

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

Solution for injection

- ▶ **Glypressin** (Ferring Pharmaceuticals Ltd)
Terlipressin acetate 120 microgram per 1 ml Glypressin 1mg/8.5ml solution for injection ampoules | 5 ampoule [PoM]
- ▶ **Variquel** (Alliance Pharmaceuticals Ltd)
Terlipressin acetate 200 microgram per 1 ml Variquel 1mg/5ml solution for injection vials | 5 vial [PoM] £89.98 (Hospital only)

Vasopressin

● INDICATIONS AND DOSE

Adjunct in acute massive haemorrhage of gastrointestinal tract or oesophageal varices (specialist use only)

- ▶ BY CONTINUOUS INTRAVENOUS INFUSION
- ▶ **Child:** Initially 0.3 unit/kg (max. per dose 20 units), dose to be administered over 20–30 minutes, then 0.3 unit/kg/hour, adjusted according to response (max. per dose 1 unit/kg/hour), if bleeding stops, continue at same dose for 12 hours, then withdraw gradually over 24–48 hours; max. duration of treatment 72 hours, dose may alternatively be infused directly into the superior mesenteric artery

- **UNLICENSED USE** Not licensed for use in children.
- **CONTRA-INDICATIONS** Chronic nephritis (until reasonable blood nitrogen concentrations attained) · vascular disease (especially disease of coronary arteries) unless extreme caution
- **CAUTIONS** Asthma · avoid fluid overload · conditions which might be aggravated by water retention · epilepsy · heart failure · hypertension · migraine
- **SIDE-EFFECTS** Abdominal pain · angina pectoris · bronchospasm · cardiac arrest · chest pain · diarrhoea · flatulence · fluid imbalance · gangrene · headache · hyperhidrosis · hypertension · musculoskeletal chest pain · nausea · pallor · peripheral ischaemia · tremor · urticaria · vertigo · vomiting
- **PREGNANCY** Oxytocic effect in third trimester.
- **BREAST FEEDING** Not known to be harmful.
- **DIRECTIONS FOR ADMINISTRATION** For intravenous infusion (argipressin); dilute with Glucose 5% or Sodium Chloride 0.9% to a concentration of 0.2–1 unit/mL.

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Solution for injection

- ▶ **Argipressin** (Advanz Pharma)
Argipressin 20 unit per 1 ml Argipressin 20units/1ml solution for injection ampoules | 10 ampoule [PoM] £850.00 (Hospital only)

8 Obesity

Obesity

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Description of condition

Obesity is directly linked to many health problems including cardiovascular disease, type 2 diabetes, and obstructive sleep apnoea syndrome. It can also contribute to psychological and psychiatric morbidities.

In children and adolescents, body mass index (BMI) should be used as a practical estimation of body fat. However, it should be interpreted with caution as it is not a direct measure of adiposity. Assessing the BMI of children is more complicated than for adults because it changes as they grow and mature, with different growth patterns seen between boys and girls.

Public Health England advises that the British 1990 (UK90) growth reference charts should be used to determine the weight status of children. A child \geq the 91st centile is classified as overweight, and as obese if \geq the 98th centile. Waist circumference is not recommended as a routine measure, but should be used as an additional predictor for risk of developing other long-term health problems. Children who are overweight or obese and have significant comorbidities or complex needs should be considered for specialist referral.

Aims of treatment

Children who are overweight or obese and are no longer growing taller will ultimately need to lose weight and maintain weight loss to improve their BMI. However, preventing further weight gain while making lifestyle changes, may be an appropriate short-term aim.

Overview

EvGr The goals of management of obesity should be agreed together with the child and their parents or carers; parents or carers should be encouraged to take responsibility for lifestyle changes of their children. Referral to a specialist can be considered for children who are overweight or obese and have significant comorbidities or complex needs (e.g. learning disabilities). Children should be assessed for comorbidities such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, and exacerbation of conditions such as asthma.

An initial assessment should consider potential underlying causes (e.g. hypothyroidism) and a review of the appropriateness of current medications, which are known to cause weight gain, e.g. atypical antipsychotics, beta-adrenoceptor blocking drugs, insulin (when used in the treatment of type 2 diabetes), sodium valproate, and tricyclic antidepressants.

Lifestyle changes

EvGr Obese children should be encouraged to engage in a sustainable weight management programme which includes strategies to change behaviour, increase physical activity and improve diet and eating behaviour. These changes should be encouraged within the whole family. Any dietary changes should be age appropriate and consistent with healthy eating recommendations. Surgical intervention is not generally recommended in children or adolescents.

Drug treatment

EvGr Drug treatment is not generally recommended for children younger than 12 years, unless there are exceptional circumstances, such as if severe comorbidities are present. In children over 12 years, drug treatment is only recommended if physical comorbidities, such as orthopaedic problems or sleep apnoea, or severe psychological comorbidities are present. Drug treatment should **never** be used as the sole element of treatment and should be used as part of an overall weight management plan. Orlistat p. 70 [unlicensed use] is the only drug currently available in the UK that is recommended specifically for the treatment of obesity; it acts by reducing the absorption of dietary fat. Treatment should be started and monitored in a specialist paediatric setting by experienced multidisciplinary teams. An initial 6–12 month trial is recommended, with regular review to assess effectiveness, adverse effects and adherence.

Treatment may also be used to maintain weight loss rather than to continue to lose weight. A vitamin and mineral supplement may also be considered if there is concern about inadequate micronutrient intake, particularly for younger children who need vitamins and minerals for growth and development.