

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

- ▶ **Diurexan** (Mylan)
- ▶ **Xipamide 20 mg** Diurexan 20mg tablets | 140 tablet (Pom) £19.46 DT = £19.46

10 Vascular disease

Peripheral vascular disease

Classification and management

Peripheral vascular disease can be either occlusive (e.g. *intermittent claudication*) in which occlusion of the peripheral arteries is caused by atherosclerosis, or vasospastic (e.g. *Raynaud's syndrome*). Peripheral arterial occlusive disease is associated with an increased risk of cardiovascular events; this risk is reduced by measures such as Smoking cessation p. 520, effective control of blood pressure, regulating blood lipids, optimising glycaemic control in diabetes, taking aspirin p. 130 in a dose of 75 mg daily, and possibly weight reduction in obesity. Exercise training can improve symptoms of intermittent claudication; revascularisation procedures may be appropriate.

Naftidrofuryl oxalate p. 247 can alleviate symptoms of intermittent claudication and improve pain-free walking distance in moderate disease. Patients taking naftidrofuryl oxalate should be assessed for improvement after 3–6 months.

Cilostazol below is licensed for use in intermittent claudication to improve walking distance in patients without peripheral tissue necrosis who do not have pain at rest; use is restricted to second-line treatment where lifestyle modifications and other appropriate interventions have failed to improve symptoms. Cilostazol should be initiated by those experienced in the management of intermittent claudication. Patients receiving cilostazol should be assessed for improvement after 3 months; consider discontinuation of treatment if there is no clinically relevant improvement in walking distance.

Inositol nicotinate p. 247 and pentoxifylline p. 248 are not established as being effective for the treatment of intermittent claudication.

Intravenous iloprost p. 197 is a treatment option for critical limb ischaemia in patients unsuitable for surgery.

Management of *Raynaud's syndrome* includes avoidance of exposure to cold and Smoking cessation p. 520. More severe symptoms may require vasodilator treatment, which is most often successful in primary Raynaud's syndrome. Nifedipine p. 174 is useful for reducing the frequency and severity of vasospastic attacks. Alternatively, naftidrofuryl oxalate may produce symptomatic improvement; inositol nicotinate (a nicotinic acid derivative) may also be considered. Pentoxifylline, prazosin p. 827, and moxislyte p. 247 are not established as being effective for the treatment of Raynaud's syndrome.

Vasodilator therapy is not established as being effective for *chilblains*.

Advanced Pharmacy Services

Patients with peripheral vascular disease may be eligible for the Medicines Use Review service provided by a community pharmacist. For further information, see *Advanced Pharmacy Services* in Medicines optimisation p. 18.

ANTITHROMBOTIC DRUGS > ANTIPLATELET DRUGS

Cilostazol

13-Nov-2019

- **INDICATIONS AND DOSE**

Intermittent claudication in patients without rest pain and no peripheral tissue necrosis

▶ **BY MOUTH**

- ▶ **Adult:** 100 mg twice daily, to be taken 30 minutes before food, cilostazol should be initiated by those experienced in the management of intermittent claudication, patients receiving cilostazol should be assessed for improvement after 3 months; consider discontinuation of treatment if there is no clinically relevant improvement in walking distance

- **DOSE ADJUSTMENTS DUE TO INTERACTIONS**

- ▶ Manufacturer advises reduce dose to 50 mg twice daily with concurrent use of potent inhibitors of CYP3A4, potent inhibitors of CYP2C19, omeprazole and erythromycin.

- **CONTRA-INDICATIONS** Active peptic ulcer · congestive heart failure · coronary intervention in previous 6 months · haemorrhagic stroke in previous 6 months · history of severe tachyarrhythmia · myocardial infarction in previous 6 months · poorly controlled hypertension · predisposition to bleeding · proliferative diabetic retinopathy · prolongation of QT interval · unstable angina · ventricular arrhythmia

- **CAUTIONS** Atrial fibrillation · atrial flutter · atrial or ventricular ectopy · diabetes mellitus (higher risk of intraocular bleeding) · stable coronary disease · surgery

- **INTERACTIONS** → Appendix 1: cilostazol

- **SIDE-EFFECTS**

- ▶ **Common or very common** Appetite decreased · arrhythmias · diarrhoea · dizziness · gastrointestinal discomfort · gastrointestinal disorders · headache · increased risk of infection · nausea · oedema · palpitations · skin reactions · vomiting
- ▶ **Uncommon** Anaemia · anxiety · congestive heart failure · cough · dyspnoea · haemorrhage · hyperglycaemia · hypotension · sleep disorders · syncope
- ▶ **Rare or very rare** Renal impairment · thrombocytosis
- ▶ **Frequency not known** Agranulocytosis · bone marrow disorders · conjunctivitis · fever · granulocytopenia · hepatic disorders · hot flush · hypertension · intracranial haemorrhage · leucopenia · paresis · severe cutaneous adverse reactions (SCARs) · thrombocytopenia · tinnitus · urinary frequency increased

- **PREGNANCY** Avoid—toxicity in *animal* studies.

- **BREAST FEEDING** Present in milk in *animal* studies—manufacturer advises avoid.

- **HEPATIC IMPAIRMENT** Manufacturer advises avoid in moderate-to-severe impairment—no information available.

- **RENAL IMPAIRMENT** Avoid if eGFR less than 25 mL/minute/1.73 m².

- **PATIENT AND CARER ADVICE**

Blood disorders Patients should be advised to report any unexplained bleeding, bruising, sore throat, or fever.

- **NATIONAL FUNDING/ACCESS DECISIONS**

- **NICE decisions**

- ▶ Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease (May 2011) NICE TA223 Cilostazol is **not** recommended for the treatment of intermittent claudication in patients with peripheral arterial disease; patients currently receiving this treatment