

- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include banana.
- **PATIENT AND CARER ADVICE**  
Medicines for Children leaflet: Mebendazole for worm infections [www.medicinesforchildren.org.uk/mebendazole-worm-infections](http://www.medicinesforchildren.org.uk/mebendazole-worm-infections)
- **EXCEPTIONS TO LEGAL CATEGORY** Mebendazole tablets can be sold to the public if supplied for oral use in the treatment of enterobiasis in adults and children over 2 years provided its container or package is labelled to show a max. single dose of 100 mg and it is supplied in a container or package containing not more than 800 mg.

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

**Oral suspension**

- ▶ **Vermox** (Janssen-Cilag Ltd)  
**Mebendazole 20 mg per 1 ml** Vermox 100mg/5ml oral suspension | 30 ml **[PoM]** £1.55 DT = £1.55

**Chewable tablet**

- ▶ **Vermox** (Janssen-Cilag Ltd)  
**Mebendazole 100 mg** Vermox 100mg chewable tablets sugar-free | 6 tablet **[PoM]** £1.34 DT = £1.34

## Praziquantel

● **INDICATIONS AND DOSE****Tapeworm infections (*Taenia solium*)**

- ▶ BY MOUTH
- ▶ Adult: 5–10 mg/kg for 1 dose, to be taken after a light breakfast

**Tapeworm infections (*Hymenolepis nana*)**

- ▶ BY MOUTH
- ▶ Adult: 25 mg/kg for 1 dose, to be taken after a light breakfast

***Schistosoma haematobium* worm infections | *Schistosoma mansoni* worm infections**

- ▶ BY MOUTH
- ▶ Adult: 20 mg/kg, followed by 20 mg/kg after 4–6 hours




***Schistosoma japonicum* worm infections**

- ▶ BY MOUTH
- ▶ Adult: 20 mg/kg 3 times a day for 1 day

- **UNLICENSED USE** Praziquantel is an unlicensed drug.
- **INTERACTIONS** → Appendix 1: praziquantel

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: tablet

**Tablet**

- ▶ **Praziquantel** (Imported (Germany))  
**Praziquantel 600 mg** Biltricide 600mg tablets | 6 tablet **[PoM]**   
**Praziquantel 150 mg** Cesol 150mg tablets | 6 tablet **[PoM]**   
**Praziquantel 500 mg** Cysticide 500mg tablets | 90 tablet **[PoM]** 

## 5 Protozoal infection

### Antiprotozoal drugs

**Amoebicides**

Metronidazole p. 572 is the drug of choice for *acute invasive amoebic dysentery* since it is very effective against vegetative forms of *Entamoeba histolytica* in ulcers. Tinidazole p. 574 is also effective. Metronidazole and tinidazole are also active against amoebae which may have migrated to the liver. Treatment with metronidazole (or tinidazole) is followed by a 10-day course of diloxanide furoate.

Diloxanide furoate is the drug of choice for asymptomatic patients with *E. histolytica* cysts in the faeces; metronidazole

and tinidazole are relatively ineffective. Diloxanide furoate is relatively free from toxic effects and the usual course is of 10 days, given alone for chronic infections or following metronidazole or tinidazole treatment.

For *amoebic abscesses* of the liver metronidazole is effective; tinidazole is an alternative. Aspiration of the abscess is indicated where it is suspected that it may rupture or where there is no improvement after 72 hours of metronidazole; the aspiration may need to be repeated. Aspiration aids penetration of metronidazole and, for abscesses with more than 100 mL of pus, if carried out in conjunction with drug therapy, may reduce the period of disability.

Diloxanide furoate is not effective against hepatic amoebiasis, but a 10-day course should be given at the completion of metronidazole or tinidazole treatment to destroy any amoebae in the gut.

**Trichomonacides**

Metronidazole is the treatment of choice for *Trichomonas vaginalis* infection. Contact tracing is recommended and sexual contacts should be treated simultaneously. If metronidazole is ineffective, tinidazole may be tried.

**Antigiardial drugs**

Metronidazole is the treatment of choice for *Giardia lamblia* infections. Alternative treatments are tinidazole or mepacrine hydrochloride p. 527.

**Leishmaniacides**

Cutaneous leishmaniasis frequently heals spontaneously but if skin lesions are extensive or unsightly, treatment is indicated, as it is in visceral leishmaniasis (kala-azar). Leishmaniasis should be treated under specialist supervision.

Sodium stibogluconate p. 642, an organic pentavalent antimony compound, is used for visceral leishmaniasis. The dosage varies with different geographical regions and expert advice should be obtained. Some early non-inflamed lesions of cutaneous leishmaniasis can be treated with intralesional injections of sodium stibogluconate under specialist supervision.

Amphotericin p. 629 is used with or after an antimony compound for visceral leishmaniasis unresponsive to the antimonial alone; side-effects may be reduced by using liposomal amphotericin (*AmBisome*®). *Abelcet*®, a lipid formulation of amphotericin, is also likely to be effective but less information is available.

Pentamidine isetionate p. 637 has been used in antimony-resistant visceral leishmaniasis, but although the initial response is often good, the relapse rate is high; it is associated with serious side-effects. Other treatments include paromomycin [unlicensed] (available from 'special-order' manufacturers or specialist importing companies).

**Trypanocides**

The prophylaxis and treatment of trypanosomiasis is difficult and differs according to the strain of organism. Expert advice should therefore be obtained.

**Toxoplasmosis**

Most infections caused by *Toxoplasma gondii* are self-limiting, and treatment is not necessary. Exceptions are patients with eye involvement (toxoplasma choroiretinitis), and those who are immunosuppressed. Toxoplasmic encephalitis is a common complication of AIDS. The treatment of choice is a combination of pyrimethamine p. 656 and sulfadiazine p. 596, given for several weeks (expert advice **essential**). Pyrimethamine is a folate antagonist, and adverse reactions to this combination are relatively common (folic acid supplements and weekly blood counts needed). Alternative regimens use