

Holiday Nightmares - side effects of the anti-malarial, Lariam

Peter Ascot, Melbourne and Diane Taylor, UK

Drug-taking has often been linked to crimes, but when a former teacher at England's prestigious Harrow School faced court for stealing nearly \$100 000 from the school's holiday fund, he came up with a surprising excuse. He blamed his actions on prescribed antimalarial tablets he had taken, which he said left him 'confused and paranoid'.

Though the man was convicted, that is not the last that English courts will hear of the drug in question, Lariam. Pharmaceutical giant Roche, which manufactures Lariam (also known as Mefloquine) is the target of a class action launched by British travellers claiming damages for severe Lariam side effects. Legal action is also expected in the US, though Roche in Australia believes warnings are adequate and has not struck problems.

In January 1997 a six-year-old English girl became ill after returning from Africa, and died after horrific symptoms such as blistered skin and shedding her nails and hair. British medical journal the Lancet linked her death to Lariam. And when a

barrister who had taken a course of the drug jumped to his death from a roof, the coroner concluded that Lariam probably had something to do with his demise.

Side effects associated with Lariam range from sweating, dehydration and palpitations to disturbed sleep, the development of phobias and mood swings. The Medical Advisory Service for Travellers (MASTA) found that one in 140 Lariam users experienced some sort of 'temporary disablement', while Roche itself accepts that nearly one quarter of users suffered some sort of side effect.

While acknowledging that these side effects do occur, a spokesperson in Britain noted: 'Roche has always provided health professionals and travellers with appropriate information on the possible side effects of Lariam and will vigorously defend any writs that are served.'

Hugh Firth (not his real name) from Britain says he received no warnings about Lariam when it was prescribed to him by his GP. He regularly travels to Nigeria where malaria is rife and had always taken other types of antimalarial pills without ill

effect. When he arrived in Nigeria and boarded an internal flight, he suddenly began to sweat profusely and started gasping for water 'I became so hot I started stripping my clothes off in front of other passengers. I staggered out of my seat and fell into the arms of the cabin crew. They gave me lots of water and, after about 20 minutes, I began to feel a little better. I just kept praying for the flight to end because I felt as if I was locked in a coffin.'

Hugh had more attacks while he was away but did not associate them with the Lariam he was taking. The doctors he consulted in Nigeria could find no cause for his symptoms.

It was only when Hugh returned to England and consulted his GP that the link with Lariam was made. Although he took the drug nearly two years ago, he still suffers from claustrophobia, a condition he had never experienced until the moment on the plane. He has had to give up his job as a university lecturer because he can no longer cope with it.

If side effects can be severe, and are well known, why would Lariam remain in

Special General Meeting

A Special General Meeting will be held in Sydney on

Wednesday, February 3 1999

to vote to accept a new Constitution for APLA.

Formal notice and proxies will be mailed in January, along with a summary of key changes.

A complete version of the new Constitution will be posted on APLA's website.

use? The short answer is that malaria can cause anaemia, kidney failure, coma and death. It is responsible for four million deaths annually, and there is no commercially available vaccine. Malaria is managed, rather than prevented, by a range of quinine-based drugs, which kill the malaria parasites during their development, reducing the risk of becoming seriously ill. However, the most virulent parasite, *P. falciparum*, is resistant to the drug chloroquine. It was this species that caused an upsurge of malaria deaths in Tanzania in May this year, after an abnormally long rainy season.

When such conditions occur, allowing the rampant spread of the disease via mosquitos, the risk of contracting malaria is high, and newer high-potency drugs will be used.

Clearly, if severe cases of malaria can lead to death, Lariam-induced dizziness is vastly preferable. But some experts believe there is a better way. John Brauner of the Vaccine Information Service in Melbourne claims that most of the available drugs are only 40-60 per cent effective, and that if other health factors depress the individ-

ual's immune system, malaria can take hold regardless. 'If a person is healthy and relatively fit,' notes Brauner, 'they're not all that likely to contract the disease.'

Despite this, the Travellers Medical and Vaccination Centre reports that in Australia 1000 travellers from overseas destinations are diagnosed with malaria annually, with more than 50 per cent of the cases acquired in Papua New Guinea, Solomon Islands and Vanuatu. Malaria infections also commonly originated in Africa, India and Indonesia, and less commonly in Thailand, Malaysia, Vietnam and Cambodia.

As drugs are not always effective, and cause side effects, prevention is a good option. Some advisory groups advise balancing the risks of taking Lariam against the likelihood of getting the disease, citing simple precautions as a wise alternative. These include good health, proper clothing, bednets, insect repellent and avoidance of high-risk situations such as outdoor night-time activities, where mosquitos can bite. This also reduces the risk of other diseases such as dengue fever and yellow fever.

MASTA is still advising the use of Lariam in certain parts of the world in certain circumstances, but points out the dangers and urges travellers to weigh up the risks before popping their pills. Lariam should not be used by people with a history of epilepsy or psychiatric disorder.

The message for Australian travellers is clear: seek reputable advice and consider your own state of health and medical history. Because while the days of sipping a gin & (quinine-containing) tonic to prevent malaria may be over, there are those who would argue that the new methods are no better. ■

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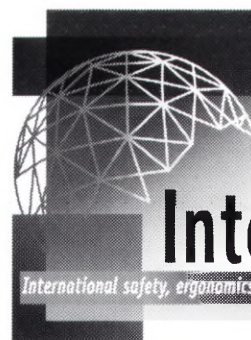
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