

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	2. DATE OF BIRTH			2a. AGE <b>86 Years</b>	3. SEX <b>Female</b>	3a. WEIGHT <b>Unk</b>	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
			<b>PRIVACY</b>					<b>Unk</b>			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
**Other Serious Criteria: Medically Significant  
Alzheimer's [Alzheimer's disease]**

Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.

An 86-year-old female patient received desvenlafaxine succinate monohydrate (PRISTIQ), at 100 mg.

(Continued on Additional Information Page)

☐ PATIENT DIED

☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION

☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY

☐ LIFE THREATENING

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) <b>#1 ) Pristiq (DESVENLAFAXINE SUCCINATE MONOHYDRATE) Prolonged-release tablet</b>		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) <b>#1 ) 100 mg</b>	16. ROUTE(S) OF ADMINISTRATION <b>#1 ) Unknown</b>	
17. INDICATION(S) FOR USE <b>#1 ) Unknown</b>		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) <b>#1 ) Unknown</b>	19. THERAPY DURATION <b>#1 ) Unknown</b>	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates	Type of History / Notes	Description
Unknown		

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER <b>Pfizer S.A. Laura Arce Mora Avenida Escazú, Torre Lexus, piso 7. Escazú San Jose, COSTA RICA</b>		26. REMARKS
	24b. MFR CONTROL NO. <b>PV202500057340</b>	
24c. DATE RECEIVED BY MANUFACTURER <b>12-MAY-2025</b>	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT <b>14-MAY-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.

14-May-2025 02:45

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**ADDITIONAL INFORMATION****7+13. DESCRIBE REACTION(S) continued**

The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: DEMENTIA ALZHEIMER'S TYPE (medically significant), outcome "unknown", described as "Alzheimer's". The daughter reported that because her mother was 86 years old and had Alzheimer's."The action taken for desvenlafaxine succinate monohydrate was unknown.

No follow-up attempts are possible.