

FACT SHEET

ADRs

Problem #1: Flibanserin's mechanism of action is unknown. This makes adverse effects difficult to predict.

- Flibanserin is a Central Nervous System (CNS) active drug affecting serotonin and dopamine neurotransmitters in the brain. Specifically how and where it acts in the human brain is still unknown.
- The neuroscience model used by Boehringer Ingelheim (B-I) (excitatory vs inhibitory areas and transmitters) is largely hypothetical; there is no evidence of neurotransmitter abnormalities in women with sexual desire complaints.
- Besides the desired effect of this drug, there could well be other effects on the brain. What is the safety evidence for other brain functions and organ systems?
- It is misleading and dangerous to equate flibanserin with Viagra, although press reports are boasting an equivalency. The two drugs are extremely dissimilar. Flibanserin is to be taken daily, accumulates over time, and no effects are expected for weeks. Viagra is taken on request, has effects within an hour or two, affects blood vessels in a known manner, is not known to cross the blood-brain barrier and is cleared from the body within hours. Comparing them is truly apples and oranges.

Problem #2: The side effects of flibanserin, especially in the long term, are worrisome.

- Women were highly selected in the trials and yet 15 percent of women taking the 100 mg dose dropped out due to negative side effects. Many more women in the treatment group withdrew earlier than the women on placebo. Reasons why they dropped out have not been publically disclosed.
- Data from the clinical trials discuss three different doses given to the subjects (25mg, 50 mg, 100mg). There is no published analysis of differences in ADRs among the women in those three distinct groups.
- Women in the clinical trials took flibanserin for a total of 24 weeks. Long-term effects cannot have been observed or recorded in that time frame, yet women are likely to take this drug for longer than six months.

Problem #3: Flibanserin, a failed anti-depressant therapy, is a CNS serotonergic drug. There are several side effects worries about this class of drugs.

- Recently, the FDA began requiring that all clinical trials for drugs that affect the CNS be assessed for whether that drug might cause suicidal ideation or behavior. This requirement came from an Institute of Medicine workshop (IOM 2010). We have seen nothing in the flibanserin materials relating to compliance with this mandatory assessment.
- Serotonergic drugs, when combined with other agents, or sometimes alone, can produce serotonin toxicity, a potentially life-threatening ADR that includes cognitive, autonomic and somatic symptoms, and is called "serotonin syndrome" (Boyer & Shannon 2005; Gillman 2006). This concern was mentioned in the U.K. NHS depression management guidelines. (National Prescribing Centre 2005.)
- Teratogenicity (birth defects) risks are doubled among women in the first trimester of pregnancy on the serotonin family of drugs (Pedersen et al. 2009) Since flibanserin is targeted to pre-menopausal women in the 18-50 age group, birth defects could be a significant risk factor should they get pregnant. In the U.S., half of all pregnancies are unplanned. Furthermore, many pregnant women who are depressed are already taking serotonin drugs.
- The effect of flibanserin can be similar to alcohol, cocaine or amphetamines in its action in the brain. This raises worries of dependence and vulnerability to addiction. Some serotonin drugs have a serious discontinuation syndrome and cause substantial problems when people try to stop taking the medications. Are there follow-up data of women since the end of the clinical trials in terms of ADR comparisons with placebo groups?

References

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