

Direct Healthcare Professional Communication

19 February 2024

Pseudoephedrine – Risks of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)

Dear Healthcare professional,

Following a review by the Medicines and Healthcare products Regulatory Agency (MHRA), the Marketing Authorisation Holders (MAHs) of medicines containing pseudoephedrine would like to inform you of the following:

Summary

- Few cases of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) have been reported with the use of pseudoephedrine-containing medicines.
- Pseudoephedrine-containing medicines are contraindicated in patients with severe or uncontrolled hypertension, or with severe acute or chronic kidney disease or renal failure, as these conditions increase the risks of PRES or RCVS.
- Symptoms of PRES and RCVS include sudden severe headache or thunderclap headache, nausea, vomiting, confusion, seizures and/or visual disturbances.
- Patients should be advised to immediately stop using these medicines and seek medical assistance if signs or symptoms of PRES or RCVS develop.
- Please ensure all relevant staff are made aware of the content of this letter; this includes all nursing staff.

Background on the safety concern

Pseudoephedrine is authorised, alone or in combination with other substances, for short-term symptomatic relief of nasal or sinus congestion caused by the common cold or allergic rhinitis.

Cases of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS), which are serious conditions affecting the cerebral blood vessels, have been reported in patients taking pseudoephedrine-containing medicines. Most reported cases resolved following discontinuation and appropriate treatment. No fatal cases of PRES or RCVS have been reported.

Following an EU-wide review and an MHRA review of UK reports, with advice from the Pharmacovigilance Expert Advisory Group (PEAG) of the Commission on Human Medicines (CHM), it has been concluded that pseudoephedrine is associated with risks of PRES and RCVS and that the product information should be updated to include information on these adverse reactions and measures to reduce the risks.

PAGB, New Penderel House, 283-288 High Holborn, London, WC1V 7HP • 020 7242 8331 • info@pagb.co.uk • www.pagb.co.uk

The newly identified risks of PRES or RCVS should be considered in the context of the overall safety profile of pseudoephedrine, which also includes other cardiovascular and cerebrovascular ischaemic events.

Overview of PRES and RCVS

PRES can manifest with a wide variety of acute or subacute neurological symptoms, including headache, mental status alteration, seizures, visual disturbances and/or focal neurologic deficits. An acute or sub-acute onset of the symptoms (hours to days) is typical. PRES is usually reversible; symptoms cease within several days or weeks with the reduction of blood pressure and withdrawal of causative drugs.

RCVS usually manifests with thunderclap headache (severe pain peaking in seconds), typically bilateral, with posterior onset followed by diffuse pain frequently accompanied by nausea, vomiting, photophobia and phonophobia. Transient focal deficits can be present in some patients. Ischaemic and haemorrhagic stroke are the major complications of the syndrome.

Call for reporting

Please report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card scheme.

You can report via:

The Yellow Card website

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- The free Yellow Card app available from the Apple App Store or Google Play Store
- Some clinical IT systems (EMIS/SystmOne/Vision/MiDatabank) for healthcare professionals

Alternatively, you can report a suspected side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours.

When reporting please provide as much information as possible. By reporting side effects, you can help provide more information on the safety of this medicine.

Yours sincerely,

Michelle Riddalls

Chief Executive Officer of PAGB