

Xylometazoline hydrochloride

● **DRUG ACTION** Xylometazoline is a sympathomimetic.

● INDICATIONS AND DOSE

Nasal congestion

- ▶ BY INTRANASAL ADMINISTRATION USING NASAL DROPS
 - ▶ Child 6–11 years: 1–2 drops 1–2 times a day as required for maximum duration of 5 days, 0.05% solution to be administered into each nostril
 - ▶ Child 12–17 years: 2–3 drops 2–3 times a day as required for maximum duration of 7 days, 0.1% solution to be administered into each nostril
- ▶ BY INTRANASAL ADMINISTRATION USING NASAL SPRAY
 - ▶ Child 12–17 years: 1 spray 1–3 times a day as required for maximum duration of 7 days, to be administered into each nostril

IMPORTANT SAFETY INFORMATION

The CHM/MHRA has stated that non-prescription cough and cold medicines containing oxymetazoline or xylometazoline can be considered for up to 5 days' treatment in children aged 6–12 years after basic principles of best care have been tried; these medicines should not be used in children under 6 years of age.

- **CAUTIONS** Angle-closure glaucoma · avoid excessive or prolonged use · cardiovascular disease · diabetes mellitus · hypertension · hyperthyroidism · rebound congestion

CAUTIONS, FURTHER INFORMATION

- ▶ Rebound congestion Sympathomimetic drugs are of limited value in the treatment of nasal congestion because they can, following prolonged use (more than 7 days), give rise to a rebound congestion (rhinitis medicamentosa) on withdrawal, due to a secondary vasodilatation with a subsequent temporary increase in nasal congestion. This in turn tempts the further use of the decongestant, leading to a vicious cycle of events.
- **INTERACTIONS** → Appendix 1: sympathomimetics, vasoconstrictor
- **SIDE-EFFECTS** Cardiovascular effects · headache · hypersensitivity · nasal dryness · nausea · paraesthesia · visual impairment
- SIDE-EFFECTS, FURTHER INFORMATION** Use of decongestants in infants and children under 6 years has been associated with agitated psychosis, ataxia, hallucinations, and even death—avoid.
- **PREGNANCY** Manufacturer advises avoid.
- **BREAST FEEDING** Manufacturer advises caution—no information available.
- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Spray

- ▶ **Otrivine** (GlaxoSmithKline Consumer Healthcare)
Xylometazoline hydrochloride 1 mg per 1 ml Otrivine Congestion Relief 0.1% nasal spray | 10 ml [GSL] £3.05 DT = £2.18
 Otrivine Adult Measured Dose Sinusitis spray | 10 ml [GSL] £2.62 DT = £2.18
 Otrivine Allergy Relief 0.1% nasal spray | 10 ml [GSL] £2.62 DT = £2.18
 Otrivine Adult nasal spray | 10 ml [GSL] £2.18 DT = £2.18
 Otrivine Adult Metered Dose 0.1% nasal spray | 10 ml [GSL] £2.62 DT = £2.18
- ▶ **Sudafed Congestion Relief** (McNeil Products Ltd)
Xylometazoline hydrochloride 1 mg per 1 ml Sudafed Congestion Relief 0.1% nasal spray | 10 ml [GSL] £3.46 DT = £2.18
- ▶ **Sudafed Non-Drowsy Decongestant (xylometazoline)** (McNeil Products Ltd)
Xylometazoline hydrochloride 1 mg per 1 ml Sudafed Blocked Nose 0.1% spray | 15 ml [GSL] £2.76

- ▶ **Sudafed Sinus-Ease** (McNeil Products Ltd)
Xylometazoline hydrochloride 1 mg per 1 ml Sudafed Sinus-Ease 0.1% nasal spray | 15 ml [GSL] £2.80

Nasal drops

- ▶ **Otrivine** (GlaxoSmithKline Consumer Healthcare)
Xylometazoline hydrochloride 500 microgram per 1 ml Otrivine Child nasal drops | 10 ml [P] £1.91 DT = £1.91
Xylometazoline hydrochloride 1 mg per 1 ml Otrivine Adult 0.1% nasal drops | 10 ml [GSL] £2.18 DT = £2.18

2 Nasal infection

Sinusitis (acute)

31-Oct-2017

Description of condition

Sinusitis is an inflammation of the mucosal lining of the paranasal sinuses. Acute sinusitis (rhinosinusitis) is a self-limiting condition usually triggered by a viral upper-respiratory tract infection such as the 'common cold'. Occasionally, acute sinusitis may become complicated by a bacterial infection (see *Antibacterial therapy for acute sinusitis* in Nose infections, antibacterial therapy p. 317).

Children with acute sinusitis, particularly young children, often present with non-specific symptoms in the upper respiratory tract, including nasal blockage or congestion, discoloured nasal discharge, or cough during the day or night.

Symptoms usually improve within 2 to 3 weeks without requiring treatment.

Rarely, acute sinusitis may lead to orbital, intracranial or skeletal complications (e.g. periorbital cellulitis, symptoms or signs of meningitis).

Aims of treatment

Treatment is aimed at managing symptoms including pain, fever, and nasal congestion as well as treatment of bacterial infection if present.

Treatment

[EvGr] Children presenting with symptoms for around 10 days or less, should be given advice about the usual duration of acute sinusitis, self-care of pain or fever with paracetamol p. 278 or ibuprofen p. 679, and when to seek medical help. Children and their carers should be reassured that antibiotics are usually not required.

Children (over the age of 12) presenting with symptoms for around 10 days or more with no improvement could be considered for treatment with a high-dose nasal corticosteroid, such as mometasone furoate p. 725 [unlicensed use] or fluticasone p. 724 [unlicensed use] for 14 days.

If the child is systemically very unwell, has signs and symptoms of a more serious illness or condition, or is at high-risk of complications, an immediate antibiotic could be offered if deemed appropriate. **⚠** (see *Antibacterial therapy for acute sinusitis* in Nose infections, antibacterial therapy p. 317).

[EvGr] Children presenting with symptoms of acute sinusitis associated with a severe systemic infection or with orbital or intracranial complications should be referred to hospital. **⚠**

Useful Resources

Sinusitis (acute): antimicrobial prescribing. National Institute for Health and Care Excellence. NICE guideline 79. October 2017.

www.nice.org.uk/guidance/ng79