

# FDA: Haloperidol Found in Drugs Bought Online

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The Food and Drug Administration has reissued its warning that buying prescription drugs online can be dangerous after preliminary tests detected haloperidol in certain drugs purchased over the Internet.

Preliminary analyses determined that some orders of zolpidem (Ambien), alprazolam (Xanax), escitalopram (Lexapro),

and lorazepam (Ativan), obtained by U.S. consumers over the Internet, actually contained the antipsychotic drug haloperidol (Haldol), the agency said in a statement. The statement refers to reports of people who've had emergency medical treatment for symptoms such as muscle spasms, difficulty breathing, and muscle stiffness after taking the pills.

Although the affected consumers named several Web sites through which the products were purchased, identifying the ven-

dors "is difficult because of the deceptive practices of many commercial outlets on the Internet," according to the statement. The packages containing these products were postmarked in Greece, but that may not be where they originated. The investigation is continuing, the statement said.

Photographs of the tablets that contained haloperidol are available at [www.fda.gov/bbs/topics/news/photos/haloperidol.html](http://www.fda.gov/bbs/topics/news/photos/haloperidol.html). Consumers who have purchased these drugs online and re-

ceived tablets in packages that resemble those in the photos should submit a product quality problem report—or have their providers do so—at [www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm](http://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm).

Information on buying medication online is provided at [www.fda.gov/buyonline](http://www.fda.gov/buyonline). Last month, the FDA recalled a dietary supplement that was available over the Internet because tests determined it contained tadalafil (Cialis). ■

## Mentally Impaired Benefit From Exercise Rehab

CARMEL, CALIF. — Cognitively impaired older adults who participate in exercise rehabilitation programs have similar strength and endurance outcomes as their cognitively intact peers, results from a large meta-analysis showed.

The finding suggests that cognitively impaired older adults should not be excluded from rehabilitation programs, Kyle E. Johnson reported at the Western regional meeting of the American Federation for Medical Research.

"It's a fallacy that cognitively impaired older adults are unable to follow instructions and that they will not benefit from physical therapy," said Mr. Johnson, who is a second-year medical student at the University of Colorado, Denver.

He and his associate, Patricia C. Heyn, Ph.D., of the university's division of geriatric medicine, searched electronic and printed databases for randomized, controlled trials that included physical rehabilitation outcomes of cognitively impaired older adults (defined as those with a Mini-Mental State Examination score of less than 24) and cognitively intact older adults (defined as those with an MMSE score of 24 or higher).

Of the more than 500 articles reviewed, 41 met inclusion criteria. Of these, 21 trials involved 1,411 older adults with cognitive impairment and 20 trials involved 1,565 older adults who were cognitively intact. The mean age of the patients was 81 years.

The mean MMSE score among the cognitively impaired older adults was 16, compared with a mean MMSE score of 28 among those who were cognitively intact.

When the researchers combined the strength and endurance outcomes from the two groups, they observed an effect size of 0.51 for the cognitively impaired elderly and an effect size of 0.49 for the cognitively intact elderly. No statistically significant differences were seen in the strength and endurance outcomes between the two groups.

"Every study showed a positive result" from physical exercise, Mr. Johnson said. "We need more research to directly compare these two groups and to consider the need for different exercise guidelines for varying degrees of cognitive impairment."

—Doug Brunk



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Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir. As with other insulins, the timing of hypoglycemic events may differ among various insulin preparations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may require adjustment.

Levemir is not to be used in insulin infusion pumps. Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy. Dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia in patients being switched to Levemir from other intermediate or long-acting insulin preparations. The dose of Levemir may need to be adjusted in patients with renal or hepatic impairment.

Other adverse events commonly associated with insulin therapy may include injection site reactions (on average, 3% to 4% of patients in clinical trials) such as lipodystrophy, redness, pain, itching, hives, swelling, and inflammation.

\*Whether these observed differences represent true differences in the effects of Levemir and NPH insulin is not known, since these trials were not blinded and the protocols (eg, diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences in weight has not been established.

Reference: 1. IMS Health, IMS MIDAS [12 months ending September 2005]. Please see brief summary of Prescribing Information on adjacent page. FlexPen and Levemir are registered trademarks of Novo Nordisk A/S. © 2006 Novo Nordisk Inc. 131007 September 2006

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