

## Fluoroquinolone Safety Alerts and Considerations.

Systemic (by mouth, injected or inhaled) fluoroquinolones (e.g., levofloxacin, ciprofloxacin, ofloxacin, moxifloxacin) can cause serious, long-lasting (up to months or years), disabling, and potentially irreversible side effects, sometimes affecting multiple systems, organ classes and senses.

The **UK indications for systemic fluoroquinolones** have been updated ([MHRA Jan 2024](#)). They must only be used when other antibiotics commonly recommended for the infection are inappropriate.

Situations where other antibiotics are considered inappropriate and where a fluoroquinolone may be indicated include:

- there is resistance to other first-line antibiotics recommended for the infection.
- other first-line antibiotics are contraindicated in an individual patient.
- other first-line antibiotics have caused side effects in the patient requiring treatment to be stopped.
- treatment with other first-line antibiotics has failed.

**Patients should be advised to stop fluoroquinolone treatment at the first signs of a serious adverse reaction**, such as

- tendinitis or tendon rupture,
- muscle pain,
- muscle weakness,
- joint pain,
- joint swelling,
- peripheral neuropathy and
- central nervous system effects, **and to contact their doctor immediately.**

**MHRA patient information leaflet** ([regular print](#) or [large print](#)).

An MHRA reminder of the risks associated with fluoroquinolones was issued in [August 2023](#):

- do not prescribe fluoroquinolones:
  - for non-severe or self-limiting infections, or non-bacterial conditions, for example non-bacterial (chronic) prostatitis
  - for mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other commonly recommended antibiotics are considered inappropriate
- do not prescribe ciprofloxacin or levofloxacin for uncomplicated cystitis unless other commonly recommended antibiotics are considered inappropriate.
- avoid fluoroquinolone use in patients who have previously had serious adverse reactions with a quinolone antibiotic (for example, nalidixic acid) or a fluoroquinolone antibiotic.
- prescribe fluoroquinolones with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants, because they are at a higher risk of tendon injury.
- avoid use of a corticosteroid with a fluoroquinolone since coadministration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.

Prescribers should remain alert to the risk of suicidal thoughts and behaviours with use of fluoroquinolone antibiotics ([MHRA Sept 2023](#))

Fluoroquinolones are associated with a small risk of heart valve regurgitation and aortic aneurysm and dissection ([MHRA Dec 2020](#)).

Please report suspected adverse drug reactions to fluoroquinolones via the [Yellow Card Scheme](#).

**CONTACT MICROBIOLOGY FOR SPECIFIC PATIENT ADVICE.**