

AN ADVERSE DRUG REACTION IN A PAEDIATRIC PATIENT WITH DRAVET SYNDROME: CANNABIDIOL AND VALPROATE DRUG-DRUG INTERACTION

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Introduction

Cannabis-based therapies have been used to treat epilepsy for millennia, but only in the last few years several studies led to the marketing in Europe of a drug based on cannabidiol with an indication for Lennox-Gastaut and Dravet syndrome authorized in Italy as CU.

The aim of this work is to describe an ADR of patient with Dravet syndrome treated with Cannabidiol oral-solution.

Methodology

Periodic reports required by the compassionate use protocol and pharmacovigilance activity were used to collect the data.

Results

The patient in object fulfilled every criteria of eligibility: female patient born gen-2001 bodyweight 60kg diagnosed Dravet Syndrome with inadequately seizure control with standard therapy: Valproic acid(VPA)600mg/die, Clobazam 20mg/die Stiripentol 2000mg/die.

On gen-2019 Cannabidiol oral solution 100mg/ml has been added to the therapy, once expressed favourable opinion by the ethics committee and acquired informed consent, according to the following dosing schedule: **5mg/kg/die for 7 days and 10mg/kg/die 7 days and maintenance dose 15mg/kg/die.**

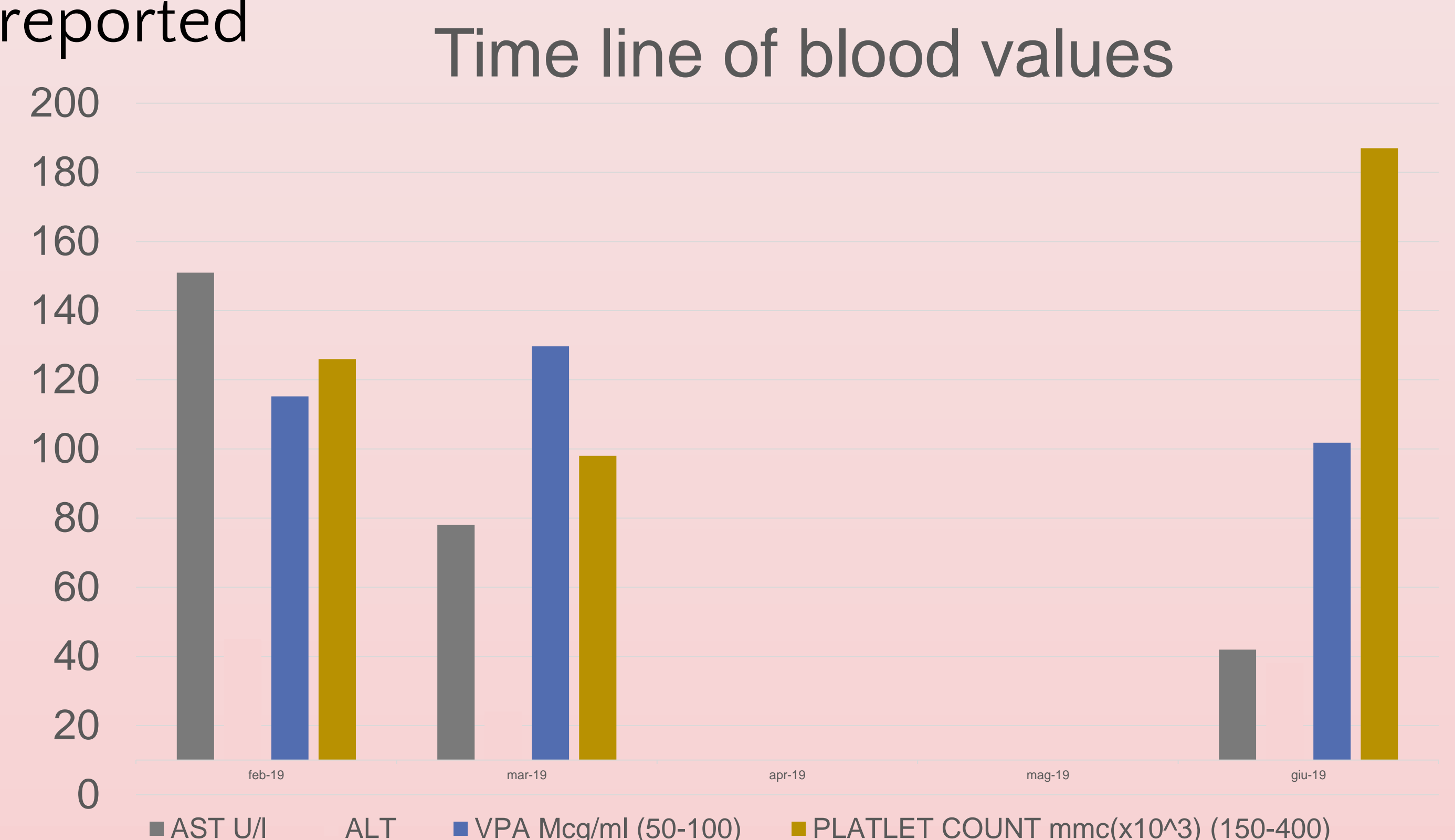
Results

On Feb-2019 Adverse reaction was reported: increased value of hepatic enzyme AST 151U/l (0-40), ALT 45 U/l (0-40), blood value of VPA 115.2 mcg/ml (50-100) and decreased value of platelet count $126 \times 10^3/\text{mmc}$ (150-400).

On Mar-2019 hepatic enzyme value decreased (AST 78U/l, ALT 24U/l) but platelet count furthermore decreased to $98 \times 10^3/\text{mmc}$ (150-400) and blood value of VPA increased (129.7mcg/ml).

The physician considered to reduce the daily dose of VPA to 10mg/kg/die.

On Jun-2019 platelet count $187 \times 10^3/\text{mmc}$ (150-400) and VPA 101.8mcg/ml (50-100) were reported



The Naranjo algorithm, having obtained a result of 7, determined the event related to cannabidiol/valproic acid to be "probable". Conclusion and relevance

Conclusion

Due the evident interaction of CBD with VPA, the strict management of the drugs is critical to minimize the collateral effect. Cannabidiol therapy did not produce detectable effects on the management of seizures, but the therapy was not suspended thanks to a detectable increase of the patient's cognitive and social capacities.