The history of thalidomide

The drug thalidomide was prescribed as a sedative in the late 1950’s and early 1960’s. Many pregnant women were given it to help them sleep and to combat nausea. Tragically, doctors were unaware that when thalidomide is taken during pregnancy, it grossly interferes with the development of the foetus.

Around the world, 10-12,000 babies were born with severe malformations of their limbs and/or internal organs. 5,000 survive today. No one will ever know how many babies were never born or how many died in the first few days of life as a result of thalidomide. The drug was subsequently banned.

A warning from those who know the dangers

The Thalidomide Victims Association of Canada (TVAC) was founded in 1988 to empower and enhance the quality of life of Canadian victims of thalidomide.

Thalidomide victims will never accept a world with thalidomide, and do not support its return. They have, however, chosen not to oppose an individual’s right to make an informed decision to use thalidomide.

Today, the Association has undertaken a new mandate to warn the public of the drug’s devastating effects, so that a recurrence of the thalidomide tragedy can be avoided. Patients who take thalidomide must be made fully aware of the side effects and dangers and make “risk-aware” choices, knowing all the facts.

Those who forget history are destined to repeat it.

The Thalidomide Victims Association of Canada has more information available on this topic. Please contact us at:

The Thalidomide Victims Association of Canada
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6830, Joseph Renaud Blvd, suite 211
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Visit our web site at www.thalidomide.ca
PHOCOMELIA

is the limb
malformation
most commonly
associated with
thalidomide. The
word phocomelia
is from the Greek
words phoke
meaning “seal” and
melos meaning
“limb”, in which
the hands and/or
feet start
immediately at
the main joint
(shoulder/hip).

Thalidomide malformations are almost all bilateral/symmetrical. That means both sides of
the body are affected in the same way (both arms, both legs, all four).

Other thalidomide malformations

When taken during pregnancy (particularly the first
trimester) thalidomide causes malformations to
almost any part of the body that is developing at
the time the drug is taken. These are just some
resulting malformations:

- Missing or malformed limbs (bilateral)
- No ears or deafness
- Missing or extra fingers or toes
- Partial or total loss of sight
- Improper formation of the heart, kidney and other internal organs
- Improper formation of the anus and/or genitalia
- Cleft palate
- Flattening of the bridge of the nose

Thalidomide Chronology

- Thalidomide became available in
  West Germany on October 1, 1957.
  Although never licenced for sale in
  the United States, it was available
  in sample form in the U.S. from
- In Canada, thalidomide became
  available in sample form in 1959,
  was licenced April 1, 1961,
  and although it was withdrawn
  March 2, 1962, it was still
  available in some pharmacies
  as late as May 1962.
- In Canada, most thalidomide
  victims were born between
  March 1960 and December 1962.

Many genetic conditions produce
malformations similar to thalidomide

There are no blood tests to identify victims of
thalidomide, and many genetic conditions can
produce malformations resembling those caused
by thalidomide. The limb malformation
phocomelia is not limited to thalidomide
victims, but has existed throughout history.

It is important to know the cause of a
malformation so that in non-thalidomide
cases, genetic counselling can be planned,
allowing individuals to make informed choices
on reproduction and possible treatment.

Some conditions mistaken for
thalidomide malformations

- Roberts syndrome (pseudothalidomide syndrome)
- Holt-Oram syndrome, also known as
  Heart-Hand syndrome
- Fanconi’s pancytopenia
- TAR syndrome (thrombocytopenia-absent radius)
- Cornelia de Lange syndrome
- VATER association
- FFU syndrome
- LADD syndrome
- Poland anomaly
- Wildervanck syndrome
- Möbius syndrome
- Goldenhar syndrome
- Duane syndrome

The pain continues

Victims of thalidomide who survived, are now
adults in their 30’s and 40’s. They have endured
pain, discrimination, isolation and a denial of
adequate compensation. Today, they face an
uncertain future. Their limbs and organs continue
to degenerate and they experience a diminished
quality of life. Doctors cannot predict what their
life expectancy may be.

Note: Thalidomide malformations
cannot be passed from generation
to generation.

If you wish more information on these conditions,
contact the Thalidomide Victims Association of
Canada at the address on the back of this brochure.