

# Medication Safety Notice

No. SA 02 / 14 page 1 of 2

Issued by Medicines and Technology Policy and Programs, SA Health

[www.sahealth.sa.gov.au/medicationsafety](http://www.sahealth.sa.gov.au/medicationsafety)



A patient **Safety Notice** strongly advises the implementation of particular recommendations or solutions to improve quality and safety.

## We recommend you inform:

- General Managers
- Pharmacy Directors
- Medical Directors
- Clinical Directors
- Nursing Directors
- Drug and Therapeutics Committees
- Medication Safety Committees
- Safety and Quality Units
- Clinical Governance

## Contact details:

T: (08) 8204 1944  
F: (08) 8463 5540

## Colchicine toxicity can be fatal

The South Australian Coroner recently reported on a case of a 76-year-old nursing home resident, who died as a result of colchicine toxicity. The resident received multiple courses of colchicine and at the time of her death, had a potentially lethal blood concentration.

The Coroner found the case illustrated the dangers of colchicine; that its potential lethality is not well understood within the medical community and there are ambiguities in the published dosing guidelines.

There are other case reports in the literature of toxicity and death linked with colchicine.<sup>1</sup>

## Accumulation of colchicine and fatal toxicity

Although colchicine poisoning is relatively uncommon, it is imperative to recognise risk factors and its clinical presentation as it is associated with a high mortality rate.

Accumulation may occur when:

- multiple courses of colchicine are repeated within a short time frame
- colchicine is prescribed with a drug that inhibits its metabolism (e.g. clarithromycin)
- colchicine dose is not adjusted in the elderly, or patients with renal / hepatic impairment

Colchicine should be discontinued immediately if gastrointestinal effects occur (e.g. nausea or diarrhoea). In overdose, colchicine can lead to multiple organ failure.

## Indications and dosing information

Colchicine is indicated for the relief of pain early in acute gout, or prophylaxis of recurrent gout including when starting urate lowering therapy. It may also be used for other conditions.

***The conservative dosing schedule in the Australian Medicines Handbook (AMH) is recommended.***

The Australian product information and Therapeutic Guidelines reflect previously used higher dose regimens.

### Recommended dosing in acute gout in adults:

1 mg orally, then 500 micrograms orally 1 hour later. (A maximum 1.5 mg per course)

Do not repeat the course within 3 days. Wait at least 12 hours before resuming prophylactic colchicine.<sup>2</sup>

### Recommended dosing for prophylaxis of gout in adults, including when starting urate lowering treatment:

500micrograms once or twice daily according to response (for further details refer to AMH<sup>2</sup>)



Government  
of South Australia  
SA Health

June 2014

# Medication Safety Notice

No. SA 02 / 14 page 2 of 2

Issued by Medicines and Technology Policy and Programs, SA Health

[www.sahealth.sa.gov.au/medicationsafety](http://www.sahealth.sa.gov.au/medicationsafety)



A patient **Safety Notice** strongly advises the implementation of particular recommendations or solutions to improve quality and safety.

## We recommend you inform:

- General Managers
- Pharmacy Directors
- Medical Directors
- Clinical Directors
- Nursing Directors
- Drug and Therapeutics Committees
- Medication Safety Committees
- Safety and Quality Units
- Clinical Governance

## Contact details:

T: (08) 8204 1944  
F: (08) 8463 5540

***Dose adjustments are required in the elderly and in renal and hepatic impairment. Dosing in paediatrics – seek expert advice.***

## Consider alternative agents

**Other short-course pharmacological options for acute gout attacks include:**

- Prednisolone
- Non-steroidal anti-inflammatory agents

## Action required by health professionals

Health care professionals must:

1. Consider the alternative agents for first-line treatment and prophylaxis of gout.
2. Be aware of the risks associated with the use of colchicine
3. Be aware of patient risk factors for colchicine toxicity
4. Be aware of the inconsistent dosing information for the use of colchicine in the management of acute gout.
5. Note the conservative dosing schedule in the AMH is recommended.

## Action required by SA Health services

Health services should:

1. Review current practice and ensure recommendations and actions are consistent across all treatment settings.
2. Ensure that staff are aware of the risks associated with use of colchicine, both short and long-term, and regularly monitor relevant clinical parameters.

See the full coroner's report at:

<http://www.courts.sa.gov.au/CoronersFindings/Lists/Coroners%20Findings/Attachments/586/WERNER%20Cynthia%20Joy.pdf>

References:

1. Australian Adverse Drug Reactions Bulletin Vol 25, No. 5, Oct 2008
2. *Australian Medicines Handbook* 2014 (online). Adelaide: Australian Medicines Handbook Pty Ltd; 2014 January. Available from: <http://www.amh.net.au>