Association of Strattera (atomoxetine) with increased blood pressure and increased heart rate

Your attention is drawn to that the Eli Lilly Canada Inc. and Health Canada informed the healthcare professionals and patients of important information from clinical studies regarding the risk of increased blood pressure and increased heart rate with the use of Strattera (atomoxetine). Atomoxetine is a selective norepinephrine reuptake inhibitor indicated for treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in children and adults.

Since Atomoxetine can increase heart rate and blood pressure, the healthcare professionals should be aware of the following recommendations:

- Atomoxetine is contraindicated in patients with symptomatic cardiovascular diseases, moderate to severe hypertension or severe cardiovascular disorders whose condition would be expected to deteriorate if they experienced increases in blood pressure or in heart rate that could be clinically important.
- Atomoxetine should be used with caution in patients whose underlying medical conditions could be worsened by increases in blood pressure or heart rate, such as patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease.
- Atomoxetine should be used with caution in patients with congenital or acquired long QT syndrome or a family history of QT prolongation.
- Patients should be screened for pre-existing or underlying cardiovascular or cerebrovascular conditions before initiation of treatment with atomoxetine and monitored during the course of treatment.
- It is recommended that heart rate and blood pressure be measured in all patients before treatment with atomoxetine is started, after the dose is increased, and periodically during treatment to detect possible clinically important increases, particularly during the first few months of therapy.

For details, please refer to Health Canada’s website at:

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In Hong Kong, Strattera Cap 10mg, 18mg, 25mg, 40mg and 60mg are registered by Eli Lilly Asia, Inc. and are prescription medicines. In view of the news release by Health Canada, it will be discussed in the coming meeting of the Registration Committee of the Pharmacy and Poisons Board.

Please remind your members to report any adverse events caused by the drugs to the Adverse Drug Reaction Monitoring Unit of Department of Health (tel. no.: 2319 2920, fax: 2147 0457 or email: adr@dh.gov.hk). For details, please refer to the website: http://www.drugoffice.gov.hk at Drug Office under "Reporting an Adverse Drug Reaction".

Yours sincerely,

(K.W. LAU)

for AD(D)