

Cleaning Products Drive Antimicrobial Resistance

BY JEFF EVANS
Senior Writer

BETHESDA, MD. — Use of household cleaning products that contain benzalkonium chloride may decrease the susceptibility of bacteria to other antimicrobial ingredients in cleaning products and increase their resistance to antibiotics, according to the results of a randomized, double-blind study.

The study is the first randomized inter-

vention study to assess the relationship between the use of two biocidal ingredients found in household cleaning products—benzalkonium chloride (BZK) and triclosan—and antibiotic resistance in the household setting. Allison E. Aiello, Ph.D., reported at an annual conference on antimicrobial resistance sponsored by the National Foundation for Infectious Diseases.

Consumer antiseptics and disinfectants are products that can prevent infections by killing or inhibiting the growth of mi-

croorganisms. Biocidal ingredients in these products often are quaternary ammonium compounds (such as BZK) and triclosan.

Some studies have found triclosan in more than 75% of liquid hand-washing soaps sold in the United States. Triclosan has been used ubiquitously since the 1960s and can be found in some toothpaste and embedded in products such as cutting boards and baby diapers. Triclosan also is known to remain in treated sewage that is recycled for use in agriculture, according to

Dr. Aiello of the department of epidemiology at the University of Michigan, Ann Arbor.

In 2000, Dr. Aiello and her coinvestigators provided 238 households with either antibacterial products (floor cleaner with 0.08% BZK, surface cleaner with 2.7% BZK, and liquid hand-washing soap with 0.2% triclosan) or the same products without antibacterial ingredients. They cultured the hands of household members before the study started and then after 1 year. Isolates of bacteria from the cultures were tested to determine the minimum inhibitory concentrations (MICs) of BZK and triclosan on which bacteria can grow.

The investigators defined MICs that were above the median for each biocide as “high” and those equal to or less than the median as “low.” The investigators analyzed the general trends and changes over time in all bacterial species combined because they could not compare the same isolates at baseline and at the end of 1 year.

In isolates from all bacterial species combined, there were no differences between the groups in susceptibility to BZK at baseline or 1 year.

Dr. Aiello and her colleagues then analyzed of isolates of bacteria from all species with a high MIC for BZK. At baseline, these isolates from either group of households had similar rates of antibiotic resistance or high MICs for triclosan. But, after 1 year, the isolates that came from households using antibacterial cleaning products had more than twice the odds of developing a high MIC for triclosan than did isolates from households that did not use products with antibacterial ingredients. At 1 year, isolates from households that used antibacterial products also had more than double the likelihood of developing resistance to antibiotics. A sub-analysis showed that gram-negative bacterial isolates from households using antibacterial products had nearly fourfold higher odds of developing antibiotic resistance, compared with gram-negative isolates from households that did not use products with antibacterial ingredients.

“Potential selective pressure may result in coselection of resistance genes for other biocides and antibiotics,” Dr. Aiello concluded.

Dr. Aiello and her associates tested all gram-negative bacteria against gentamicin, imipenem, and ciprofloxacin. Certain bacterial species were tested against other types of antibiotics.

No covariates—such as use of a product before enrollment, child day care attendance, or antibiotic use—were associated with susceptibility to BZK or with households that used products containing antibacterial ingredients.

Previous studies have shown that both quaternary ammonium compounds and triclosan can activate efflux pumps in bacteria that transfer plasmids containing resistance genes.

The specific mechanisms of action of quaternary ammonium chlorides are unclear, but they are thought to cause generalized membrane damage.

Dr. Aiello had no conflicts of interest to disclose.

DIFFERIN® (adapalene) Cream, 0.1%

Rx Only

BRIEF SUMMARY

For topical use only. Not for ophthalmic, oral, or intravaginal use.
INDICATIONS AND USAGE: DIFFERIN® Cream is indicated for the topical treatment of acne vulgaris.

CONTRAINDICATIONS: DIFFERIN® Cream should not be administered to individuals who are hypersensitive to adapalene or any of the components in the cream vehicle.

PRECAUTIONS: General: If a reaction suggesting sensitivity or chemical irritation occurs, use of the medication should be discontinued. Exposure to sunlight, including sunlamps, should be minimized during use of adapalene. Patients who normally experience high levels of sun exposure, and those with inherent sensitivity to sun, should be warned to exercise caution. Use of sunscreen products and protective clothing over treated areas is recommended when exposure cannot be avoided. Weather extremes, such as wind or cold, also may be irritating to patients under treatment with adapalene.

Avoid contact with the eyes, lips, angles of the nose, and mucous membranes. The product should not be applied to cuts, abrasions, eczematous or sunburned skin. As with other retinoids, use of “waxing” as a depilatory method should be avoided on skin treated with adapalene.

Information for Patients: Patients using DIFFERIN® Cream should receive the following information and instructions:

1. This medication is to be used only as directed by the physician.
2. It is for external use only.
3. Avoid contact with the eyes, lips, angles of the nose, and mucous membranes.
4. Cleanse area with a mild or soapless cleanser before applying this medication.
5. Moisturizers may be used if necessary; however, products containing alpha hydroxy or glycolic acids should be avoided.
6. Exposure of the eye to this medication may result in reactions such as swelling, conjunctivitis, and eye irritation.
7. This medication should not be applied to cuts, abrasions, eczematous or sunburned skin.
8. Wax epilation should not be performed on treated skin due to the potential for skin erosions.
9. During the early weeks of therapy, an apparent exacerbation of acne may occur. This is due to the action of this medication on previously unseen lesions and should not be considered a reason to discontinue therapy. Overall clinical benefit may be noticed after two weeks of therapy, but at least eight weeks are required to obtain consistent beneficial effects.

Drug Interactions: As DIFFERIN® Cream has the potential to produce local irritation in some patients, concomitant use of other potentially irritating topical products (medicated or abrasive soaps and cleansers, soaps and cosmetics that have a strong drying effect, and products with high concentrations of alcohol, astringents, spices or lime rind) should be approached with caution. Particular caution should be exercised in using preparations containing sulfur, resorcinol, or salicylic acid in combination with DIFFERIN® Cream. If these preparations have been used, it is advisable not to start therapy with DIFFERIN® Cream until the effects of such preparations in the skin have subsided.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenicity studies with adapalene have been conducted in mice at topical doses of 0.4, 1.3, and 4.0 mg/kg/day, and in rats at oral doses of 0.15, 0.5, and 1.5 mg/kg/day. These doses are up to 8 times (mice) and 6 times (rats) in terms of mg/m²/day the maximum potential exposure at the recommended topical human dose (MRHD), assumed to be 2.5 grams DIFFERIN® Cream, which is approximately 1.5 mg/m² adapalene. In the oral study, increased incidence of benign and malignant pheochromocytomas in the adrenal medullas of male rats was observed.

No photocarcinogenicity studies were conducted. Animal studies have shown an increased risk of skin neoplasms with the use of pharmacologically similar drugs (e.g., retinoids) when exposed to UV irradiation in the laboratory or to sunlight. Although the significance of these studies to human use is not clear, patients should be advised to avoid or minimize exposure to either sunlight or artificial UV irradiation sources.

Adapalene did not exhibit mutagenic or genotoxic effects *in vivo* (mouse micronucleus test) and *in vitro* (Ames test, Chinese hamster ovary cell assay, mouse lymphoma TK assay) studies.

Reproductive function and fertility studies were conducted in rats administered oral doses of adapalene in amounts up to 20 mg/kg/day (up to 80 times the MRHD based on mg/m² comparisons). No effects of adapalene were found on the reproductive performance or fertility of the F₂ males or females. There were also no detectable effects on the growth, development and subsequent reproductive function of the F₂ generation.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DIFFERIN® Cream is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 12 have not been established.

ADVERSE REACTIONS: In controlled clinical trials, local cutaneous irritation was monitored in 285 acne patients who used DIFFERIN® Cream once daily for 12 weeks. The frequency and severity of erythema, scaling, dryness, pruritus and burning were assessed during these studies. The incidence of local cutaneous irritation with DIFFERIN® Cream from the controlled clinical studies is provided in the following table:

Incidence of Local Cutaneous Irritation with DIFFERIN® Cream from Controlled Clinical Studies (N=285)				
	None	Mild	Moderate	Severe
Erythema	52% (148)	38% (108)	10% (28)	<1% (1)
Scaling	58% (166)	35% (100)	6% (18)	<1% (1)
Dryness	48% (136)	42% (121)	9% (26)	<1% (2)
Pruritus (persistent)	74% (211)	21% (61)	4% (12)	<1% (1)
Burning/Stinging (persistent)	71% (202)	24% (69)	4% (12)	<1% (2)

Other reported local cutaneous adverse events in patients who used DIFFERIN® Cream once daily included: sunburn (2%), skin discomfort-burning and stinging (1%) and skin irritation (1%). Events occurring in less than 1% of patients treated with DIFFERIN® Cream included: acne flare, dermatitis and contact dermatitis, eyelid edema, conjunctivitis, erythema, pruritus, skin discoloration, rash, and eczema.

OVERDOSAGE: DIFFERIN® Cream is intended for cutaneous use only. If the medication is applied excessively, no more rapid or better results will be obtained and marked redness, scaling, or skin discomfort may occur. The acute oral toxicity of DIFFERIN® Cream in mice and rats is greater than 10 mL/kg. Chronic ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

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DIFFERIN® (adapalene gel) Gel, 0.1%

Rx Only

BRIEF SUMMARY

INDICATIONS AND USAGE: DIFFERIN® Gel is indicated for the topical treatment of acne vulgaris.

CONTRAINDICATIONS: DIFFERIN® Gel should not be administered to individuals who are hypersensitive to adapalene or any of the components in the vehicle gel.

WARNINGS: Use of DIFFERIN® Gel should be discontinued if hypersensitivity to any of the ingredients is noted. Patients with sunburn should be advised not to use the product until fully recovered.

PRECAUTIONS: General: If a reaction suggesting sensitivity or chemical irritation occurs, use of the medication should be discontinued. Exposure to sunlight, including sunlamps, should be minimized during the use of adapalene. Patients who normally experience high levels of sun exposure, and those with inherent sensitivity to sun, should be warned to exercise caution. Use of sunscreen products and protective clothing over treated areas is recommended when exposure cannot be avoided. Weather extremes, such as wind or cold, also may be irritating to patients under treatment with adapalene.

Avoid contact with the eyes, lips, angles of the nose, and mucous membranes. The product should not be applied to cuts, abrasions, eczematous skin, or sunburned skin.

Certain cutaneous signs and symptoms such as erythema, dryness, scaling, burning, or pruritus may be experienced during treatment. These are most likely to occur during the first two to four weeks and will usually lessen with continued use of the medication. Depending upon the severity of adverse events, patients should be instructed to reduce the frequency of application or discontinue use.

Drug Interactions: As DIFFERIN® Gel has the potential to produce local irritation in some patients, concomitant use of other potentially irritating topical products (medicated or abrasive soaps and cleansers, soaps and cosmetics that have a strong drying effect, and products with high concentrations of alcohol, astringents, spices, or lime) should be approached with caution. Particular caution should be exercised in using preparations containing sulfur, resorcinol, or salicylic acid in combination with DIFFERIN® Gel. If these preparations have been used, it is advisable not to start therapy with DIFFERIN® Gel until the effects of such preparations in the skin have subsided.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenicity studies with adapalene have been conducted in mice at topical doses of 0.3, 0.9, and 2.6 mg/kg/day and in rats at oral doses of 0.15, 0.5, and 1.5 mg/kg/day, approximately 4-75 times the maximal daily human topical dose. In the oral study, positive linear trends were observed in the incidence of follicular cell adenomas and carcinomas in the thyroid glands of female rats, and in the incidence of benign and malignant pheochromocytomas in the adrenal medullas of male rats.

No photocarcinogenicity studies were conducted. Animal studies have shown an increased tumorigenic risk with the use of pharmacologically similar drugs (e.g., retinoids) when exposed to UV irradiation in the laboratory or to sunlight. Although the significance of these studies to human use is not clear, patients should be advised to avoid or minimize exposure to either sunlight or artificial UV irradiation sources.

In a series of *in vivo* and *in vitro* studies, adapalene did not exhibit mutagenic or genotoxic activities.

Pregnancy: Teratogenic effects. Pregnancy Category C. No teratogenic effects were seen in rats at oral doses of adapalene 0.15 to 5.0 mg/kg/day, up to 120 times the maximal daily human topical dose. Cutaneous route teratology studies conducted in rats and rabbits at doses

of 0.6, 2.0, and 6.0 mg/kg/day, up to 150 times the maximal daily human topical dose exhibited no fetotoxicity and only minimal increases in supernumerary ribs in rats. There are no adequate and well-controlled studies in pregnant women. Adapalene should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DIFFERIN® Gel is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 12 have not been established.

ADVERSE REACTIONS: Some adverse effects such as erythema, scaling, dryness, pruritus, and burning will occur in 10-40% of patients. Pruritus or burning immediately after application also occurs in approximately 20% of patients. The following additional adverse experiences were reported in approximately 1% or less of patients: skin irritation, burning/stinging, erythema, sunburn, and acne flares. These are most commonly seen during the first month of therapy and decrease in frequency and severity thereafter. All adverse effects with use of DIFFERIN® Gel during clinical trials were reversible upon discontinuation of therapy.

OVERDOSAGE: DIFFERIN® Gel is intended for cutaneous use only. If the medication is applied excessively, no more rapid or better results will be obtained and marked redness, peeling, or discomfort may occur. The acute oral toxicity of DIFFERIN® Gel in mice and rats is greater than 10 mL/kg. Chronic ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

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