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

Our ref: PLW/3/8
27 June 2013

IMMEDIATE – SUSPENSION OF LICENCES FOR HYDROXYETHYL STARCH INTRAVENOUS INFUSION

Please see the attached letter regarding advice from the UK Commission on Human Medicines on the suspension of use of hydroxyethyl starch intravenous infusion for onward transmission.

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
- Critical Care Units/Intensive Care Units
- High Dependency
- Directors of Nursing
- Relevant healthcare professionals

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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Hydroxyethyl starch intravenous infusion: suspension of use—advice from the UK Commission on Human Medicines

Dear healthcare professional

I am writing to inform you that the licences for all hydroxyethyl starch (HES) products have been suspended.

Summary

Results from large randomised clinical trials have reported an increased risk of renal dysfunction and mortality in critically ill or septic patients who received hydroxyethyl starch (HES) compared with crystalloids (simple salt solutions). The risks of HES products for plasma volume expansion outweigh the benefits in all patient groups and clinical settings.

Background

The EU Pharmacovigilance Risk Assessment Committee (see http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2013/06/news_detail_001814.jsp&mid=WC0b01ac058004d5c1) and the UK Commission on Human Medicines have reviewed the balance of benefits and risks of HES products in different patient groups. The reviews concluded that there is a clear indication of harm when HES is used for fluid resuscitation and no evidence of a greater benefit, compared with crystalloid solutions.

Large randomised clinical trials have reported an increased risk of renal dysfunction and mortality over a 90-day follow-up in patients who received HES compared with crystalloids. Increased risk of renal dysfunction has been shown in trials of patients with sepsis[1,2] and in a large trial of critically ill patients, including a subgroup with sepsis.[3] Increased mortality at 90 days was also shown in the trials of patients with sepsis.[1,2]

The most accurate estimate of the magnitude of these risks is from meta-analyses of published data. A meta-analysis reported an increased relative risk of renal failure of 1·27 (95%CI 1·09–1·47) for HES compared with crystalloid.[4] A Cochrane review that included 25 studies with mortality data reported an increased relative mortality risk of 1·10 (95%CI 1·02–1·19) for HES compared with crystalloid.[5]

Advice for healthcare professionals:

- There is clear evidence of harm from increased renal dysfunction and mortality associated with the use of HES, and overall the risks outweigh the benefits

- There is no evidence that infusion solutions containing HES for plasma volume expansion provide additional clinically relevant benefit to patients compared with crystalloids in any indication

- HES should not be used for plasma volume expansion. An alternative resuscitation fluid should be selected according to clinical guidelines (see http://www.ficm.ac.uk/news-events/risk-benefit-hes-solutions-questioned-ema)

- A recall of all remaining HES stock has been issued

Yours sincerely

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References

1 Brunkhorst F, et al. *N Engl J Med* 2008; **358:** 125–39.
2 Perner A, et al. *N Engl J Med* 2012; **367:** 124–34.
3 Myburgh J, et al. *N Engl J Med* 2012; **367:** 1901–11.
4 Zarychanski R, et al. *JAMA* 2013; **309:** 678-88.
5 Perel P, et al. *Cochrane Database Syst Rev* 2013; **2:** CD000567.

See also statement from The Faculty of Intensive Care Medicine : http://www.ficm.ac.uk/news-events/risk-benefit-hes-solutions-questioned-ema

Notes: In the UK marketed HES products are: Volulyte; Tetraspan; Venofundin; and Voluven.