

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13110



0 - FRONT

MEDWATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For VOLUNTARY reporting by health professionals of adverse events and product problems

Form Approved OMB No 0910-0291 Expires 12/31/94 See OMB statement on reverse

FDA Use Only H Pad
Triage unit sequence # **90341**
13110

PCFSAN of _____

PCFSAN

A. Patient information

1 Patient identifier [Redacted]	2 Age at time of event: 42 or Date of birth: [Redacted]	3 Sex <input checked="" type="checkbox"/> female <input type="checkbox"/> male	4 Weight 211 lbs or _____ kgs
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B. Adverse event or product problem

1. Adverse event and/or Product problem (e.g., defects/malfunctions)

2 Outcomes attributed to adverse event (check all that apply)

<input type="checkbox"/> death (mo/day/yr)	<input type="checkbox"/> disability
<input type="checkbox"/> life-threatening	<input type="checkbox"/> congenital anomaly
<input checked="" type="checkbox"/> hospitalization - initial or prolonged	<input checked="" type="checkbox"/> required intervention to prevent permanent impairment/damage
	<input type="checkbox"/> other: _____

3 Date of event (mo/day/yr) **7-3-98** 4 Date of this report (mo/day/yr) **9-10-98**

5 Describe event or problem

pt had a seizure & was admitted to hospital. pt was hospitalized 7-2-98 to 7-15-98. pt developed respiratory failure & was intubated. Her multi system failure were secondary to ma huang and guarang (Herbal Diet pill). The pt had the following: sepsis, resp. failure, cardiogenic shock, CHF, Rhabdomyolysis, tonic clonic seizure, pneumonia and UTI. The exact ma huang dose is not know, however it is thought she was taking ~300mg/day. The recommendations on the package advise not to use > 80mg/day.

6 Relevant tests/laboratory data, including dates

7-3-98 urine tox screen positive for amphetamine
pt had heart cath, Bronchial lavage & Fiberoptic Bronchoscopy during her hospitalization.

7 Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc)

obesity

REC'D.
SEP 3 11 1998

CTU 90341 MEDWATCH CTU

C. Suspect medication(s)

1 Name (give labeled strength & mfr/labeler, if known)

#1 **Ma Huang, guarang (Herbal Diet P. 11)**

#2 _____

2 Dose, frequency & route used

#1 **~300mg/day**

#2 _____

3 Therapy dates (if unknown, give duration from/to (or best estimate))

#1 **unknown**

#2 _____

4 Diagnosis for use (indication)

#1 **Weight Loss**

#2 _____

6 Lot # (if known)

#1 _____

#2 _____

7 Exp. date (if known)

#1 _____

#2 _____

9 NDC # (for product problems only)

#1 _____

#2 _____

10 Concomitant medical products and therapy dates (exclude treatment of event)

RECEIVED

D. Suspect medical device

1 Brand name _____

2 Type of device _____

3 Manufacturer name & address _____

4 Operator of device

health professional
 lay user/patient
 other _____

5 Expiration date (mo/day/yr) _____

6 model # _____

7 If implanted, give date (mo/day/yr) _____

8 If explanted, give date (mo/day/yr) _____

9. Device available for evaluation? (Do not send to FDA)

yes no returned to manufacturer on _____ (mo/day/yr)

10 Concomitant medical products and therapy dates (exclude treatment of event)

E. Reporter (see confidentiality section on back)

1 Name, address & phone #

[Redacted]

000001

2 Health professional? yes no

3 Occupation **pharmacist**

4 Also reported to

manufacturer
 user facility
 distributor

5 If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box.

Mail to: MEDWATCH
5600 Fishers Lane
Rockville, MD 20852-9787

or FAX to:
1-800-FDA-0178

ADVICE ABOUT VOLUNTARY REPORTING

Report experiences with:

- medications (drugs or biologics)
- medical devices (including in-vitro diagnostics)
- special nutritional products (dietary supplements, medical foods, infant formulas)
- other products regulated by FDA

Report **SERIOUS** adverse events. An event is serious when the patient outcome is:

- death
- life-threatening (real risk of dying)
- hospitalization (initial or prolonged)
- disability (significant, persistent or permanent)
- congenital anomaly
- required intervention to prevent permanent impairment or damage

Report even if:

- you're not certain the product caused the event
- you don't have all the details

Report product problems – quality, performance or safety concerns such as:

- suspected contamination
- questionable stability
- defective components
- poor packaging or labeling

How to report:

- just fill in the sections that apply to your report
- use section C for all products except medical devices
- attach additional blank pages if needed
- use a separate form for each patient
- report either to FDA or the manufacturer (or both)

Important numbers:

- 1-800-FDA-0178 to FAX report
- 1-800-FDA-7737 to report by modem
- 1-800-FDA-1088 for more information or to report quality problems
- 1-800-822-7967 for a VAERS form for vaccines

If your report involves a serious adverse event with a device and it occurred in a facility outside a doctor's office, that facility may be legally required to report to FDA and/or the manufacturer. Please notify the person in that facility who would handle such reporting.

Confidentiality: The patient's identity is held in strict confidence by FDA and protected to the fullest extent of the law. The reporter's identity may be shared with the manufacturer unless requested otherwise. However, FDA will not disclose the reporter's identity in response to a request from the public, pursuant to the Freedom of Information Act.

The public reporting burden for this collection of information has been estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send your comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Reports Clearance Officer, PHS
Hubert H. Humphrey Building,
Room 721-B
200 Independence Avenue, S W
Washington, DC 20201
ATTN: PRA

and to:
Office of Management and
Budget
Paperwork Reduction Project
(0910-0230)
Washington, DC 20503

Please do NOT
return this form
to either of these
addresses.

FDA Form 3500-back

Please Use Address Provided Below – Just Fold In Thirds, Tape and Mail

Department of Health and Human Services

Public Health Service
Food and Drug Administration
Rockville, MD 20857

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 946 ROCKVILLE, MD

POSTAGE WILL BE PAID BY FOOD AND DRUG ADMINISTRATION

MEDWATCH

The FDA Medical Products Reporting Program

Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20852-9787

02: 8V 9- 100 86.

RECEIVED
CLINICAL RESEARCH
& REVIEW/CSN HFS-462

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

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Adverse Event Questionnaire

Complaint Number: MedWatch 13110

Investigator: Charles R. Cote
MIN-DO #730

Consumer Information	
Date of Report: <u>12/15/98</u> MM/DD/YY	Initial Report Source: <input type="checkbox"/> ORA Consumer Injury ----- <input type="checkbox"/> Telephone <input type="checkbox"/> Correspondence <input checked="" type="checkbox"/> MedWatch <input type="checkbox"/> USP <input type="checkbox"/> PQRS <input type="checkbox"/> Poison Control <input type="checkbox"/> CDC
Name: [REDACTED]	Gender: <input checked="" type="checkbox"/> F <input type="checkbox"/> M Age: <u>42yr</u> <u>4/16/56</u>
Race: <input checked="" type="checkbox"/> 1-White <input type="checkbox"/> 2-Black <input type="checkbox"/> 3-Asian/Pacific Islander <input type="checkbox"/> 4-Native American <input type="checkbox"/> 5-Hispanic <input type="checkbox"/> 8-Other _____ <input type="checkbox"/> 9-Unknown	
Information on Adverse Event	
Date of Adverse Event: <u>7/3/98</u> Previous Adverse Effects to Product Type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Give the site of consumption/ingestion (e.g. home, restaurant, office): <u>Home</u>
<p>The following information relates to the consumers' use of the product.</p> <p>Describe the adverse event (including symptoms and the time lapse from using product to onset of symptoms): <u>Refer to memo dated 12/8/98. symptoms began approx 7 days after use began & included seizures.</u></p> <p>How long did the symptoms last? Give the circumstances of exposure (i.e. how much was taken, how was the product taken, how often was it taken, etc.): <u>Product was reportedly ingested for approx 7 days @ 3 tablets per day, as per labeled directions</u></p> <p>List all Medication(s), Dietary Supplement(s), Food(s), and other product(s) used <u>at the time</u> of the event: <u>No medications used. 2 vitamins (Shaklee) Vitamin B complex & Vita-Lea</u></p> <p>Did event abate after use of suspected product stopped or dose reduced: <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>Unknown Did symptoms reoccur after reintroduction of suspected product: <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unknown <input checked="" type="checkbox"/>Not Applicable Did symptoms reoccur after using other products with the same ingredients: <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unknown <input checked="" type="checkbox"/>Not Applicable</p>	
Medical Information	
Was a health care provider seen?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Give health care provider's name, address and telephone number [REDACTED]	
Occupation of Health Care Provider: <input checked="" type="checkbox"/> MD <input type="checkbox"/> Osteopath <input type="checkbox"/> Naturopath <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other (specify) <u>Hospitalized as Above</u>	
What medical tests were performed and what were the results? What was the medical diagnosis? What treatment(s) was given (e.g., drugs, other)? <u>Refer to memo & attachments</u>	
Were there any preexisting condition(s)/treatment(s)? (If YES, list them including allergies, and chronic diseases): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Product Category

1. Adverse event attributed to: E-2 TRIM Tablets containing 333 mg MAHUANG extract and 250 mg GUARANA extract per tablet.
- Medical Food (under medical supervision) Infant Formula
- Dietary Supplement (a vitamin; an essential mineral; a protein; a herb or similar nutritional substances including botanicals such as ginseng and yohimbe; amino acids; extracts from animal glands; garlic extract; fish oils; oil of evening primrose; fibers such as psyllium and guar gum; compounds not generally recognized as food or nutrients, such as bioflavonoids, enzymes, germanium, nucleic acids, para-amino-benzoic acid, and rutin; and mixtures of these ingredients.)
- Other (traditional food) _____

Other Product Problems

2. Foreign Object (specify): NONE
3. Other (specify): N/A

Information on Suspected/Alleged Product

Give the product name and manufacturer as listed on the label (including the recommended dosage/erving size, recommended duration of use, and indications for use as listed on the label):

E-2 TRIM tablets (90 tablets per bottle) each tablet contains 333 mg MAHUANG extract & 250 mg GUARANA extract. TAKE 1 TABLET Before each meal (TOTAL 3 per day) for weight loss. Patient reportedly followed label instructions.

List product ingredients (if ingredients are suspected to be present, but not verified, list as suspected):

- Check here if ingredients are unknown
- (EXTRACT) MA HUANG 333 mg } per tablet
- (EXTRACT) GUARANA 250 mg }

If a particular ingredient is suspected of contributing to the adverse event, please indicate the appropriate category below:

- Aspartame Color Additive (please specify) _____
- Monosodium Glutamate
- Sulfite
- Other MA HUANG (EPHEDRINE)
- Unknown

Is the product label available, if yes submit a quality copy along with this questionnaire: Yes No ATTACHED

Unknown Product Sample Available: Yes No Unknown Submitted to SEA+DO as 1213

Outcome Attributed to Adverse Event: (If yes, include pertinent medical records)

- Death: Yes No
- Life-Threatening: Yes No
- Hospitalization: Yes No (if YES, indicate if initial or prolonged) Hospitalized from 7/3 until 7/15/1998
- Required intervention to prevent permanent impairment/damage: Yes No
- Did the adverse event result in a congenital anomaly: Yes No



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Memorandum

Date 12/8/1998
From Charles R Cote, RIC
Subject F/U to MedWatch #13110
To Richard M Willey, SI
Minneapolis District

Complainant: [REDACTED]

Manufacturer: Florida Supplements Corp.
2815 Evans St.
Hollywood, CA 33020

Admitting Hospital: [REDACTED]

Releasing Hospital: [REDACTED]

On 12/3/1998 I began a follow-up investigation regarding a MedWatch report dated 9/10/1998 and assigned ID number 13110. This report described an incident involving seizure and other major symptoms after ingesting a diet aid product allegedly containing MaHuang and guarana extracts. In reading the report, an appearance was given that the woman who suffered the side was ingesting as much as 4 times the recommended dosage (on package).

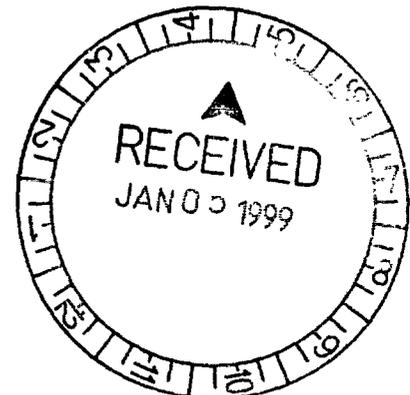
endorsement

TO: MIN-DO

Follow-up to this MedWatch Report #13110 of a seizure following use of a diet aid containing Ma Huang and guarana extracts found conflicting reports as to the amount of product used. Sample #1213 of the suspect product was collected and sent to SEA-DO lab. Medical records were obtained for review.

Richard M. Willey
Richard M. Willey
S.I., Milwaukee Resident Post

cc: HFS-636
MAD-RP
D. MOUW/Consumer Complaint Coordinator/MIN-DO



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I first stopped at the [REDACTED] and spoke with [REDACTED] a pharmacist at the hospital and the person who filed the MedWatch report. She explained that she made the report based upon a request from a physician involved in the treatment of the patient and used information supplied to her at the time. She arranged for me to get photocopies of the product labeling and a single tablet from the product remaining, as well as photocopies of all packaging and documents yet in control of Dr. [REDACTED] MD, cardiologist. Dr. [REDACTED] was not available for comment on that day. I spoke briefly with Ms. [REDACTED] and determined the identity of the patient and a means by which to contact her. We also spoke about the case but since there were several discrepancies noted and since Ms. [REDACTED] was not intimately involved in the case, I did not delve deeply into the situation at that time. She led me to the hospital's Records Control section and I spoke with the technicians at that location. They supplied me with several copies of their own hospital release (of records) forms and I set off to meet with and interview the patient, Ms. [REDACTED]. The hospital's case ID for this incident is [REDACTED] with date of admission as 7/3/1998.

Ms. [REDACTED] DOB [REDACTED] SSN: [REDACTED] resides at [REDACTED]. She met with me the afternoon of 12/3/1998 and verbally supplied me with the following information. She had been attempting to lose weight through dieting and through the use of medication for an extended time. She stated that she had weighed 195 pounds at the time (I estimate her height at 5'7"). She stated that she had been using Redux for weight loss for a period of approximately two months early in the year. She added that she was somewhat allergic to metallic nickel in jewelry and to the drugs Vicodin and codeine. She has no other known allergies. She does not smoke and stated that she does not use any other drugs including illegal drugs. She added that she also takes vitamins on a daily basis, these being Shaklee B-Complex (see Exhibit #1, copy of info sheet) and Shaklee vita-lea (see Exhibit #2, copy of info sheet).

She stated she ordered two 90 -tablet bottles of the supplement E-Z Trim during mid June of 1998. Packaging indicates it was shipped on June 19, 1998 (Exhibit #3, copy of package). She stated that she did not begin taking the product immediately upon receipt but rather began taking it about one week prior to the incident. She stated that she took the product according to the labeled instructions, that is, three tablets per day, spaced out so she actually took one tablet prior to each meal. Per product label (Exhibit #4, copy of label), each tablet reportedly contains 333 mg of MaHuang extract and 250 mg of gaurana extract. Note...this conflicts with the hospital reports and data on the MedWatch report in that these reports indicate Ms. [REDACTED] had been taking as much as 4 times the recommended dose (" ***it is thought she was taking (approximately) 300 mg/day. The recommendation on package advise not to use > 80 mg/day ***").

Ms. [REDACTED] went on to inform me that on 7/2/1998 she was in the company of her sister, who was visiting. They did a "powerwalk" (walking 4 miles per hour for 70 minutes and then got ready for her shift at work. She works as a dental assistant at a local dentist office. She worked the late shift that day, beginning around 3:00pm and she stated that she remembers feeling fine at 2:30pm. By around 7:00pm that evening she began to notice that something was not right. She felt jittery, as though her pulse was racing (she stated it was 70bpm at the time), and that she was developing a headache. She told her cohorts of the problem and that she needed to lie down. Her headache worsened. She described it as unlike a migraine but rather was centered behind her eyes and throbbing. Her blood pressure (150/100) was taken by the dentist and she reportedly felt cold. She stated that her left arm ached as if the muscles were overused and she felt a pressure in her chest.

She stated that she was covered with a blanket and allowed to lie still for a while. When an assistant returned to check on her a short time later, she was found staring straight ahead as if in a mild seizure. An ambulance was called. She reportedly suffered what was considered a grand mal seizure in the chair and became very combative, reportedly requiring restraint from several adults in order to treat her. She was somewhat stabilized and transported to [REDACTED] for treatment. She was maintained in [REDACTED] overnight and then taken to [REDACTED] in [REDACTED] on the next day. Ms. [REDACTED] remained in [REDACTED] until she was released on 7/15/1998.

At first they thought the symptoms were related to brain problems. That did not pan out. She told me that they asked if she had been taking any amphetamines due to a positive blood test result. After a negative response, she was then asked about diet pills and she related that she had recently started with the EZ Trim product. She arranged for the product to be brought into the hospital and Dr. [REDACTED] secured the remaining medication from the opened bottle, the literature and the shipping carton in his office. Ms. [REDACTED] stated that she contacted the General Merchandising Corporation, Atlanta and returned the second bottle for a refund.

Ms. [REDACTED] signed several release of records forms and I was able to make contact with both [REDACTED] and [REDACTED] so that records could be obtained. These were copied and supplied to me via mail. These records are identified and attached to this memo. Exhibit # 5 is the packet of info supplied by the [REDACTED] and [REDACTED]

Exhibit #6 is the packet of information supplied by the [REDACTED] Exhibit #7 are remaining, unused release forms that were signed by Ms. [REDACTED] in the event additional information might be required. Note..both hospitals stated that no additional releases would be required by them.

I asked for and was eventually given permission to collect all of the remaining medication, the literature and the packaging still in Dr. [REDACTED] control, however was unable to do so until 12/14/98 due to conflicting schedules of all the parties. This remaining medication and packaging was collected and submitted to FDA's SEA DO Lab (per CFSAN) under sample number 1213. Exhibit #8 is the literature found in the carton with the left over medication. Exhibit #9 is a copy of the signed release that was FAXed to Dr. [REDACTED] by Ms. [REDACTED] allowing him to release the sample to me.

On 12/15/98 I was able to make contact with Mr. [REDACTED] for General Merchandising Corporation, the supplier of the E-Z Trim product. He informed me of the following. Although the product label shows the firm to be located in Atlanta, GA, they are actually located in Norcross, GA. In addition, the telephone directory listing for the firm is under the name of MTM Marketing and Consumer Inc. He stated that they are both located at the same offices in Norcross, GA. He explained that MTM is the main operating entity and that MTM actually does the advertising and promotion of products but for tax and other purposes, General Merchandising is the name of the firm that actually supplies products for consumer sales.

He went on to explain that they sell several herbal and dietary products and that this product, E-Z Trim, was developed and formulated by [REDACTED]. The firm contracted the manufacturing of the product to Florida Supplements Corp., 2815 Evans St. Hollywood, FL 954/925-1924. The product is manufactured to [REDACTED] specifications. When asked, he informed me that this product had been on the market since 1991 or 1992, using the same formulation and that they have had no other serious side effects such as this. He commented that there is so little ephedrine actually in the product that he can't see how something such as this could happen from ingesting his product.

Attachments

Exhibit #1, copy of info sheet, Shaklee B-Complex

Exhibit #2, copy of info sheet, Shaklee vita-lea

Exhibit #3, copy of package (mailer) label

Exhibit #4, copy of product label

Exhibit #5 is the packet of info supplied by the [REDACTED]

Exhibit #6 is the packet of information supplied by the [REDACTED]

Exhibit #7 are remaining, unused release forms

Exhibit #8 literature included within the mailer carton

Exhibit #9 is a copy of the signed release that was FAXed to Dr. [REDACTED] by Ms. [REDACTED] allowing him to release the sample to me.

Adverse Reaction Questionnaire



Charles R Cote, RIC
Madison, WI RP

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