



## CNA HealthPro

### FAQs – Fen-Phen

**Q. What exactly is Fen-Phen?**

A. The term "Fen-Phen" has come up in many news reports describing cardiac valvular damage caused by appetite suppression drugs. The "Fen" can be either fenfluramine (Pondimin®) or the dextro-isomer of fenfluramine, dexfenfluramine (Redux®). "Phen" is the drug phentermine (Adipex®, Fastin® or Ionamin®).

**Q. What dangers does this drug combination pose?**

A. A study in the November 14, 1997 *Morbidity and Mortality Weekly Report* (published by the Centers for Disease Control and Prevention) examined the prevalence of valvular cardiac disease among patients who had been exposed to the drugs, but who had no history of disease or cardiac symptoms.

Although the prevalence of valvular regurgitation meeting the study's case definition among the general population is approximately 5 percent, the study group averaged 32.6 percent - a greater than sixfold increase! Most cases involved the use of a combination of these appetite suppressant drugs; however, 16 percent of the patients had used either fenfluramine or dexfenfluramine by itself. The hazard of this increased prevalence of regurgitation is the concomitant increase in the potential for subacute bacterial endocarditis (SBE) following dental treatment.

**Q. How many patients are at risk?**

A. The CDC estimates that approximately 14 million prescriptions have been written for either fenfluramine or dexfenfluramine since 1985, mostly for women. It also estimates that between 1.2 and 4.7 million persons in the U.S. have been exposed to these drugs. Assuming that only half the U.S. population seeks dental care, that means that each of the approximately 150,000 practicing dentists in the U.S. can expect to have anywhere from four to 16 patients who have taken these medications.

**Q. What can dentists do to help their patients?**

A. First, *ask every patient* about the use of these medications as part of your regular medical history review. If possible, amend your written and oral medical history questionnaire to include this question.

Any patient providing a positive response should be referred to his or her physician. The U.S. Department of Health and Human Services (HHS) recommends that "all persons exposed to fenfluramine or dexfenfluramine, for any period of time, either alone or in combination with other agents, should undergo a medical history and cardiovascular examination by their physician to determine the presence or absence of cardiopulmonary signs or symptoms." HHS further recommends an echocardiographic evaluation for all patients in this group as well – a physical exam alone is not deemed sufficient.

**Q. Is premedication recommended?**

A. Patients found to have valvular disease with regurgitation are to be premedicated according to the 1997 American Heart Association guidelines for the prevention of SBE. Be certain to request a written report from the consulting physician to keep in your patient's chart, and document in the record your

medical history review findings and the patient's proper premedication prior to all appointments that the guidelines indicate require premedication. In short, seize every opportunity to protect your patients from the potential harm apparently linked to use of these appetite suppression medications.

**Q. How can I learn more?**

A. More information can be obtained from the ADA Internet Website at [www.ada.org](http://www.ada.org) or from the CDC at <http://wonder.cdc.gov/wonder/prevguid/m0049815/m0049815.asp>. Or call the *CDC/Morbidity and Mortality Weekly Report* at 404-639-2100.

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