

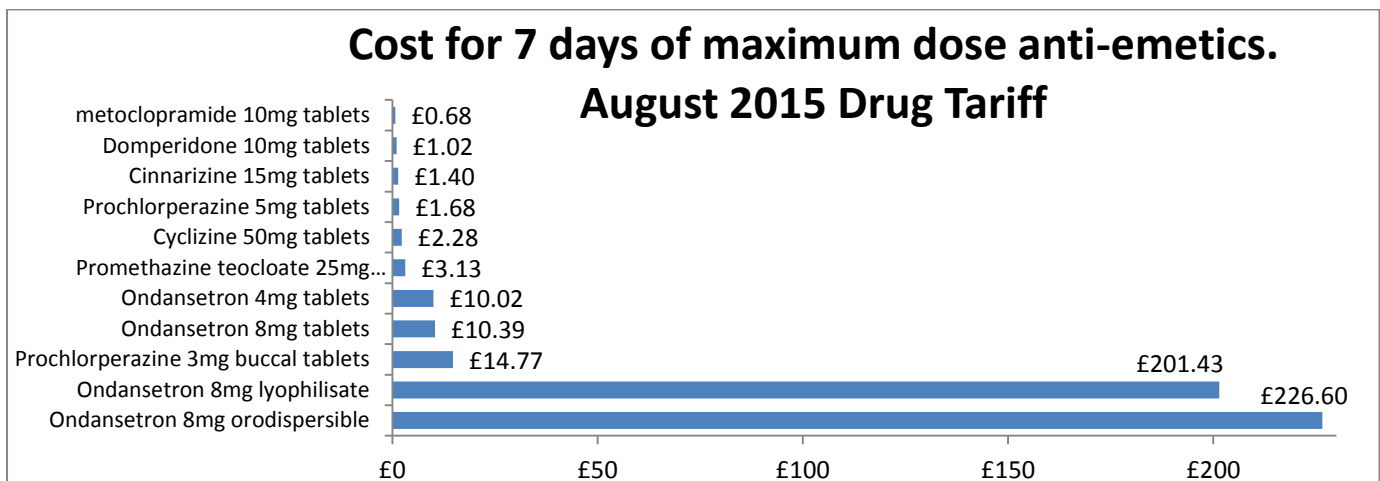
Anti-emetic Prescribing Advice

Licensed indications differ for each of the respective agents:

General Nausea & vomiting (N&V)	Motion sickness	Vertigo	N&V in Meniere's disease	Chemotherapy induced N&V
Prochlorperazine	Promethazine	Cinnarizine	Betahistine	Ondansetron
Promethazine	Cinnarizine	Prochlorperazine	Cinnarizine	Metoclopramide*
Cyclizine	Cyclizine	Cyclizine	Prochlorperazine	
Domperidone*		Promethazine	Cyclizine	
Metoclopramide*				

*There are MHRA alerts for domperidone & metoclopramide (details overleaf), use other alternatives first

Assess each patient on an individual basis prior to making a decision on the most appropriate agent. Prescribers may also want to assess if there is an on-going need for an anti-emetic.



Useful information:

- **Cyclizine** can be abused for its euphoric or hallucinatory effects. Prescribers should exercise caution in prescribing to those with a history of addiction or abuse.
- **Promethazine** can produce false-positive or false-negative results on pregnancy tests.
- **Cyclizine & promethazine** may cause drowsiness. The degree of sedation varies and depends upon the dose given, but if affected, the patient should avoid driving or performing skilled tasks. Drowsiness may diminish after a few days of treatment.
- **Cyclizine & promethazine** are suitable for use in pregnancy. There is no increased risk of congenital abnormalities, above the background rate for the population
- **Prochlorperazine Buccal tablets** are useful for patients unable to swallow due to the nausea and vomiting, especially in migraine.
- **Metoclopramide, prochlorperazine & promethazine** may cause extrapyramidal symptoms (dystonia & tardive dyskinesia) in <1% of patients (esp. young women and the elderly)
- **Ondansetron** (like domperidone) has a risk of QT prolongation and therefore has contra-indications and significant interactions due to this. (See BNF or SPC)
- **Ondansetron orodispersible or lyphilisate** are significantly more expensive than the standard tablets and should be reserved for patients UNABLE to swallow and absorb (90minutes for full absorption).

Domperidone MHRA alert May 2014

www.gov.uk/drug-safety-update/domperidone-risks-of-cardiac-side-effects

Review of indication due to the small increased risk of serious cardiac side effects.

Indication

- Domperidone is now restricted to use in the relief of nausea and vomiting
 - It should be used at the lowest effective dose for the shortest possible time
- The maximum treatment duration should not usually exceed one week**

Contraindications

- Domperidone is now contraindicated in people:
 - with conditions where cardiac conduction is, or could be, impaired
 - with underlying cardiac diseases such as congestive heart failure
 - receiving other medications known to prolong QT interval or potent CYP3A4 inhibitors
 - with severe hepatic impairment
- Advice relating to the use of domperidone to promote lactation has been produced by UKMI and can be found at the following link: <http://www.midlandsmedicines.nhs.uk/filestore/S00003.pdf>
- Advice relating to the use of domperidone in babies & children has been issued by the Neonatal & Paediatric Pharmacists Group and can be found on the following site: <http://www.nppg.scot.nhs.uk/>

Metoclopramide MHRA alert August 2013

www.gov.uk/drug-safety-update/metoclopramide-risk-of-neurological-adverse-effects

Review of indications due to the confirmed risk of neurological effects such as short-term extrapyramidal disorders and tardive dyskinesia.

Indications and use in adults and children

- **In adults:** metoclopramide remains indicated for: prevention of postoperative nausea and vomiting; radiotherapy-induced nausea and vomiting; delayed (but not acute) chemotherapy-induced nausea and vomiting; and symptomatic treatment of nausea and vomiting, including that associated with acute migraine (where it may also be used to improve absorption of oral analgesics)
 - **In children, age 1–18 years:** metoclopramide should only be used as a second-line option for prevention of delayed chemotherapy-induced nausea and vomiting, and for treatment of established postoperative nausea and vomiting
 - Use of metoclopramide is contraindicated in children younger than 1 year
- Metoclopramide should only be prescribed for short-term use (up to 5 days)**

The management of patients taking domperidone / metoclopramide long term for GORD, dyspepsia or gastroparesis

- All patients receiving long-term domperidone or metoclopramide should have their therapy reviewed and risks explained to them.
- A trial of withdrawal of domperidone or metoclopramide therapy should be tried in all patients, with full patient engagement.
- **For GORD or dyspepsia:** ensure all other therapeutic and lifestyle options are optimised.
 - See [Rotherham dyspepsia guidelines](#) and use of a PPI
 - For people with a particular problem with nocturnal symptoms which does not respond to PPI therapy, consider adding histamine (H₂)-receptor antagonist (H₂RA) at bedtime in the short term (for example intermittent 2-week courses).
- **For gastroparesis:** ensure any iatrogenic cause is identified. Assess and correct nutritional state and, in patients with diabetes, check glycaemic control.
 - If symptoms return, a trial of 'on-demand' domperidone (10mg up to tds for up to one week) could be tried if appropriate. However ensure domperidone is not used in any of the new contra-indications mentioned above
 - An alternative anti-emetic agent (see list overleaf) may be used to control any symptomatic nausea and vomiting.