Letter Ouen Access

Drug Induced Ototoxicity - Reply

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Ryan and Sachin [1] express concern that chronic use of macrolide antibiotics can cause permanent hearing loss and site a Cochrane Review in support of this contention [2]. Only six studies of macrolides were included in the Cochrane Review and, of these, only three reported adverse events [3-5]. Our study of azithromycin [3] was the by far the largest of these (N = 1142 compared, with N = 110 and 36 in references 4 and 5, respectively) and was the only one that systematically evaluated the effect of the macrolide on hearing by having research coordinators or audiologists perform audiograms and ask about subjective changes in hearing at pre-designed intervals during the course of treatment [3]. We indeed found that hearing decrements occurred more commonly in patients receiving azithromycin than in those receiving placebo (25% vs. 20%, P < 0.05) but 32% of the participants who developed hearing decrements while receiving azithromycin had reversal of these decrements on subsequent testing despite the fact that, because of an error in our protocol, they continued to receive the medication. A comparable percent of reversal in hearing decrements also occurred at subsequent measurements in the patients receiving placebo leading us to conclude that the audiograms performed by our research coordinators were likely too non-specific to confirm that the hearing decrements recorded actually occurred [3].

Ototoxicity is a well-recognized side effect of erythromycin and is attributed to high blood levels of the medication. Hearing decrements have been reported in patients given azithromycin in doses of 500 or 600 mg/day orally, but many of these patients were receiving other medications known to be ototoxic and/or to decrease the metabolism of macrolides. Whether ototoxicity occurs in response to long-term azithromycin at the dose that we administered (i.e., 250 mg/day), after screening for, and excluding patients taking concurrent medications known to alter macrolide metabolism, as we did in our study, remains to be determined.

References

- Ryan W, Sachin D (2014) Drug Induced Ototoxocity. Clin Exp Pharmacol 4:e132.
- Herath SC, Poole P (2013) Prophylactic antibiotic therapy for chronic obstructive pulmonary disease (COPD) Cochrane Database Syst Rev:CD009764.
- Albert RK, Connett J, Bailey WC, Casaburi R, Cooper JA, et al (2011) Azithromycin for prevention of exacerbations of COPD. N Engl J Med 365: 689-698
- He ZY, Ou LM, Zhang JQ, Bai J, Liu GN, Li MH, et al. (2010) Effect of 6 months of erythromycin treatment on inflammatory cells in induced sputum and exacerbations in chronic obstructive pulmonary disease. Respiration 80: 445-452.
- Seemungal TA, Wilkinson TM, Hurst JR, Perera WR, Sapsford RJ, et al. (2008) Long-term erythromycin therapy is associated with decreased chronic obstructive pulmonary disease exacerbations. Am J Respir Crit Care Med 178: 1139-1147.

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