

Fluoroquinolone

THE U. S. FOOD AND DRUG ADMINISTRATION (FDA) HAS ISSUED WARNINGS ABOUT COMMONLY USED FLUOROQUINOLONE ANTIBIOTICS REGARDING THE INCREASED RISK OF TENDON RUPTURE (OVERALL RISK IS 1 IN 10,000 PEOPLE TAKING THE MEDICATION) AND PERIPHERAL NEUROPATHY WHILE TAKING THESE DRUGS.

FLUOROQUINOLONE ANTIBIOTICS INCLUDE:

- ◆ Cipro[®] and Cipro XR[®]
- ◆ Proquin XR[®] (Ciprofloxacin)
- ◆ Levaquin[®] (Levofloxacin)
- ◆ Avelox[®] (moxifloxacin)
- ◆ Factive[®] (Gemifloxacin)
- ◆ Floxin[®] (Ofloxacin)
- ◆ Noroxin[®] (Norfloxacin)

ABOUT TENDON RUPTURE RISK

The risk of tendon damage starts with the first dose of medication and has caused problems up to three months after completion. While taking these medications (and for five to ten days after ingestion) avoid strenuous physical activity.

Pain, swelling, inflammation, and tears of tendons including the Achilles, shoulder, hand, or other tendons can happen in patients taking fluoroquinolone antibiotics. Tendons are the areas that connect your muscles to your joints. The Achilles tendon is at the back of the ankle. The chance of getting tendon problems is higher if you are:

- ◆ Over 60 years of age
- ◆ Taking steroids (corticosteroids)
- ◆ A kidney, heart, or lung transplant recipient

OTHER REASONS FOR TENDON RUPTURES

- ◆ Physical activity or exercise
- ◆ Kidney failure
- ◆ Tendon problems in the past, such as rheumatoid arthritis.

SIGNS OR SYMPTOMS OF TENDON RUPTURE

- ◆ A snap or a pop in a tendon area
- ◆ Bruising right after an injury in a tendon area
- ◆ Inability to move the affected area or bear weight

At the first sign of pain, swelling, or inflammation in a tendon area, avoid exercise and use of the affected area. Talk to your healthcare provider about the risk of tendon rupture with continued use of a fluoroquinolone and whether you should be prescribed a different type of antibiotic to

treat your infection.

TREATMENT

Call your healthcare provider at the first signs or symptoms of pain, swelling, or inflammation in a tendon area. These could be signs of tendonitis or tendon rupture. Tendon rupture usually occurs within 7-14 days after onset of pain or inflammation.

OTHER IMPORTANT POINTS

- ◆ Tell your doctor about other medicines that you take and other medical conditions that you have. Some medicines may interact with a fluoroquinolone and cause serious side effects.
- ◆ Some medical conditions may make you more likely to have a serious side effect when you take a fluoroquinolone.
- ◆ Fluoroquinolones, like any drug have possible side effects associated with their use. Rarely, some side effects may be serious or even fatal. However, most of the risks are mild. Some of the most serious side effects include seizures, hallucinations, depression, heart rhythm changes (QTc prolongation and torsade de points), and intestine infection with diarrhea. Rarely, damage to the liver, kidneys, or bone marrow, and changes to blood sugar may occur.

ABOUT PERIPHERAL NEUROPATHY

This serious nerve damage may occur soon after these drugs are taken and may be permanent. It occurs only with those fluoroquinolones taken by mouth or injection. The topical formulations applied to the eyes or ears are not known to be associated with these risks.

If a patient develops symptoms of peripheral neuropathy, the fluoroquinolone should be stopped, and the patient should be switched to another, non-fluoroquinolone antibacterial drug, unless the benefit of continued treatment with a fluoroquinolone outweighs the risk. **Peripheral neuropathy is a nerve disorder occurring in the arms or legs. Symptoms include pain, burning, tingling, numbness, weakness, or a change in sensation to light touch, pain or temperature, or the sense of body position. It can occur at any time during treatment with fluoroquinolones and can last for months to years after the drug is stopped or be permanent.** Patients using fluoroquinolones who develop any symptoms of peripheral neuropathy should tell their health care professionals right away.