- Child 14-17 years: Initially 200 mg 4 times a day for 2–3 weeks, then increased if necessary up to 40 mg/kg daily, then reduced according to response, to be taken before meals

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: PRESSURISED METERED DOSE INHALERS (PMDI): RISK OF AIRWAY OBSTRUCTION FROM ASPIRATION OF LOOSE OBJECTS (JULY 2018)

- When used by inhalation

See Respiratory system, drug delivery p. 147.

- **CAUTIONS**
- When used by inhalation Discontinue if eosinophilic pneumonia occurs
- **SIDE-EFFECTS**
- When used by inhalation Cough · headache · pneumonia eosinophilic · rhinitis · throat irritation
- With oral use Arthralgia · nausea · rash

SIDE-EFFECTS, FURTHER INFORMATION When used by inhalation, if paradoxical bronchospasm occurs, a short-acting beta$_2$-agonist should be used to control symptoms; treatment with sodium cromoglicate should be discontinued.

- **PREGNANCY** Not known to be harmful.
- When used by inhalation Can be taken as normal during pregnancy.
- **BREAST FEEDING** Unlikely to be present in milk.
- When used by inhalation Can be taken as normal during breast-feeding.
- **TREATMENT CESSATION**
- When used by inhalation Withdrawal of sodium cromoglicate should be done gradually over a period of one week—symptoms of asthma may recur.
- **DIRECTIONS FOR ADMINISTRATION** Capsules may be swallowed whole or the contents dissolved in hot water and diluted with cold water before taking.
- **PATIENT AND CARER ADVICE**
- With oral use Patient counselling is advised for sodium cromoglicate capsules (administration).
- When used by inhalation Patient counselling is advised for sodium cromoglicate pressurised inhalation (administration).

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

Capsule

CAUTIONARY AND ADVISORY LABELS 22

- **Nalcrom** (Sanofi)

Sodium cromoglicate 100 mg Nalcrom 100mg capsules | 100 capsule PoM £41.14 DT = £41.14

Pressurised inhalation

CAUTIONARY AND ADVISORY LABELS 8

- **Intal** (Sanofi)

Sodium cromoglicate 5 mg per 1 dose Intal 5mg/dose inhaler CFC free | 112 dose PoM £18.33 DT = £18.33

XANTHINES

Aminophylline

01-Aug-2018

- **INDICATIONS AND DOSE**

Severe acute asthma in patients not previously treated with theophylline

- BY SLOW INTRAVENOUS INJECTION
- Child: 5 mg/kg (max. per dose 500 mg), to be followed by intravenous infusion

Severe acute asthma

- BY INTRAVENOUS INFUSION
- Child 1 month-11 years: 1 mg/kg/hour, adjusted according to plasma-theophylline concentration
- Child 12-17 years: 500–700 micrograms/kg/hour, adjusted according to plasma-theophylline concentration

Chronic asthma

- BY MOUTH USING MODIFIED-RELEASE MEDICINES
- Child (body-weight 40 kg and above): Initially 225 mg twice daily for 1 week, then increased if necessary to 450 mg twice daily, adjusted according to plasma-theophylline concentration

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- Dose adjustment may be necessary if smoking started or stopped during treatment.

DOSES AT EXTREMES OF BODY-WEIGHT

- To avoid excessive dosage in obese patients, dose should be calculated on the basis of ideal weight for height.

PHARMACOKINETICS

- Aminophylline is a stable mixture or combination of theophylline and ethylenediamine; the ethylenediamine confers greater solubility in water.
- Theophylline is metabolised in the liver. The plasma-theophylline concentration is increased in heart failure, hepatic impairment, and in viral infections. The plasma-theophylline concentration is decreased in smokers, and by alcohol consumption. Differences in the half-life of aminophylline are important because the toxic dose is close to the therapeutic dose.

- **UNLICENSED USE** Aminophylline injection not licensed for use in children under 6 months.

PHYLLOCONTIN CONTINUS® FORTE

- With oral use *Phyllocontin Continus® Forte* tablets are not licensed for use in children.

- **CAUTIONS** Arrhythmias following rapid intravenous injection · cardiac arrhythmias or other cardiac disease · epilepsy · fever · hypertension · hyperthyroidism · peptic ulcer · risk of hypokalaemia
- **INTERACTIONS** → Appendix 1: aminophylline
- **SIDE-EFFECTS**

GENERAL SIDE-EFFECTS

Headache · nausea · palpitations · seizure (more common when given too rapidly by intravenous injection)

SPECIFIC SIDE-EFFECTS

- With intravenous use Abdominal pain · anxiety · arrhythmia (more common when given too rapidly by intravenous injection) · confusion · delirium · diarrhoea · dizziness · electrolyte imbalance · gastrointestinal haemorrhage · gastrooesophageal reflux disease · hyperthermia · hyperventilation · hypotension (more common when given too rapidly by intravenous injection) · insomnia · mania · metabolic disorder · pain · skin reactions · tachycardia (more common when given too rapidly by intravenous injection) · thirst · tremor · vertigo · visual impairment · vomiting
- With oral use Arrhythmias · central nervous system stimulation · epigastric discomfort

SIDE-EFFECTS, FURTHER INFORMATION Potentially serious hypokalaemia may result from beta$_2$-agonist therapy. Particular caution is required in severe asthma, because this effect may be potentiated by concomitant treatment with theophylline and its derivatives, corticosteroids, and diuretics, and by hypoxia. Plasma-potassium concentration should therefore be monitored in severe asthma.

Overdose Theophylline and related drugs are often prescribed as modified-release formulations and toxicity