

# EPIHAM: Drug-induced liver injury leading to hospital admission: a study in national healthcare insurance databases

**First published:** 29/09/2014

**Last updated:** 24/07/2024

Study

Finalised

## Administrative details

### EU PAS number

EUPAS7549

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### Study ID

36973

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### DARWIN EU® study

No

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### Study countries

☐ France

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## Study description

EPIHAM is to identify in the national healthcare databases all hospital admissions for toxic or unexplained liver injuries. It will be done within the French national health care systems databases, which include all reimbursed health-care expenses, and all hospital admissions with ICD-10 coded admission diagnoses. The overall methodological approach will be initially that of a case-population study to compare event rates with those found in SALT. This will be completed by other methods: a case-crossover approach, a classical case-control study, and a propensity-score adjusted or matched cohort study of products selected from the case-population data. The routines created for this project may be reused to set up regular surveillance of drug-related hepatic disorders in the French population

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## Study status

Finalised

# Research institutions and networks

## Institutions

**Bordeaux PharmacoEpi, University of Bordeaux**

☐ France

**First published:** 07/02/2023

**Last updated:** 08/02/2023

**Institution**

**Educational Institution**

**Hospital/Clinic/Other health care facility**

**Not-for-profit**

**ENCePP partner**

# Contact details

## Study institution contact

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Study contact

[cecile.droz@u-bordeaux.fr](mailto:cecile.droz@u-bordeaux.fr)

## Primary lead investigator

Sinem Ezgi Gulmez

Primary lead investigator

# Study timelines

## Date when funding contract was signed

Actual: 17/07/2014

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## Study start date

Planned: 02/05/2016

Actual: 16/10/2014

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## Data analysis start date

Planned: 01/09/2016

Actual: 16/10/2014

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## Date of interim report, if expected

Actual: 17/07/2015

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## Date of final study report

Planned: 31/12/2016

Actual: 31/01/2017

## Sources of funding

- Non-for-profit organisation (e.g. charity)

## More details on funding

Institute de Recherche en Santé Publique (IReSP)

## Study protocol

[EPIHAM\\_Study Protocol\\_V2.0\\_20150715.pdf](#)(1.02 MB)

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

**Data collection methods:**

Secondary use of data

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**Main study objective:**

To identify the main drugs associated with DILIH in France and the event rates associated with DILIH, for individual drugs and for drug families, in terms of absolute and relative risks

## Study Design

**Non-interventional study design**

Case-control

Case-only

Cohort

Other

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**Non-interventional study design, other**

Case-crossover analysis

## Study drug and medical condition

## Medical condition to be studied

Acute hepatic failure

## Population studied

### Short description of the study population

Patients admitted with a primary diagnosis of acute toxic liver injury.

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### Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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### Special population of interest

Hepatic impaired

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### Estimated number of subjects

4800000

## Study design details

### Data analysis plan

Descriptive: For categorical and ordinal variables will provide the number and the frequency of each modality as well as missing data. For quantitative variables will provide mean, standard deviation, first quartile, median, third quartile, and extreme values. Case-population: The main study analysis. Number of cases exposed to a given drug is compared to the number of

subjects using the drug within the study time-frame, or to the number of defined daily doses (DDD) dispensed in the database population. Case-crossover: One or more control periods will be selected, one year before ID to take into account possible seasonal variations in drug use, or randomly within the year previous to ID. Case-control: Within the database population, controls will be selected, matched on age, gender, concomitant chronic diseases. Cohort: If events are enough, incident user cohorts and controls, adjusted or matched on propensity scores will be built and followed using cox proportional hazards analyses.

## Documents

### Study results

[EPIHAM-1-Rapport final IReSP-V1.0-20170131.pdf](#)(412.1 KB)

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### Study publications

[Gulmez SE, Unal US, Lassalle R, Chartier A, Grolleau A, Moore N. Risk of hospit...](#)  
[Moore N, Duret S, Grolleau A, Lassalle R, Barbet V, Duong M, Thurin N, Droz-Per...](#)

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## Data management

## Data sources

### Data source(s), other

EGB France, SNIIRAM France

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## **Data sources (types)**

Administrative healthcare records (e.g., claims)

Drug dispensing/prescription data

# Use of a Common Data Model (CDM)

## **CDM mapping**

No

# Data quality specifications

## **Check conformance**

Unknown

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## **Check completeness**

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

No