The Medical Letter®

On Drugs and Therapeutics

Published by The Medical Letter, Inc. • 1000 Main Street, New Rochelle, NY 10801 • A Nonprofit Publication

Volume 50 (Issue 1300) December 1, 2008 www.medicalletter.org

IN BRIEF

Fluoroquinolones and Tendon Injuries

The FDA has added a boxed warning to fluoroquinolone package inserts about tendon injuries that may occur as a result of their use. Tendinitis or tendon rupture may occur rarely with systemic use of any fluoroquinolone, either while the drug is being taken or for up to several months afterwards.

Table 1. Fluoroquinolone Antimicrobials

Ciprofloxacin (Cipro, and others) Gemifloxacin (Factive) Levofloxacin (Levaquin) Moxifloxacin (Avelox) Norfloxacin (Noroxin) Ofloxacin (Floxin, and others)

Fluoroquinolone-related tendon injury is rare; estimates for its incidence in the general population range from 0.14% to 0.4%. The risk is higher for patients >60 years old and for those taking corticosteroids. For patients with organ transplants, the incidence may be as high as 15%.¹ A case-control study in Italy involving 22,194 cases of non-traumatic tendinitis and 104,906 controls found that fluoroquinolone use was significantly associated with tendon disorders in general (OR 1.7; 95% CI 1.4-2.0), tendon rupture (OR 1.3; 95% CI 1.0-1.8), and Achilles tendon rupture (OR 4.1; 95% CI 1.8-9.6). Achilles tendon rupture occurred with fluoroquinolone treatment in one of every 5989 patients in general and in one of every 1638 patients >60 years old.²

Widespread use of fluoroquinolones, particularly for treatment of respiratory infections, has produced substantial bacterial resistance to this class of drugs and has been associated with an increase in the incidence and severity of *Clostridium difficile* disease.³ Even when bacterial pneumonia is considered a likely possibility, other drugs are generally preferred, at least in non-elderly, otherwise healthy patients.⁴

- F Muzi et al. Fluoroquinolones-induced tendinitis and tendon rupture in kidney transplant recipients: 2 cases and a review of the literature. Transplant Proc 2007; 39:1673.
- G Corrao et al. Evidence of tendinitis provoked by fluoroquinolone treatment: a case-control study. Drug Saf 2006; 29:889.

- Treatment of Clostridium difficile-associated disease (CDAD). Med Lett Drugs Ther 2006; 48:89.
- Drugs for community-acquired bacterial pneumonia. Med Lett Drugs Ther 2007; 49:62.

The Medical Letter®

On Drugs and Therapeutics

EDITOR IN CHIEF: Mark Abramowicz, M.D.

EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., Weill Medical College

of Cornell University

EDITOR: Jean-Marie Pflomm, Pharm.D.

ASSISTANT EDITORS, DRUG INFORMATION:

Susan M. Daron, Pharm.D. Blaine M. Houst, Pharm.D. Corinne E. Zanone, Pharm.D.

CONTRIBUTING EDITORS:

Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School

Eric J. Epstein, M.D. Albert Einstein College of Medicine

ADVISORY BOARD:

Jules Hirsch, M.D., Rockefeller University

David N. Juurlink, BPhm, M.D., PhD, Sunnybrook Health Sciences Centre

Richard B. Kim, M.D., University of Western Ontario

Gerald L. Mandell, M.D., University of Virginia School of Medicine

Hans Meinertz, M.D., University Hospital, Copenhagen

Dan M. Roden, M.D., Vanderbilt University School of Medicine

F. Estelle R. Simons, M.D., University of Manitoba

Neal H. Steigbigel, M.D., New York University School of Medicine

SENIOR ASSOCIATE EDITORS: Donna Goodstein, Amy Faucard ASSOCIATE EDITOR: Cynthia Macapagal Covey

EDITORIAL FELLOW: Lauren K. Schwartz, M.D., Mount Sinai School of Medicine

DRUG INTERACTIONS FELLOW: Manouchkathe Cassagnol, Pharm.D.,

St. John's University
PRODUCTION COORDINATOR: Cheryl Brown
ASSISTANT MANAGING EDITOR: Liz Donohue

MANAGING EDITOR: Susie Wong

EXECUTIVE DIRECTOR OF SALES: Gene Carbona
FULFILLMENT & SYSTEMS MANAGER: Cristine Romatowski
DIRECTOR OF MARKETING & COMMUNICATIONS: Joanne F. Valentino
VICE PRESIDENT AND PUBLISHER: Yosef Wissner-Levy

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter is supported solely by subscription fees and accepts no advertising, grants or donations. The content of The Medical Letter is controlled by the Editor, who declares no conflict. The members of the Advisory Board are required to disclose any potential conflict of interest.

No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy or omission.

Subscription Services

Mailing Address:

The Medical Letter, Inc. 1000 Main Street New Rochelle, NY 10801-7537

Customer Service:

Call: 800-211-2769 or 914-235-0500 Fax: 914-632-1733 Web Site: www.medicalletter.org E-mail: custserv@medicalletter.org

Permissions:

To reproduce any portion of this issue, please e-mail your request to: permissions@medicalletter.org

Subscriptions (US):

1 year - \$98; 2 years - \$167; 3 years - \$235. \$49 per year for students, interns, residents and fellows in the US and Canada. CME: \$49 for 26 credits.

E-mail site license inquiries to:

info@medicalletter.org or call 800-211-2769 x315. Special fees for bulk subscriptions. Special classroom rates are available. Back issues are \$12 each. Major credit cards accepted.

Copyright 2008. ISSN 1523-2859