

## Comment

We found a substantial delay in the publication of cost utility analyses, suggesting that reliable economic data are usually not available, at least in peer reviewed journals, for decision makers when decisions on adoption and reimbursement are typically made. Moreover, compared with trial results, dissemination of cost utility analyses takes place in journals with lower readership and influence. Several factors may contribute to this phenomenon: economic evaluations may be time consuming to construct, as they typically involve projections of trial data over time and across populations through use of modelling techniques and data from external sources; trial sponsors and investigators are eager to report important clinical results first, and more resources are initially allocated to interpreting and publishing these results; given that most readers of clinical journals are physicians, and not economists or policy makers, manuscripts presenting important clinical results are more often assigned by editors to an accelerated review and publication process.

Efforts have recently been made to keep the clinical and economic results of a trial together.<sup>4</sup> Further efforts (for example, fast track review process) should be made to promote timely dissemination of results of economic evaluations concurrent with or soon after the completion and publication of the trial.

We thank Richard H Chapman for his contribution to the design and analysis of the Harvard School of Public Health Cost-Effectiveness Analysis Registry.

Contributors: DG had the original idea for the study, drafted the first version of the manuscript, did the statistical analysis, and is

### What is already known on this topic

To identify cost effective interventions, decision makers need timely and reliable information about the clinical and economic consequences of treatments

Economic evaluations conducted alongside clinical trials enable analysis of detailed, patient level data on efficacy, cost, and quality of life in a controlled setting

### What this study adds

A substantial delay in the publication of economic evaluations suggests that reliable economic data are usually not available when decisions have to be made

the guarantor. All authors extracted data, interpreted the findings, critically revised the report, and approved the final version.

Funding: Supported by grant number R01 HS10919 from the Agency for Health Care Research and Quality.

Competing interests: None declared.

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doi 10.1136/bmj.38079.502326.AE

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## DRUG POINTS

# Guillain-Barré syndrome seen in users of isotretinoin

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We report Guillain-Barré syndrome in people taking oral isotretinoin, a retinoid drug used in secondary care for severe acne.<sup>1</sup> The Committee on Safety of Medicines has received one other report of Guillain-Barré syndrome after oral isotretinoin (Committee on Safety of Medicines, private communication).

*Case 1*—A 31 year old man took 80 mg of oral isotretinoin a day for five weeks, during which he had epistaxis, dry lips, cough, and arthralgia before developing paraesthesiae in his feet and influenza-like symptoms. The next day he could not stand due to an areflexic tetraparesis and needed ventilatory support. Within four days he could only blink.

*Case 2*—A 13 year old boy took 50 mg of oral isotretinoin a day for two months, stopped for one week, and then took 30 mg a day for six weeks but had epistaxis, lethargy, and headaches. After stopping isotretinoin again for 10 days he developed a flaccid areflexic tetraparesis needing ventilatory support.

Both patients displayed cerebrospinal fluid albuminocytological dissociation. Nerve conduction studies in case 1 showed a motor axonal neuropathy with unrecordable sensory potentials and F waves, those in case 2, done after 21 months, showed borderline increased F wave latencies. Both patients received

intravenous immunoglobulin IVIg 2 g/kg and left hospital within three months. Neither patient has been rechallenged with oral isotretinoin, although the first continued to use topical isotretinoin gel 0.05% which is not absorbed.

Retinoids affect the development, differentiation, and function of the central nervous system. Sensory neuropathy has been described in patients taking the retinoid drug acitretin.<sup>2</sup> Over a 19 year period, an estimated 375 000 patients have been treated with oral isotretinoin in the United Kingdom (Roche, personal communication), and the annual incidence of Guillain-Barré syndrome is about 2 in 100 000. This is insufficient to establish a causal association between Guillain-Barré syndrome and isotretinoin. We hope to alert others to report similar cases.

We thank the guarantors of *Brain*.

Funding: JP was funded by a Medical Research Council training fellowship and *Brain* neurology entry fellowship.

Competing interests: None declared.

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*BMJ* 2004;328:1537