

Study Links Isotretinoin to Bowel Disease

BY SHERRY BOSCHERT

SAN DIEGO — Isotretinoin use was associated with a 68% increased risk for subsequent development of inflammatory bowel disease, particularly ulcerative colitis, in a retrospective case-control study of 30,021 patients.

The odds ratio of 1.68 for inflammatory bowel disease (IBD) in isotretinoin users compared with nonusers had a 95% confidence interval (CI) of 0.98-2.86. Dr. Seth Crockett and his associates reported in a poster presentation at the annual meeting of the American College of Gastroenterology.

The findings add to ongoing controversy that IBD risk with isotretinoin may have been a factor in the decision by Roche to pull the best-known brand of isotretinoin, Accutane, off the market in June 2009. The company has been the target of more than 500 lawsuits alleging that Accutane causes IBD and has been ordered by courts to pay tens of millions of dollars to plaintiffs.

The current study examined a large administrative claims database with records on 55 million patients from more than 70 U.S. health plans. The investigators compared 8,189 patients with at least 12 months of continuous health plan enrollment and diagnoses of ulcerative colitis, Crohn's disease, or indeterminate IBD with 21,832 control patients.

Results pointed to a possible dose-response effect: The risk for IBD increased with the number of isotretinoin prescriptions. Having four or more isotretinoin prescriptions was associated with an odds ratio of 2.67 for development of IBD (CI, 1.32-5.41), reported Dr. Crockett of the University of North Carolina, Chapel Hill.

Subgroup analyses showed a strong association between isotretinoin use and ulcerative colitis (odds ratio, 4.36; CI, 1.98-9.66) but no association between isotretinoin exposure and Crohn's disease (odds ratio, 0.68; CI, 0.28-1.68).

"The flip side of all this is that there are patients who desperately need isotretinoin," Dr. Stephen P. Stone commented in a phone interview. "Those of us who care for people with acne and are aware of the physical and psychosocial aspects of it find it an indispensable drug," said Dr. Stone, chair of the American Academy of Dermatology's task force on retinoids and professor at Southern Illinois University, Carbondale.

In a separate interview, Dr. Noah Scheinfeld said that "Accutane has been under constant attack" since its launch in 1982 because of potential side effects. "It's a very valuable drug," added Dr. Scheinfeld, who holds a law degree and is assistant clinical professor of dermatology at Columbia University, New York.

The possible association between isotretinoin and IBD has long been included in label warnings, but it drew increased interest after a 2006 study suggested the oral retinoid was a "probable" cause of IBD (Am. J. Gastroenterol. 2006;101:1569-73). Some dermatologic

experts criticized the study's methodology, saying that a one-point adjustment for accuracy in the probability ratings would downgrade the mean score to "possible."

A more recent study found that 1.2% of patients with IBD and 1.1% of matched patients without IBD used isotretinoin before IBD diagnosis, an insignificant difference (Am. J. Gastroenterol. 2009;104:2774-8).

"Up until now, the bulk of the public information in the peer-reviewed literature would suggest that there isn't an association" between isotretinoin use and IBD, Dr. Stone noted, adding, "We certainly have to inform our patients of the controversy."

Dr. Scheinfeld said that the new data are unlikely to change his practice much, but "you can't be too careful. Woe be to you if you're a doctor who gives

[isotretinoin] to somebody who later develops inflammatory bowel disease, because they're going to sue you" even if you describe the risks before prescribing, he added.

Dr. Crockett and his associates reported having no conflicts of interest related to their study. Dr. Stone reported no conflicts of interest. Dr. Scheinfeld has received honoraria from companies that market isotretinoin. ■



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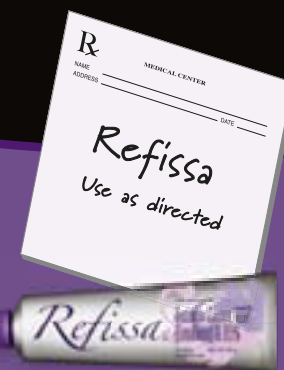
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