

LETTERS

DRUG COMBINATION FOR OBESITY

First do no harm with anti-obesity and other drugs

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On the issue of obesity,¹ we welcome the decision by the European Medicines Agency to refuse marketing authorisation for the fixed dose combination of topiramate (an antiepileptic) and phentermine (an appetite suppressant amphetamine).²

The loss of a few kilograms cannot justify exposing patients to the known adverse effects of the two drugs combined, such as psychiatric disorders, cardiac arrhythmias, and metabolic acidosis.³ Yet, given the attractiveness of the antiobesity market, submissions for marketing approval are expected for other similarly dangerous appetite suppressants, such as lorcaserin, lisdexamfetamine, liraglutide, and combined bupropion-naltrexone.⁴

The EMA has clearly prioritised patient safety and public health by saying no to this hazardous combination and issuing a diametrically opposed recommendation to that of the US Food and Drug Administration.

But plenty of other risky drugs are under review by the EMA, including the respiratory stimulant almitrine, the anti-inflammatory diclofenac, the antiemetic domperidone, the anti-anaemia iron dextran, the benzodiazepine tetrazepam, plus third and fourth generation combined oral contraceptives.^{5,6}

All eyes are on the EMA—will the precautionary principle prevail and the lessons learnt from past public health disasters be taken on board? Will the agency follow suit, stick to its guns, and “first, do no harm”?⁴

Competing interests: None declared.

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- 6 European Medicines Agency. PRAC: Agendas, minutes and highlights webpage. www.ema.europa.eu/ema/index.jsp?curl=pages/about_us/document_listing/document_listing_000353.jsp&mid=WCOb01ac05805a21cf.

Cite this as: *BMJ* 2013;346:f3026

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