

OTHER MEDICINES WHICH MAY INTERACT WITH ST JOHN'S WORT

The letter from A Breckenridge and Factsheets give advice for specific interactions between medicines and St John's wort where evidence exists or the clinical implication of that interaction may be serious. Interactions between St John's wort and other medicines are possible, although direct evidence for these interactions is not yet available.

The information below can be used as a guide to medicines that may interact with St John's wort.

1. Topical medicines with limited systemic absorption (inhalers, creams, ointments, eye and ear drops, enemas etc) are unlikely to be affected.
2. Non-psychotropic medicines, which are not metabolised by the liver, are unlikely to be affected.
3. St John's wort has a number of effects on the central nervous system (CNS). It is therefore likely that pharmacodynamic (additive or potentiating) interactions may occur with other medicines that act on the CNS. These interactions are likely to result in a greater frequency of adverse effects due to excessive stimulation of receptors in the brain.
4. The table below lists drugs known to be metabolised by the pathways, which are affected by St John's wort. If interactions occur with the medicines listed below, they would tend to lower blood levels and the therapeutic effect of that medicine. However, there is no direct evidence to suggest that these interactions will be clinically significant.

This is not a complete list; other drugs may be added to the list in the future as further information is obtained.

Potential mechanism of interaction	Drugs which may potentially interact with SJW
Induction of P-glycoprotein	Dexamethasone, domperidone, erythromycin, fexofenadine, ivermectin, ketoconazole, loperamide, morphine (6-glucuronide), nelfinavir, nifedipine, ondansetron, paclitaxel, quinidine, rifampicin, ritonavir, saquinavir, tamoxifen, terfenadine, verapamil, vinblastine, vincristine.
Induction of CYP1A2	Clozapine, imipramine, oestradiol, olanzapine, paracetamol, ropinirole, tacrine, theophylline
Induction of CYP2C9	Dapsone, diclofenac, glibenclamide, glimepride, glipizide, flurbiprofen, fluvastatin, ibuprofen, losartan, NSAIDs, phenytoin, piroxicam, sulphamethoxazole, tamoxifen, tolbutamide.
Induction of CYP3A4	Alfentanil, alprazolam, amiodarone, amitriptyline, amlodipine, atorvastatin, bepridil, budesonide, carbamazepine, cisapride, clarithromycin, clonazepam, corticosteroids, cyclophosphamide, dapsone, delavirdine, diazepam, diltiazem, disopyramide, doxorubicin, erythromycin, ethinylloestradiol, etoposide, felodipine, fentanyl, finasteride, flutamide, granisetron, ifosfamide, isradipine, itraconazole, ketoconazole, lignocaine, loratadine, lovastatin, methadone, methylprednisolone, mibefradil, miconazole, midazolam, nefazodone, nicardipine, nifedipine, nimodipine, nisoldipine, nitredipine, ondansetron, paracetamol, pimozone, quinidine, quinine, rifabutin, ritonavir, retinoic acid, saquinavir, sertraline, sildenafil, simvastatin, sufentanil, tacrolimus, tamoxifen, taxol, temazepam, teniposide, terbinafine, terfenadine, troleandomycin, verapamil, vinblastine, vincristine, zolpidem, zonisamide.

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