VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Dexavital contains dexamethasone and prevents the release of substances that causes inflammation in the body. It is used in situations when treatment with oral glucocorticoid treatment is not possible or not feasible.

Dexavital is used to treat different conditions such as:

- Cerebral oedema (raised pressure in the skull) caused by tumours, brain lesions, brain surgery, abscess or meningitis
- Severe skin diseases
- Active phases of collagenosis (a group of connective tissue diseases) including a disease called lupus erythematosus (SLE)
- Serious infectious diseases in combination with anti-infective treatment
- Prevention and treatment of nausea and vomiting due to treatment with anti-cancer drugs
- Disease of the joint and soft-tissue (rheumatic disorders)
- Disease of the eye not caused by an infection

The above mentioned serious diseases differ with regard to how often they occur and the sections of populations most commonly affected.

VI.2.2 Summary of treatment benefits

Dexamethasone has proven to be effective in treating various serious conditions such as those mentioned above in section VI.2.1. The safety and efficacy of dexamethasone has been documented by a large number of clinical trials and further endorsed by extensive global clinical experience.

VI.2.3 Unknowns relating to treatment benefits

Dexamethasone has been widely used for more than 40 years and the benefits are considered to be well characterised. There are no identified unknown factors in relation to treatment benefits.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Withdrawal may lead to symptoms including fever, tiredness, aches and pains in muscles and joints (adrenocortical insufficiency/failure from withdrawal syndrome).	Pharmacological doses of glucocorticoids suppress the hypothalamic-pituitary-adrenal axis through a negative feedback mechanism. Withdrawal syndrome may occur after taking corticosteroids or during dose reductions.	The dose of Dexavital should be reduced gradually to avoid withdrawal symptoms. The patient should be monitored for any signs of “withdrawal symptoms” such as fever, tiredness, aches and pains in muscles and joints after taking Dexavital.

Risk	What is known	Preventability
Red round “moon face”, thirst, headache, high blood pressure, decreased muscle mass, abnormal fat deposits on the face, neck and trunk, acne-like eruptions (adrenal hyperactivity, Cushing’s syndrome) with high doses.	Adrenal hyperactivity (Cushing’s syndrome) may occur during treatment with corticosteroids at high doses or prolonged treatment.	The lowest possible dose should be used. Treatment should be suspended if the patient has any episodes of adrenal hyperactivity.
Mental problems (psychiatric adverse reactions)	Corticosteroids may cause potentially severe adverse reactions (psychotic states).	Contact the doctor if the patient shows any signs of mental problems during treatment. This is especially important if the patient is depressed or might be thinking about suicide.
Reduced resistance to infections, worsening of existing infections and impaired response to administration of live vaccines.	Corticosteroids can reduce resistance to infections and mask some signs of infections. The infection may worsen if a patient suffering from an infection is treated with corticosteroids. If inactivated live vaccines are given to patients receiving corticosteroids the antibody response may not be obtained.	Patients should avoid any exposure to infectious diseases such as chickenpox and measles, and should immediately seek medical advice if they think they have become infected. If a patient develops these diseases, immediate hospital treatment will be required. The doctor should closely monitor patients being treated with corticosteroids and antibiotics. Patients should also seek advice from a doctor if they have other kinds of bacterial or viral infections (such as hepatitis, polio, herpes), eye infections or an ulcer of the surface of the eye, infection with parasites (worms), an internal fungal infection, tuberculosis TB (or have recently had a reaction to a vaccination against TB), or if they need a vaccination. Corticosteroids must not be injected into an infected site or unstable joint.

Risk	What is known	Preventability
Risk of hypersensitivity reactions including a severe allergic reaction called anaphylaxis	Hypersensitivity reactions and anaphylaxis (severe allergic reaction) have been reported following the injection of dexamethasone. These reactions are very rare and have typically been observed in patients with previous adverse drug reactions to dexamethasone.	Patients allergic to dexamethasone or any of the excipients should not be treated with Dexavital.
Growth inhibition in the paediatric population.	Chronic use of dexamethasone in children may cause adrenal suppression and growth retardation.	Body growth and development must be monitored carefully in children during treatment. Body growth and development must be monitored carefully in children born to mothers treated with corticosteroids during pregnancy and breastfed infants of mothers being treated with corticosteroids.
Metabolic disorders and diabetes	Corticosteroids may have an increased effect in patients with hypothyroidism or in patients with liver cirrhosis. Patients with diabetes may experience difficulties in controlling their diabetes, leading to adjustment of the anti-diabetic treatment	Patients suffering from hypothyroidism, liver cirrhosis or diabetes, shall be controlled regularly by the doctor.
Eye disorders	Corticosteroids may cause cataract (clouding of the eye's normal lens leading to decrease in vision). Dexamethasone shall be used with special caution in patients with narrow-angle glaucoma (raised pressure of the eye), open-angle glaucoma, corneal ulcers or lesions.	Patients with eye disorders shall be monitored by the ophthalmologist.

Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
Elderly and patients with osteoporosis, diabetes or hypertension	Corticosteroids may cause: - increased risk of osteoporosis in patients over 65 years of age due to reduced absorption of calcium. - difficulties in controlling diabetes, increased blood glucose concentration, leading to need for adjustment of the anti-diabetic treatment. - sodium and water retention and too high blood pressure (hypertension).
Interactions with salicylates and anticoagulants	Corticosteroids may interact with: - non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, and salicylates leading to gastrointestinal side effects, such as gastrointestinal ulceration or haemorrhage. Dexamethasone increases the salicylate blood concentration, so the dosage of salicylate should be reduced along with dexamethasone withdrawal. - coumarin anticoagulants leading to need for anticoagulant dosage adjustment. In order to avoid spontaneous bleeding, the blood coagulation time should be checked frequently.
Use during pregnancy/congenital abnormalities (birth defects/anomaly)	<u>Pregnancy</u> Dexamethasone crosses placenta, so especially in the first trimester, treatment should be started only after a risk-benefit evaluation. Dexamethasone has induced cleft palate in animals, however only limited data in humans are available. Inhibition of fetal growth cannot be ruled out in long-term therapy with dexamethasone. <u>Lactation</u> Glucocorticoids are excreted in breast milk. It is not yet known if dexamethasone is harmful to the child who is being breast-fed. Nevertheless, it is recommended that Dexavital should only be prescribed while breast-feeding if absolutely necessary. If treatment requires high doses of dexamethasone, the child should be weaned.

Missing information

None.

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

Not applicable

VI.2.7 Summary of changes to the Risk Management Plan over time

Major changes to the Risk Management Plan over time

Version	Date	Safety Concerns	Comment
Version 1.0	At time of authorisation <Enter a date>	Not applicable	