

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

ARMS#

13381



3 - OUTPATIENT

**000001**

Exhibit #

DATE 2-1-99

REFERRING MD: [REDACTED]

REASON Drugs

POST MEDICAL/SURGICAL HISTORY & YEAR:

- |                        |                 |                 |                 |
|------------------------|-----------------|-----------------|-----------------|
| 1. <u>2 C-sections</u> | yr. <u>    </u> | 6. <u>    </u>  | yr. <u>    </u> |
| 2. <u>wisdom teeth</u> | yr. <u>    </u> | 7. <u>    </u>  | yr. <u>    </u> |
| 3. <u>    </u>         | yr. <u>    </u> | 8. <u>    </u>  | yr. <u>    </u> |
| 4. <u>    </u>         | yr. <u>    </u> | 9. <u>    </u>  | yr. <u>    </u> |
| 5. <u>    </u>         | yr. <u>    </u> | 10. <u>    </u> | yr. <u>    </u> |

FAMILY HISTORY: (INCLUDE AGE & MEDICAL PROBLEMS).

MOTHER (A or D) age 81 - A+W

FATHER (A or D) age 40 - Currolio

BROTHERS (A) -

BROTHERS (D) -

SISTERS (A) -

SISTERS (D) -

CHILDREN (A) 3 - A+W @ congenital heart disease

CHILDREN (D) -

SOCIAL HISTORY:

SMOKE: amt 0 /ppd years 0 quit 0

ALCOHOL: Holidays

\*ALLERGIES: adhesive tape (\*Record also front of chart)

WORK: -

HISTORY OF BCP: yes HOW LONG 12 yrs total

FIRST MENSES - AGE: 11 PRE or POST MENOPAUSAL

MARITAL STATUS: MARRIED WIDOWED DIVORCED SINGLE

~~fat~~ Blood Blisters in Mouth / lips  
Bruising all over  
fatigue

2-3-99 [REDACTED]: plt count of 89 today at [REDACTED] Lab reviewed &  
Dr. [REDACTED]. To taper Prednisone 60mg x 5 days,  
40mg x 5 days, 30mg x 5 days, 20mg x 5 days, 10mg x 5 days,  
5mg x 5 days, then D/C. I re-<sup>d</sup> plt count on Monday,  
then weekly. [REDACTED] [REDACTED]

VISIT DICTATION

DATE OF VISIT: 2/01/99

Exhibit # 4

REASON FOR CONSULTATION: Thrombocytopenia.

HISTORY: Ms [REDACTED] is a 41 year old White female with fairly benign past medical history who, approximately three days ago, was noted to have petechial type rash over the bilateral posterior hands, face and bilateral buccal mucosa. Her husband, Dr. [REDACTED], discussed this briefly and informally with me on 1/29/99 and I recommended that she proceed with CBC. Since she is a resident of [REDACTED] and is an RN, she presented to [REDACTED] and had a CBC drawn. This reported a platelet count of 2,000. Peripheral smear which I recommended that the pathologist review was reportedly within normal limits. It was felt that this was an ITP, especially because of the patient taking new "diet pills" named 'Natural Trim' within the past week to ten days. She has also been known to take Aspirin and Advil for menstrual cramping, but she states she had not been taking any non-steroidal Aspirin since 1/18/99. No other symptomatology otherwise reported. She denies any epistaxis or vaginal bleeding or hematuria. The CBC at that time was to be repeated everyday and if by today the platelet counts had not recovered, then I would see her in consultation for further evaluation. Also, she was instructed to discontinue all non-steroidal anti-inflammatory medications, Aspirin as well as her diet pills.

PAST MEDICAL HISTORY:

MEDICAL PROBLEMS: Unremarkable.

SURGERIES: Two C-sections without any bleeding complications. Wisdom tooth extraction without any bleeding complications.

ALLERGIES: None known.

MEDICATIONS: Multi-Vitamin 1 tablet PO QD; Natural Trim (includes bladder wrack, goldenrod leaf, parsley leaf, ursileaf, ephedra, seneka, corn silk, halithorn berries, fumitory herb, cascara bark, licorice root, marshmallow root, magnesium gluconate, calcium gluconate, apple pectin, chromium picolinate).

SOCIAL HISTORY: She is married with three sons. No history of smoking or alcohol abuse. She is currently a housewife, but is a registered nurse.

FAMILY HISTORY: Mother is alive at age 81. Father deceased at age 40 with complications of cirrhosis.

REVIEW OF SYSTEMS: GENERAL; no fevers, chills, night sweats, weight loss or anorexia. HEENT; there are ecchymotic areas over the buccal mucosa, face, hands, but no headache, blurred vision, auditory complaints, sinus complaints or stomatitis. PULMONARY; no shortness of breath, cough or pleuritic chest pain.

000003

VISIT DICTATION

DATE OF VISIT: 2/01/99

Exhibit # 5

GI; no dysphagia, dyspepsia, reflux, nausea, vomiting, diarrhea, constipation. No abdominal pain. GU; no dysuria, frequency, hesitancy or report of hematuria. MUSCULO; no arthralgias, myalgias or bone pain. NEURO; no sensory changes or focal motor complaints.

PHYSICAL EXAMINATION:

GENERAL: Patient is a White female in no apparent distress.

VITALS: Weight is 202-1/2 pounds, height 69-1/2 inches, blood pressure 140/94, temperature 99, respirations 16, pulse 80 and regular.

SKIN: Obvious petechiae over the bilateral buccal mucosa, bilateral hands and arms and bruises at the venipuncture site.

HEENT: Normocephalic. PERRLA. EOMs intact. Sclerae are not icteric. Pharynx is not injected.

NECK: There is no adenopathy.

LUNGS: Clear to A&P.

HEART: Regular rate and rhythm.

ABDOMEN: Soft and non-tender. No hepatosplenomegaly. No masses. Normal bowel sounds.

EXT: No edema.

NEURO: Non-focal.

LABORATORY: WBC 5.9, hemoglobin 12.4, hematocrit 37.7, platelet count 10,000. Peripheral smear shows normal RBC morphology, normal neutrophil morphology, very rare platelets, 2-3 giant platelets.

A: 41 year old White female who presents with severe thrombocytopenia, fairly asymptomatic except for petechial lesion over the buccal mucosa, hands and face and upper back, unremarkable peripheral smear, normal WBC count and hemoglobin. No peripheral adenopathies and no splenomegaly. There is no micro-angiopathic morphology of the red blood cells on peripheral smear which essentially rules out TTP, there is no other associated signs or symptoms except that this is highly compatible with an ITP type process. As I have described to her, in general, there are two main categories of etiologies of thrombocytopenias, one is decreased production and the second would be increased destruction and increased destruction in turn is due to two separate mechanisms—one is immunologic and one is non-immunologic, namely TTP, DIC, hemolytic uremic syndrome, HELLP syndrome. She has been taking this diet pill under the name of "Natural Trim" with multiple components most of which can cause thrombocytopenia, i.e. ITP. She has been off this diet pill for approximately three days now and her platelet count has increased from 3,000 to 10,000 today. Considering normal peripheral smear, normal white blood cell count and hemoglobin, I think it is reasonable to proceed with treatment of her ITP rather than proceeding with bone marrow aspirate and biopsy to actually assess the bone marrow malfunctioning etiology as part of her thrombocytopenia.

000004

VISIT DICTATION

DATE OF VISIT: 2/01/99

Exhibit # 6

I gave her three options: 1) observation, 2) Prednisone approximately 1-2 mg/kg., 3) IV Gammaglobulin which is probably the fastest way of treating the thrombocytopenia at a significant cost. We also discussed the possibility of disease transmission. There has never been a reported HIV or hepatitis transmission with IV Gammaglobulin and I think considering the fact that she is fairly asymptomatic, the Prednisone would be a reasonable option. We discussed the side effects of Prednisone including weight gain, however, this will be temporary on a very rapidly tapered dose. At this time, she opted for the Prednisone. However, I discussed the fact that her platelet count needs to be monitored quite regularly. After a week of Prednisone, if her platelet count continues to be low, then at that time it is reasonable to proceed with bone marrow aspirate and biopsy to further assess other etiologies of thrombocytopenia.

1. Prednisone 60 mg. PO QD for five days, then decrease to 40 mg. PO QD for seven days, then decrease to 30 mg. PO QD for seven days, 20 mg. PO QD for seven days, 10 mg. PO QD for seven days until further assessment.
2. Platelet count will be obtained in about 48 hours.
3. Another platelet count will be obtained in approximately one week.
4. Pending the results of these platelet counts, will make further recommendations, either to proceed with Prednisone therapy or change to IV Gammaglobulin or proceed with bone marrow aspirate and biopsy.

Date Dictated: 2/01/99

2-8-99 Lab received from [redacted] & reviewed [redacted]  
Pt. to ↓ Prednisone by 10mg Q 3 days instead of every 5 days. When at 10mg x 3 days, will ↓ to 5mg Q 3 days then will D/C. Will continue weekly lab for now.  
Pt. informed.

2/15/99 PC to pt. Pt feels well per husband To continue same doses as noted above per Dr. [redacted]

3/10/99 PC: pt calls wondering when will need labs next. Will see pt next week per Dr. [redacted]  
c CBC

DATE OF VISIT: 3/15/99

PROBLEMS: Drug induced thrombocytopenia.  
Status post Prednisone, off approximately one month.

S: Mrs. [REDACTED] returns today for followup evaluation. She has been off Prednisone which was tapered off approximately 3-1/2 weeks ago. She reports no new symptomatology. No bleeding. She has been off "Natural Trim" which she was taking as a dietary pill. No other symptomatology is otherwise reported. She has gained approximately 10 pounds on Prednisone.

REVIEW OF SYSTEMS: GENERAL; no fevers, chills, night sweats, weight loss or anorexia. HEENT; no headache, blurred vision, auditory complaints, sinus complaints or stomatitis. PULMONARY; no shortness of breath, cough or pleuritic chest pain. GI; no dysphagia, dyspepsia, reflux, nausea, vomiting, diarrhea, constipation. No abdominal pain. GU; no dysuria, frequency, hesitancy or report of hematuria. MUSCULO; no arthralgias, myalgias or bone pain. NEURO; no sensory changes or focal motor complaints.

PHYSICAL EXAMINATION:

GENERAL: Patient is a White female in no apparent distress.

VITALS: Weight is increased by 10 pounds to 212 pounds, blood pressure 138/80, pulse 84, respirations 16, temperature 97.8.

Remainder of examination was not performed.

LABORATORY: WBC 6.2, hemoglobin 12.3, hematocrit 36.7, platelet count 360.

A: Drug induced thrombocytopenia, thought to be due to "Natural Trim" which she was taking for weight loss. She is now off Prednisone with resolution of the thrombocytopenia.

P:

1. No further followup except PRN.
2. Continue daily activities.
3. Diet as tolerated.

Date Dictated: 3/15/99

Name [REDACTED]

D.O.B. [REDACTED]

Ht. 69 1/2

Wt. 200 1/2

### Nursing Assessment Flowsheet

| Year                                  | Month/Day | 2-1             | 2-8        | 2-15       | 2-15        |   |   | Remarks:            |
|---------------------------------------|-----------|-----------------|------------|------------|-------------|---|---|---------------------|
| 1. Weight                             |           | 202 1/2         | [REDACTED] | 215        | 215         |   |   | 2-1-99 LPM = 38%    |
| 2. Blood Pressure                     |           | 140/94          | [REDACTED] | [REDACTED] | 138/80      |   |   | 3/15/99 Lymph = 37% |
| 3. Pulse                              |           | 80              | [REDACTED] | [REDACTED] | 84          |   |   |                     |
| 4. Respirations                       |           | 16              | [REDACTED] | [REDACTED] | 16          |   |   |                     |
| 5. Temperature                        |           | 99°             | [REDACTED] | [REDACTED] | 97.8        |   |   |                     |
| 6. Performance Status*                |           | 1               | [REDACTED] | [REDACTED] | 1           |   |   |                     |
| 7. Nausea                             |           | +               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 8. Vomiting                           |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 9. Appetite                           |           | good            | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 10. Dysphagia                         |           | throat          | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 11. Mucositis                         |           | +               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 12. Diarrhea                          |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 13. Constipation                      |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 14. Dysuria/Frequency/Urgency         |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 15. Fatigue**                         |           | 3               | [REDACTED] | [REDACTED] | 3           |   |   |                     |
| 16. Insomnia                          |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 17. SOB                               |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 18. Oxygen Use (LPM)                  |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 19. Cough                             |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 20. Edema                             |           | hands           | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 21. Dizziness / Light-headedness      |           | + EYES closed   | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 22. Gait Disturbance                  |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 23. Numbness / Tingling               |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 24. Hearing Changes                   |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 25. Bleeding / Bruising               |           | rectal / + nose | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 26. Fevers / Chills                   |           | + / -           | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 27. Night Sweats                      |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 28. Hot Flashes                       |           | -               | [REDACTED] | [REDACTED] | -           |   |   |                     |
| 29. Pain: Rating 0-5                  |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 30. Location                          |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 32. Quality***                        |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 33.                                   |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 34.                                   |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 35.                                   |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 36. RN Initials                       |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 37. Transfusions #PRBCs               |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 38. #PLTS                             |           | [REDACTED]      | [REDACTED] | [REDACTED] | [REDACTED]  |   |   |                     |
| 39. WBC / RBC                         |           | 5.9 / 14.8      | /          | /          | 6.2 / 14.0  | / | / |                     |
| 40. Hgb / Hct                         |           | 12.9 / 37.7     | /          | /          | 12.3 / 36.1 | / | / |                     |
| 41. Plt                               |           | (10)            | 41         | 42.3       | 360         |   |   |                     |
| 42. Alk Phos (50-136) / LDH (100-190) |           | 7               | /          | /          |             | / | / |                     |
| 43. GOT (15-37)                       |           | /               | /          | /          | /           | / | / |                     |
| 44. Uric (2.6-7.2) / PO4 (2.2-4.6)    |           | /               | /          | /          | /           | / | / |                     |
| 45. Ca (8.8-10.5) / Glu (70-110)      |           | /               | /          | /          | /           | / | / |                     |
| 46. Alb (3.4-5.0) / T. Bill (0-1.0)   |           | /               | /          | /          | /           | / | / |                     |
| 47. T. Pro (6.4-8.2)                  |           | /               | /          | /          | /           | / | / |                     |
| 48. Creat (0.6-1.3) / BUN (7-18)      |           | /               | /          | /          | /           | / | / |                     |
| 49. Na (140-148) / K+ (3.6-5.2)       |           | /               | /          | /          | /           | / | / |                     |
| 50. Mg (1.8-2.4)                      |           | /               | /          | /          | /           | / | / |                     |
| 51. PT / INR                          |           | /               | /          | /          | /           | / | / |                     |
| 52.                                   |           |                 |            |            |             |   |   |                     |
| 53.                                   |           |                 |            |            |             |   |   |                     |
| 54.                                   |           |                 |            |            |             |   |   |                     |
| 55.                                   |           |                 |            |            |             |   |   |                     |
| 56.                                   |           |                 |            |            |             |   |   |                     |
| 57. See Flow Sheet                    |           |                 |            |            |             |   |   |                     |

Exhibit # 13  
 #13381 MIN-9344  
 Consumer Adverse Event F/U  
 4-27-99 KACG

**\* Performance Status Key**

- 0 - normal activity
- 1 - symptoms but ambulatory
- 2 - in bed < 50% of the time
- 3 - in bed > 50% of the time
- 4 - 100% bedridden
- 9 - unknown

**\*\* Fatigue Key**

- 0 - none
- 1 - mild / normal activity
- 2 - some / do most activities
- 3 - moderate / needs rest
- 4 - difficulty with ADLs
- 5 - sleep all day

**\*\*\* Pain Quality**

- D - dull
- S - sharp
- T - throbbing
- A - aching
- K - stabbing

**000007**

