

## Apomorphine with domperidone: minimising risk of cardiac side effects

A review by EU medicines regulators of the safety of concomitant apomorphine and domperidone use has concluded that health professionals should take precautions to reduce the risk of QT-prolongation which may be increased in people on concomitant apomorphine and domperidone who have certain risk factors, including:

- Pre-existing QT-interval prolongation.
- Serious underlying cardiac disorders, such as heart failure.
- Severe hepatic dysfunction.
- Significant electrolyte disturbances.
- Concomitant drug therapy that may increase domperidone levels.

### Healthcare professionals are advise to:

- Discuss the benefits and risks of apomorphine with patients and carers and advise them to contact their doctor immediately if they develop palpitations or syncopal symptoms during treatment.
- Check the QT-interval before starting domperidone, during the apomorphine initiation phase and if clinically indicated thereafter (e.g. if a QT-prolonging or interacting drug is started or if symptoms of cardiac side effects are reported).
- Regularly review domperidone treatment to ensure patients take the lowest effective dose for the shortest duration.
- Advise patients to inform their doctor of any changes that could increase their risk of arrhythmia, such as; symptoms of cardiac or hepatic disorders, conditions that could cause electrolyte disturbances (e.g. gastroenteritis or starting a diuretic), starting any other medicines.

All healthcare professionals are recommended to sign up to the MHRA [Drug Safety Updates](#) which are published on a monthly basis.

## Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung

There have been rare reports of Nexplanon implants having reached the lung via the pulmonary artery. Updated advice has been issued for healthcare professionals:

- Review the [updated instructions](#) on how to correctly insert the implant (healthcare professional who has been appropriately trained and accredited).
- Demonstrate how to locate the implant and advise to do this frequently for the first few months. If the patient has any concerns she should return to the clinic for advice.
- Locate an implant that cannot be palpated (eg, using imaging of the arm) and remove it at the earliest opportunity.
- If an implant cannot be located in the arm by palpation or imaging, perform chest imaging.

## Interaction between warfarin and topical miconazole (including oral gel)

Miconazole, including the topical gel formulation, can enhance the anticoagulant effect of warfarin - if miconazole and warfarin are used concurrently, the anticoagulant effect should be carefully monitored and, if necessary, the dose of warfarin reduced.

Patients should be advised to tell their doctor or pharmacist if they are receiving warfarin before using products that contain miconazole (including those available without prescription), and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nosebleeds or blood in the urine.

## Warfarin: reports of calciphylaxis

Calciphylaxis is a very rare but serious condition involving vascular calcification and skin necrosis. The mortality rate is high.

Cases of calciphylaxis are most commonly observed in patients with known risk factors such as end-stage renal disease. However, there has also been reports in those with normal renal function taking warfarin.

If calciphylaxis is diagnosed, appropriate treatment should be started and consideration should be given to stopping treatment with warfarin.

Patients should be advised to consult their doctor if they develop a painful skin rash.

