

- ▶ **Rennie** (Bayer Plc)
Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Rennie Liquid Heartburn Relief oral suspension sugar-free | 150 ml [GSL] £2.52 DT = £2.58 sugar-free | 250 ml [GSL] £3.47

4.4 *Helicobacter pylori* diagnosis

DIAGNOSTIC AGENTS

Urea (13C)

● INDICATIONS AND DOSE

Diagnosis of gastro-duodenal *Helicobacter pylori* infection

- ▶ BY MOUTH
- ▶ Child: (consult product literature)

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

Soluble tablet

- ▶ **Pylobactell** (Torbet Laboratories Ltd)
Urea [13-C] 100 mg Pylobactell breath test kit | 1 kit [PoM] £20.75 DT = £20.75

Powder

- ▶ **Helicobacter Test INFAI** (INFAI UK Ltd)
Urea [13-C] 45 mg Helicobacter Test INFAI for children breath test kit sugar-free | 1 kit [PoM] £19.10 DT = £19.10
Urea [13-C] 75 mg Helicobacter Test INFAI breath test kit sugar-free | 1 kit [PoM] £21.70 DT = £21.70 sugar-free | 50 kit [PoM] £955.00

Tablet

- ▶ **Diabact UBT** (HFA Healthcare Products Ltd)
Urea [13-C] 50 mg diabact UBT 50mg tablets | 1 tablet [PoM] £21.25 DT = £21.25 | 10 tablet [PoM] £78.75 (Hospital only)

5 Food allergy

Food allergy

15-Dec-2016

Description of condition

Food allergy is an adverse immune response to a food, commonly associated with cutaneous and gastro-intestinal reactions, and less frequently associated with respiratory reactions and anaphylaxis. It is distinct from food intolerance which is non-immunological. Cow's milk, hen's eggs, soy, wheat, peanuts, tree nuts, fish, and shellfish are the most common allergens. Cross-reactivity between similar foods can occur (e.g. allergy to other mammalian milk in patients with cow's milk allergy).

Management of food allergy

[EvGr] Allergy caused by specific foods should be managed by strict avoidance of the causal food. Sodium cromoglicate p. 176 is licensed as an adjunct to dietary avoidance in children with food allergy. Educating the child or their carer about appropriate nutrition, food preparation, and the risks of accidental exposure is recommended, such as food and drinks to avoid, ensuring adequate nutritional intake, and interpreting food labels. For children in whom elimination diets might affect growth, a consultation with a nutritionist is recommended to identify alternative dietary sources. ◆

Drug treatment

[EvGr] There is low quality evidence to support the use of antihistamines to treat acute, **non-life-threatening** symptoms (such as flushing and urticaria) if accidental ingestion of allergenic food has occurred (see *Antihistamines*, under Antihistamines, allergen immunotherapy and allergic emergencies p. 180). Chlorphenamine maleate p. 186 is licensed for the symptomatic control of food allergy. In case

of food-induced anaphylaxis, adrenaline/epinephrine p. 143 is the first-line immediate treatment (see also *Allergic emergencies*, under Antihistamines, allergen immunotherapy and allergic emergencies p. 180). Carers and children (of an appropriate age) who are at risk of anaphylaxis should be trained to use self-injectable adrenaline/epinephrine. ◆

Cow's milk allergy

[EvGr] Parents of infants with suspected allergy to cow's milk should be informed about the most appropriate hypoallergenic formula or milk substitute. Cow's milk avoidance is recommended for the mothers of breast-fed infants who have cow's milk allergy. Children who are allergic to milk should receive alternative dietary sources of calcium and vitamin D. ◆

Useful Resources

Food allergy in under 19s: assessment and diagnosis. National Institute for Health and Care Excellence. Clinical guideline 116. February 2011
www.nice.org.uk/guidance/cg116

6 Gastro-intestinal smooth muscle spasm

Antispasmodics

19-Feb-2020

Antimuscarinics

The intestinal smooth muscle relaxant properties of antimuscarinic and other antispasmodic drugs may be useful in *irritable bowel syndrome*.

Antimuscarinics (formerly termed 'anticholinergics') reduce intestinal motility. They are occasionally used for the management of *irritable bowel syndrome*.

Antimuscarinics that are used for gastro-intestinal smooth muscle spasm includes the tertiary amine dicycloverine hydrochloride p. 67 and the quaternary ammonium compounds propantheline bromide p. 68 and hyoscine butylbromide p. 67. The quaternary ammonium compounds are less lipid soluble than atropine and are less likely to cross the blood-brain barrier; they are also less well absorbed from the gastro-intestinal tract.

Dicycloverine hydrochloride, may also have some direct action on smooth muscle. Hyoscine butylbromide is advocated as a gastro-intestinal antispasmodic, but it is poorly absorbed; the injection may be useful in endoscopy and radiology.

Other indications for antimuscarinic drugs include asthma and airways disease, motion sickness, urinary frequency and enuresis, mydriasis and cycloplegia, premedication, palliative care and as an antidote to organophosphorus poisoning.

Other antispasmodics

Alverine citrate p. 68, mebeverine hydrochloride p. 69, and peppermint oil p. 40 are believed to be direct relaxants of intestinal smooth muscle and may relieve pain in *irritable bowel syndrome*, and *primary dysmenorrhoea*. They have no serious adverse effects but, like all antispasmodics, should be avoided in paralytic ileus.

Motility stimulants

Domperidone is a dopamine receptor antagonist which stimulates gastric emptying and small intestinal transit, and enhances the strength of oesophageal sphincter contraction. The MHRA and CHM have released important safety information and restrictions regarding the use of domperidone, and a reminder of contra-indications. For