

GLIBENCLAMIDE

Brand names None

Used in the following combined preparations None

GENERAL INFORMATION

Glibenclamide is an oral antidiabetic drug belonging to the sulphonylurea class. Like other drugs of this type, it stimulates the production and secretion of insulin from the islet cells in the pancreas. This promotes the uptake of sugar into body cells, thereby lowering the blood sugar level.

Glibenclamide is used in the treatment of Type 2 diabetes, in conjunction with

exercise and a diet that is low in sugar and fats. In conditions of severe illness, injury, or stress, glibenclamide may lose its effectiveness, making insulin injections necessary. Adverse effects are generally mild. The commonest side effect is hypoglycaemia (low blood sugar). Symptoms of poor diabetic control will occur if the dosage of glibenclamide is not appropriate.

QUICK REFERENCE

Drug group Drug for diabetes (p.100)

Overdose danger rating High

Dependence rating Low

Prescription needed Yes

Available as generic Yes

INFORMATION FOR USERS

Your drug prescription is tailored for you. Do not alter dosage without checking with your doctor.

How taken/used



Tablets.

Frequency and timing of doses

Once daily in the morning with breakfast.

Adult dosage range

5–15mg daily.

Onset of effect

Within 3 hours.

Duration of action

10–15 hours.

Diet advice

An individualized diabetic diet must be maintained in order for the drug to be fully effective. Follow the advice of your doctor.

Storage

Keep in original container at room temperature out of the reach of children. Protect from light.

Missed dose

Take with next meal; do not double the dose to account for missed dose.

Stopping the drug

Do not stop the drug without consulting your doctor; stopping the drug may lead to worsening of your diabetes.

OVERDOSE ACTION



Seek immediate medical advice in all cases. If any early morning symptoms of excessively low blood sugar (such as fainting, sweating, trembling, confusion, or headache) occur, eat or drink something sugary. Take emergency action if seizures or loss of consciousness occur.

See Drug poisoning emergency guide (p.510).

SPECIAL PRECAUTIONS

Be sure to tell your doctor if:

- You have long-term liver or kidney problems.
- You are allergic to sulphonylurea drugs.
- You have thyroid problems.
- You have porphyria.
- You have ever had problems with your adrenal glands.
- You are taking other medicines.



Pregnancy

Not usually prescribed. Insulin is generally substituted in pregnancy because it gives better diabetic control.



Breast-feeding

The drug passes into the breast milk and may cause low blood sugar in the baby.



Infants and children

Not prescribed.



Over 60

Reduced dose may be necessary. Greater likelihood of low blood sugar exists when glibenclamide is used.



Driving and hazardous work

Usually no problems. Avoid these activities if you have warning signs of low blood sugar.



Alcohol

Avoid. Alcoholic drinks may upset diabetic control, increasing the risk of hypoglycaemia.

Surgery and general anaesthetics

Notify your doctor or dentist that you have diabetes before undergoing any surgery.

Sunlight and sunbeds

Avoid exposure to sunlight and tanning beds. The drug may make your skin more sensitive.

POSSIBLE ADVERSE EFFECTS

Serious adverse effects are rare. More common symptoms, often accompanied by

hunger, may be signs of low blood sugar due to lack of food or too high a dose of the drug.

Symptom/effect	Frequency		Discuss with doctor		Stop taking drug now	Call doctor now
	Common	Rare	Only if severe	In all cases		
Faintness/confusion	●			●		
Weakness/tremors	●			●		
Sweating	●			●		
Constipation/diarrhoea	●		●			
Nausea/vomiting		●		●		
Rash/itching		●		●		
Weight changes		●		●		
Jaundice		●		●		●

INTERACTIONS

General note A variety of drugs may reduce the effect of glibenclamide and so may raise blood sugar levels. These include corticosteroids, oestrogens, diuretics, and rifampicin. Others increase the risk of low blood sugar. These include warfarin, aspirin,

sulphonamides and other antibacterials, antifungals, NSAIDs, and ACE inhibitors.

Beta blockers may mask symptoms of hypoglycaemia, especially non-cardioselective beta blockers such as propranolol.

PROLONGED USE

No problems expected.

Monitoring Regular testing of blood sugar control is required. Periodic assessment of the eyes, heart, and kidneys may also be advised.