Jaafar, Seremban, Negeri Sembilan	Adverse Drug Reaction Reporting
7	Bengkel Meningkatkan Kualiti Pelaporan Kesan Advers Ubat dan Vaksin	National Pharmaceutical Control Bureau	Overview to Pharmacovigilance Activity
			Drug Safety Monitoring and Role of Pharmacist
			Adverse Event Following Immunization (AEFI)
			Quality Reporting
			Causality Assessment of Suspected Drug/Vaccines
8	Kursus "Hospital Pharmacy" (PHR528)	Faculty of Pharmacy, Universiti Teknologi MARA (UiTM), Puncak Alam, Selangor	Local Case Studies - The Value of Reports
			Adverse Drug Reactions and ADR Reporting
9	Kursus "Pharmacy Practice" (PHAR4563)	Faculty of Pharmacy, Cyberjaya	"Pharmacovigilance"

		University College of Medical Sciences	
10	Bengkel Pelaporan Kesan Advers Ubat	Hospital Putrajaya	Overview Of Pharmacovigilance In Malaysia
11	Traditional and Complementary Medicine Seminar	Hotel Istana	Traditional And Complementary Medicine For Pharmacist

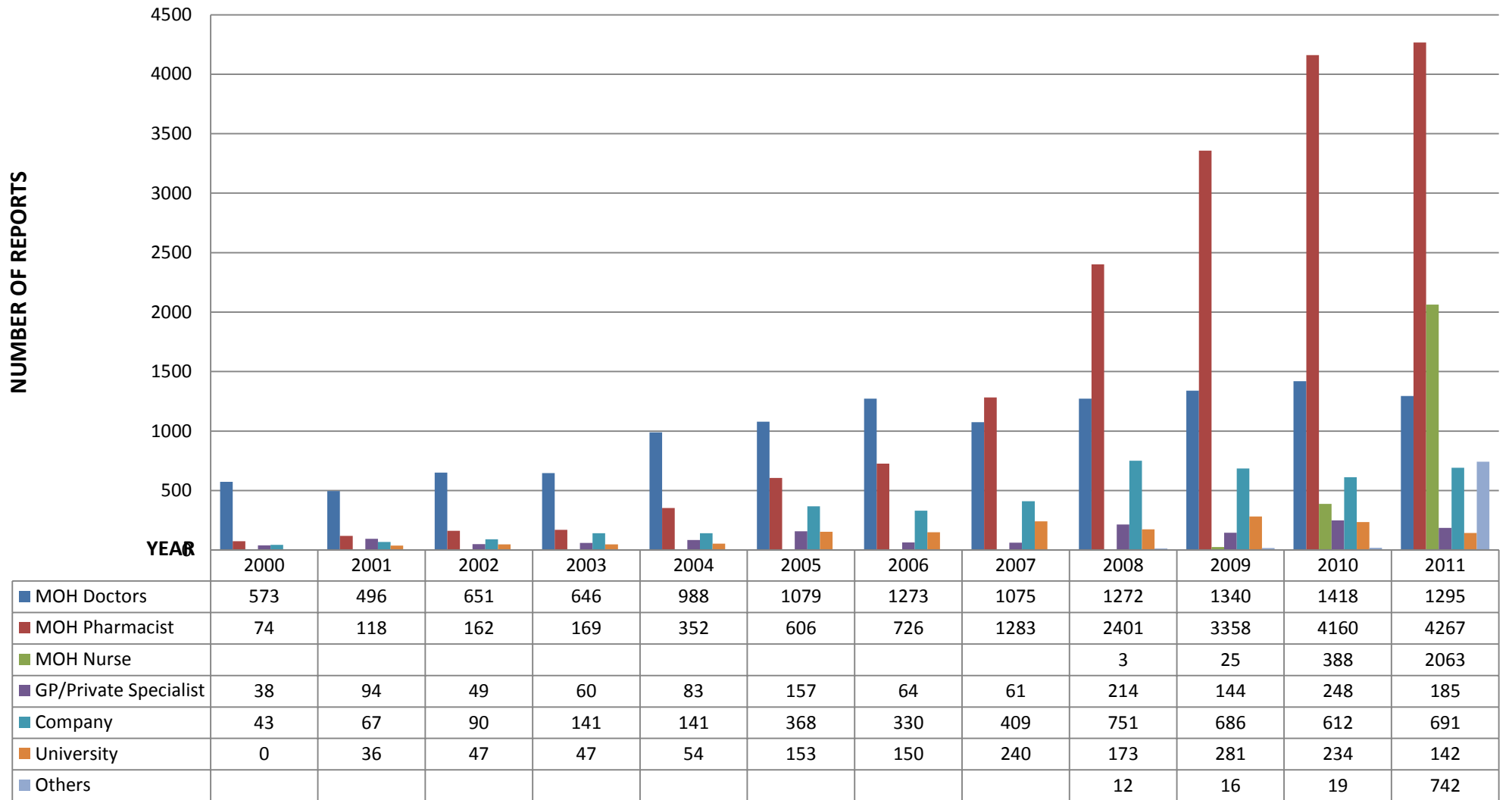
# **APPENDIX 1**

## ADR & AEFI REPORTS RECEIVED (YEAR 2000-2011)

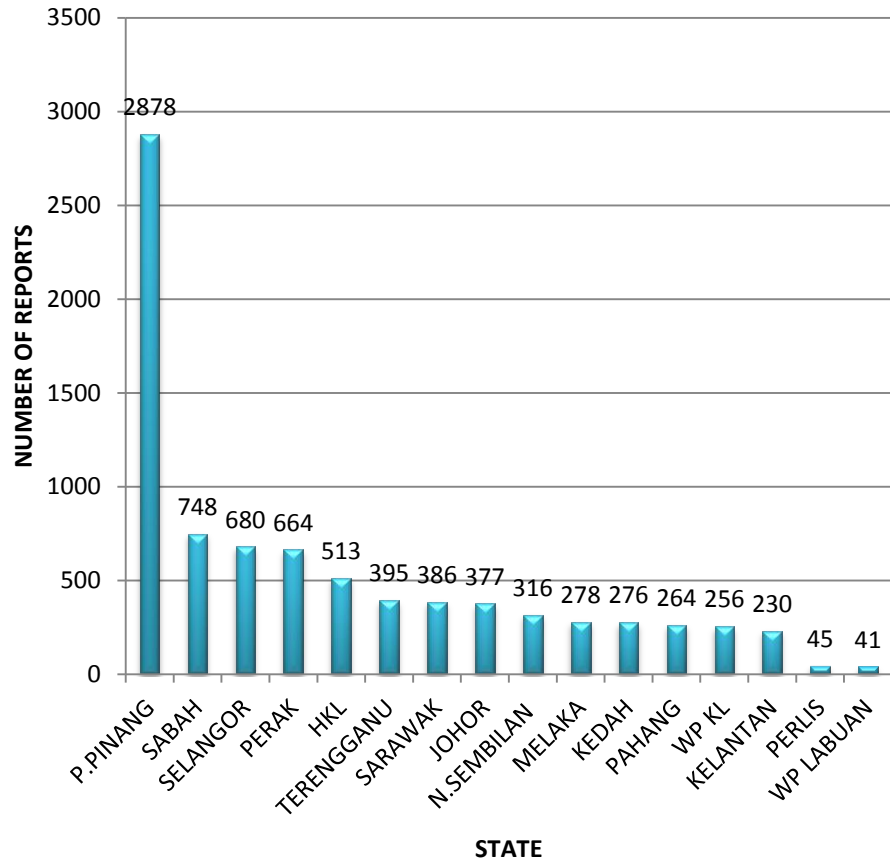




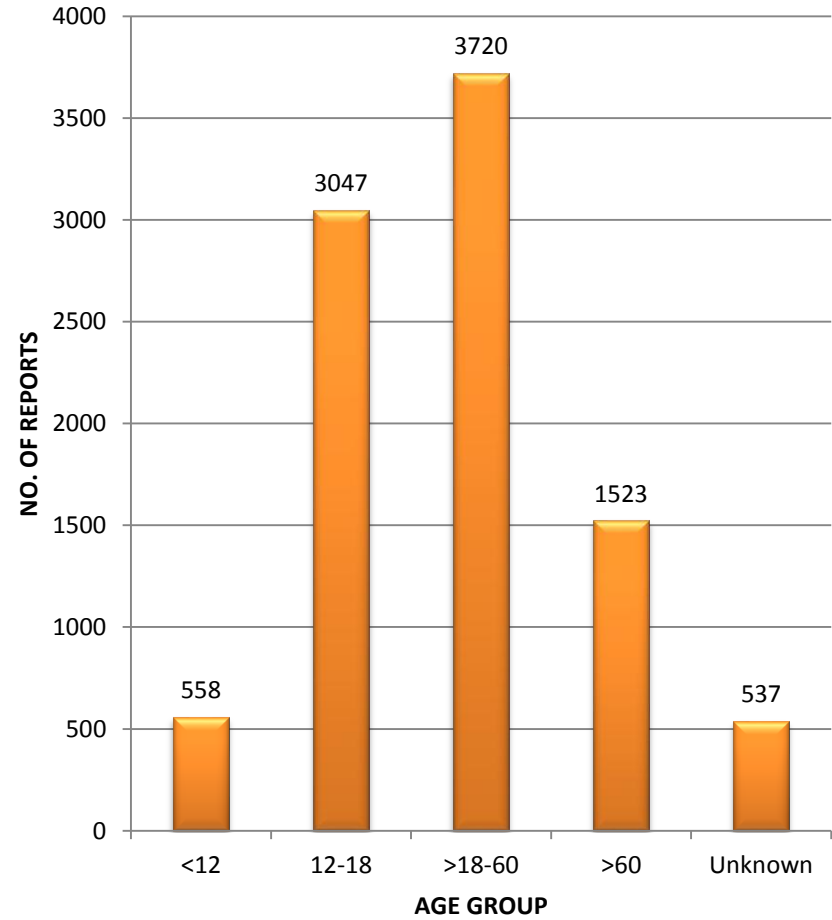
## ADR REPORTS BY REPORTERS

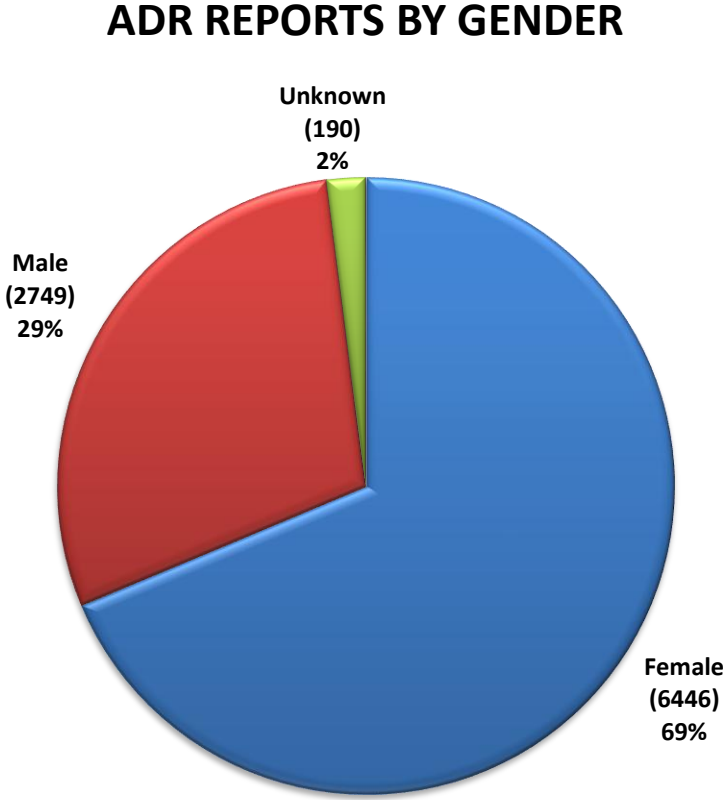
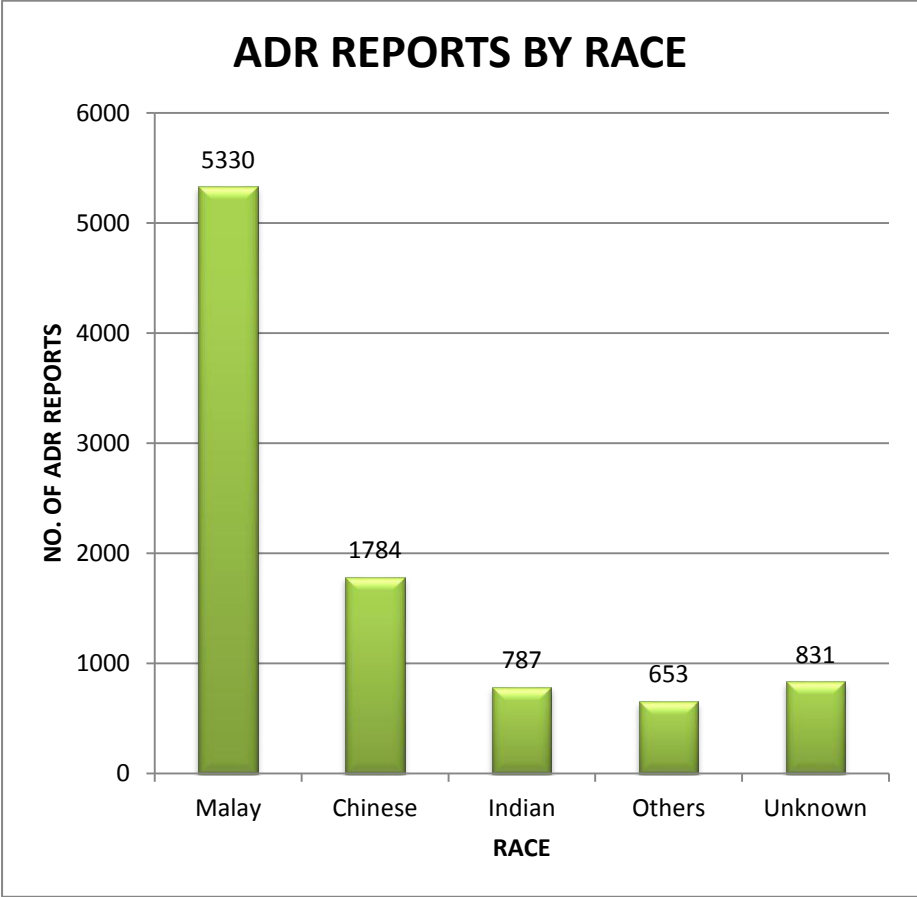


### ADR REPORTS BY STATE FROM MOH FACILITIES

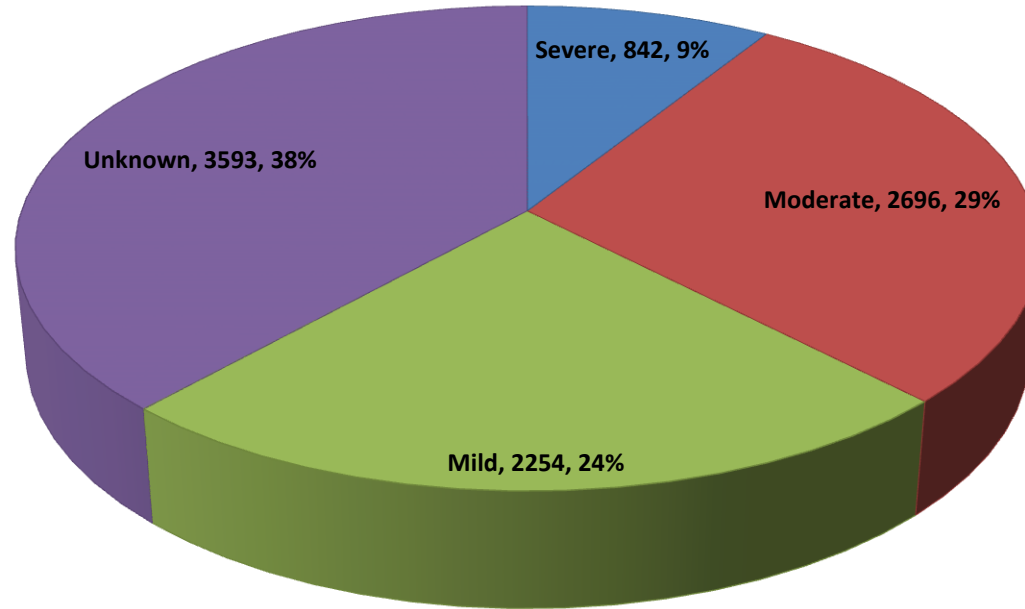


### ADR REPORTS BY AGE GROUP

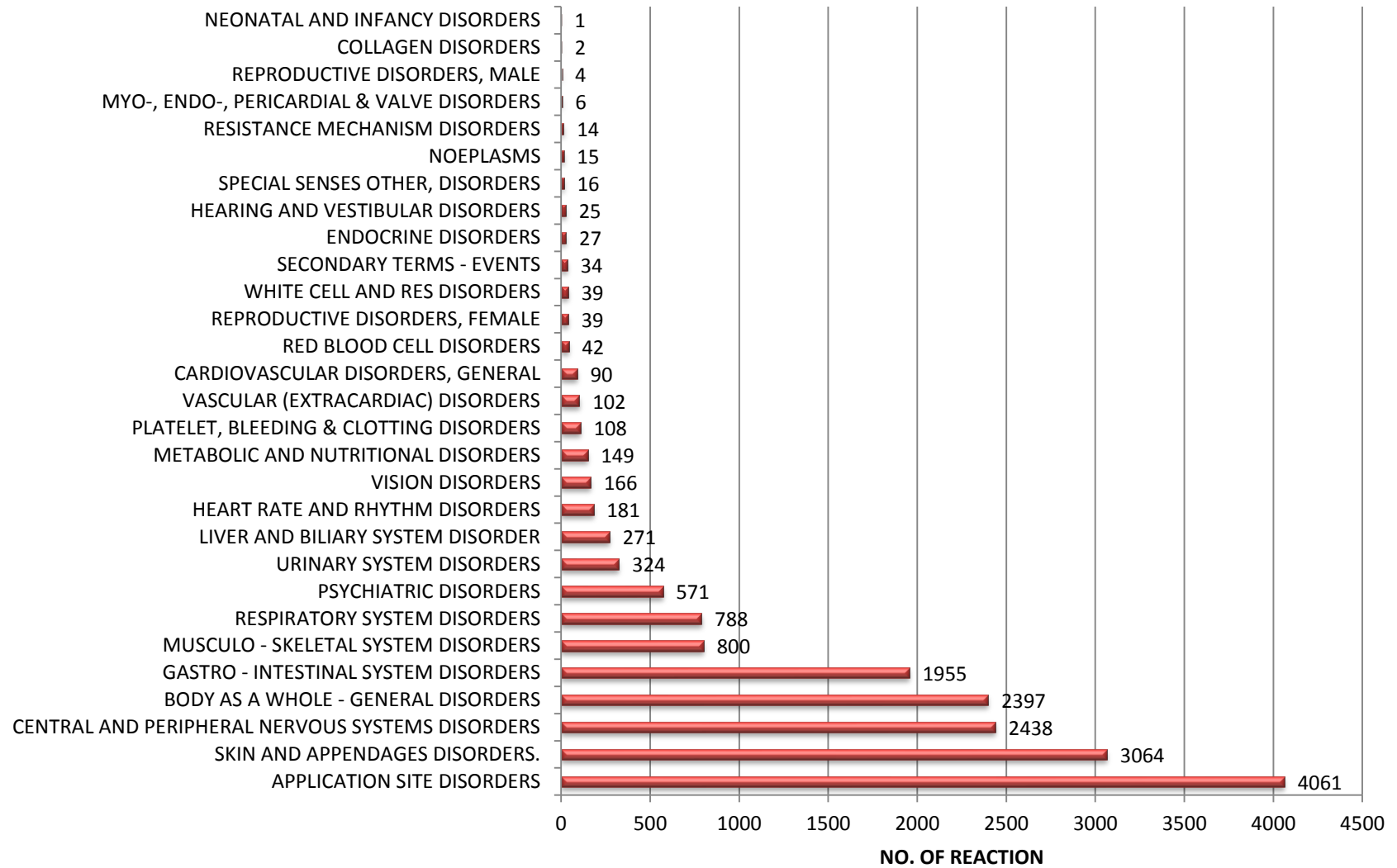




## ADR REPORTS BY SEVERITY



## ANALYSIS OF ADR REPORTS BY SYTEM ORGAN CLASS (SOC)



## ADR REPORTS BY PHARMACOLOGICAL GROUP

