

Suggested topics for discussion

- **What would be your strategy to assess these questions?**
- **Which sources of information would you use?**
- **How would you present the answer?**
- **In practice, how do you work at your drug information center, e.g., in which way do you receive questions, do you discuss questions with colleagues, publish assessments in print or on electronic platforms etc?**

Case #1

A physician wonders about treatment with promethazine in patients with anxiety and concomitant SSRI treatment. It seems that many colleagues use Lergigan (promethazine) as a "safe" alternative to Atarax (hydroxyzine) in patients with concomitant citalopram / escitalopram or other SSRI treatment, but from what he can see, promethazine also carries a risk for QTc prolongation and Torsade de Points, according to Credible Meds. He has also noted that some use it in the elderly for treatment of anxiety and sleep disorders. The questions are: 1) How much does promethazine affect QTc and the risk of TdP during concomitant treatment with SSRIs or other drugs that may affect QTc? 2) Is promethazine a "safer" alternative compared with hydroxyzine, regarding the risk of QTc prolongation? 3) Should promethazine be avoided in the elderly due to an increased risk of TdP?

Case #2

This question concerns a kidney transplant patient in his 20s. Current medication includes tacrolimus, mycophenolate mofetil and prednisolone as immunosuppression. P-Creatinine is around 140 $\mu\text{mol/L}$ (ref 60-105 $\mu\text{mol/L}$) with an estimated GFR of 49 (SIC! unit and type of GFR, i.e., relative or absolute not explained in the question). The patient is planned for long-term treatment (2-3 months) with lymecycline 300 mg twice daily against folliculitis. No interactions are found, but according to the SmPC, caution should be exercised in case of impaired renal function due to accumulation. How should this be interpreted? For which degree of renal impairment does it apply? Is it ok to treat this patient with lymecycline?

Case #3

We have a teenage patient with anorexia nervosa who needs antidepressant medication. However, the patient has elevated liver enzymes that is being investigated - the cause is yet unknown. ALAT (alanine transaminase, ALT) 4.38 $\mu\text{kat/L}$ (ref 0.17-0.51 $\mu\text{kat/L}$) and ASAT (aspartate transaminase, AST/SGOT) 1.43 $\mu\text{kat/L}$ (ref 0.28-0.72 $\mu\text{kat/L}$). Weight 43 kilos. Which drug (SSRI) could be suitable and in what dose? Could mirtazapine be an alternative?

Case #4

Can rocuronium and propofol be administered as an intravenous infusion through the same peripheral venous cannula?

Case #5

This question concerns a patient with APC (activated protein C) resistance and who has had 1-2 pulmonary embolisms. Has developed a psychotic episode and needs treatment with a neuroleptic drug. Which neuroleptics are associated with the lowest risk of thromboembolic events?