
Subject: FW: Draft EML for children...comments on NSAIDs

From: Madlen Gazarian **Sent:** Thu 14/06/2007 05:33
To: Hill, Suzanne
Subject: Draft EML for children...comments on NSAIDs

Dear Sue

I am writing to make some brief comments relating to the NSAIDs category of medicines listed in the current draft (wearing my paediatric clinical pharmacologist and paediatric rheumatologist hats...though latter is slipping off lately!). I realise that the deadline for formal feedback comments was 31 May and so apologise for the lateness of these comments but hope that you and the committee will find them useful in some shape or form in making final decisions.

The category of NSAIDs needs to be considered in terms of both their potential acute (eg for acute pain, as antipyretic?) and chronic uses (eg as analgesic and anti-inflammatory agents in chronic inflammatory conditions, including but not limited to JIA). I will fax you a short article (sorry don't have e-version) which summarises the comments I wish to make in this regard...see especially the sections under sub-headings "NSAIDs for fever?"; "Choosing an NSAID"; and the Table summarising main uses of commonly available NSAIDs and comments re benefit vs risk for different uses. This article was prepared for an Australian general practitioner audience, but the key concepts are also relevant to the developing world situation. Some of the precautions when considering NSAID use may be even more pertinent to the developing world setting...eg significant volume depletion in context of acute febrile diarrhoeal illnesses in children and risk of renal toxicity.

I hope you find these comments helpful in supplementing others that have already been submitted regarding this category. In terms of the broader "anti-rheumatic" or "DMARD" category, I will unfortunately not have time to make detailed comments on which drugs should be included in the list at this stage. My main comment is that the prevalence of JIA alone is similar to other common chronic diseases (such as epilepsy, diabetes) in the childhood age group (at least based on data from the developed world) and so effective/safe medicines to treat all types and levels of severity of JIA and other chronic inflammatory conditions of childhood should be available on the EML...more specific data and advice should be sought regarding the prevalence and health impact of this category of diseases in the developing world. If time permits, I would also suggest seeking formal input re recommended priority medicines from the major regional Paediatric Rheumatology professional associations (main ones I know about are based in North America and Europe).

Best wishes

Madlen

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