

1. Medical Directors
2. Directors of Public Health NHS Boards
2. Directors of Pharmacy
3. NHS 24

URGENT – SIBUTRAMINE SUSPENSION OF MARKETING AUTHORISATIONS AS RISKS OUTWEIGH BENEFITS

Please see attached for onward transmission the attached letter from MHRA advising healthcare professionals that the European Medicines Agency (EMA) has completed a review of the obesity medicine Sibutramine (Reductil) on the basis of new safety information from a large clinical trial, the Sibutramine Cardiovascular Outcomes (SCOUT) study. The review has found that the cardiovascular risks of sibutramine outweigh its benefits. The EMA's Committee for Medicinal Products for Human Use has recommended suspension of the marketing authorisation for this medicine across the European Union.

1. Please could Medical Directors in NHS Boards forward the message to :-
 - All general practitioners – please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your locum information pack.
 - Deputising Services
 - Accident & Emergency Departments
2. Please could Directors of Public Health forward the message to :-
 - Chief Executives NHS Boards
3. Please could Directors of Pharmacy forward the message to :-
 - Community Pharmacists
 - Hospital Pharmacists
 - Medicines Information Pharmacists

Thank you for your co-operation.



Yours sincerely

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Chief Pharmaceutical Officer

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Sibutramine: suspension of marketing authorisation as risks outweigh benefits

Dear Healthcare Professional,

We are writing to inform you that the European Medicines Agency (EMA) has completed a review of the obesity medicine sibutramine (Reductil) on the basis of new safety information from a large clinical trial, the Sibutramine Cardiovascular OUTcomes (SCOUT) study. The review has found that the cardiovascular risks of sibutramine outweigh its benefits. The EMA's Committee for Medicinal Products for Human Use (CHMP) has recommended suspension of the marketing authorisation for this medicine across the European Union.

Advice for healthcare professionals and patients

- Doctors should not issue any new prescriptions for sibutramine, and should review the treatment of those who are currently taking this medicine
- Pharmacists should not dispense any prescriptions for sibutramine and should advise patients to make an appointment to see their doctor at the next convenient time
- Patients who are currently being treated with sibutramine should be advised to schedule an appointment at the next convenient time with their doctor to discuss alternative measures to lose weight, including use of diet and exercise regimes. Patients may stop treatment before their appointment if they wish

Background

Sibutramine is a serotonin and noradrenaline reuptake inhibitor that acts centrally to promote a feeling of fullness or having eaten. As an adjunct to diet and exercise, sibutramine is used to treat adult patients who are obese with a body mass index (BMI) ≥ 30 kg/m² or those who are overweight with a BMI ≥ 27 kg/m² with obesity-related risk factors such as type 2 diabetes or dyslipidaemia. Sibutramine is not recommended for use in children or adolescents younger than 18 years of age, in patients older than 65 years of age or in patients with a history of cardiovascular disease.

Since the time of approval in July 2001 healthcare professionals have been advised in the UK Summary of Product Characteristics to regularly monitor all patients taking sibutramine for increases in blood pressure and heart rate. Because of cardiovascular safety concerns the SCOUT study was conducted at the request of the CHMP to determine the effects of sibutramine in obese and overweight patients with cardiovascular risk factors.

Sibutramine Cardiovascular OUTcomes (SCOUT) study

The SCOUT study was a randomised, double-blind, placebo controlled study in approximately 10,000 obese and overweight patients with cardiovascular disease and/or type 2 diabetes treated over a six year period. The results of the study showed that patients treated with sibutramine experienced a 16% increased risk of cardiovascular events such as myocardial infarction and stroke compared with placebo-treated patients (hazard ratio 1.161 [95% CI 1.029–1.311]; $p=0.016$). The Committee noted that the mean weight loss achieved with sibutramine in all clinical trials is modest, with sibutramine decreasing body weight by approximately 2–4 kg more than placebo.

Although most of the patients enrolled within SCOUT are contraindicated from being treated with sibutramine under normal conditions of use, the Committee considered the cardiovascular risk to be relevant to normal clinical use because it is not always possible to identify underlying cardiovascular disease in patients who are obese or overweight. Therefore further restrictions on the use of sibutramine would be unlikely to reduce the risk to an acceptable level.

Further information is available at www.mhra.gov.uk and www.ema.europa.eu