

▶ TERBINAFINE - SAFE PRESCRIBING - NAIL IT!

- ▶ CAN CAUSE SERIOUS ADVERSE REACTIONS
- ▶ REACTIONS ARE MOSTLY HEPATIC AND SKIN DISORDERS; BLOOD DYSCRASIAS OCCUR RARELY
- ▶ CURRENTLY NO FATALITIES FROM TERBINAFINE IN NZ, BUT HAS LED TO HOSPITALISATIONS
- ▶ ALWAYS ADVISE PATIENTS TO REPORT SYMPTOMS OF ADVERSE REACTIONS
- ▶ ALWAYS CONFIRM PRESENCE OF SUSCEPTIBLE FUNGAL ORGANISMS
- ▶ CONSIDER BENEFITS OF TERBINAFINE AGAINST POTENTIAL FOR HARM

Oral terbinafine is used to treat adults with fungal infections of the nails and skin. These are relatively minor afflictions; however, oral terbinafine use is associated with a number of rare, but potentially serious reactions.

The CARM database (Dunedin) supports the literature evidence that hepatotoxicity and dermatological reactions are prominent and sometimes serious. There is also a causal link between oral terbinafine and serious blood dyscrasias, including agranulocytosis and neutropenia.

In NZ, some reactions have resulted in hospital admissions and some have been life-threatening. Although no fatalities have been reported here, deaths following terbinafine therapy have been reported overseas.

Health professionals should advise patients taking terbinafine to be alert for the symptoms of neutropenia (e.g. fever, sore throat, mouth ulcers), symptoms suggestive of liver impairment (e.g. abdominal pain, jaundice), and any other potential reaction (e.g. taste perversion/loss).

Patients should report these symptoms promptly so that clinical investigations (e.g. blood tests) can be commenced immediately, and terbinafine therapy stopped; a delay in diagnosis is likely to be associated with an increase in morbidity and mortality.

To maximise the safety/efficacy of oral terbinafine, ensure that the infection is caused by susceptible fungal organisms before prescribing this medicine; avoid empirical therapy. Also remember that some non-fungal causes may have symptoms that are similar to fungal nails.

The benefits of oral terbinafine for treating asymptomatic infections should be weighed against the risk to the patient. A review of data from seven studies showed that only 44% of patients treated with terbinafine had clinically normal nails/negative mycology results one year later.

KEY REFERENCES

Prescriber Update Articles Watching Briefs, Nov 2006: www.medsafe.govt.nz
How should fungal nail infection be treated? Drug and Therapeutics Bulletin, 2008;46(1):3-8

[CLICK HERE FOR FURTHER INFORMATION ON TERBINAFINE AND A FULL REFERENCE LIST](#)

▶ For further information on other high-risk medicines visit our website at: www.saferx.co.nz

No: 0182-01-028, Issued Dec 2009, Review Dec 2011

DISCLAIMER: This information is provided to assist primary care health professionals with the use of prescribed medicines. Users of this information must always consider current best practice and use their clinical judgement with each patient. This information is not a substitute for individual clinical decision making. Issued by the Quality Use of Medicines Team at Waitemata District Health Board, email: feedback@saferx.co.nz