

# ProPharmace

## Responding to Symptoms Guide

### Part 2 of 3

Foundation Training Programme



## Contents

<b>5. Central Nervous System</b>	
Motion Sickness	3
Headache and Migraine	4
Insomnia	6
<b>6. Infestations</b>	
Head Lice	7
Scabies	8
Threadworm	9
<b>7. Women's Health</b>	
Cystitis	10
Vaginal Thrush	11
Emergency Hormonal Contraception (EHC)	12
Naproxen (for Dysmenorrhoea)	14
Tranexamic Acid (for Menorrhagia)	15
<b>8. Men's Health</b>	
Tamsulosin (for Benign Prostatic Hyperplasia)	16
Erectile Dysfunction (ED)	17

## 5. Central Nervous System

### Motion Sickness

Vomiting is the forceful expulsion of gastric contents. Nausea is the overwhelming sensation of wanting to vomit, accompanied with pallor, cold sweats, triggered by travel or water.

#### Cautions and referral

- If pregnancy is suspected
- Moderate to severe abdominal pain
- Children < 1 yrs old lasting > 24 hours
- Vomiting of blood
- If patient is on theophylline or digoxin

#### Treatment:

##### Prochlorperazine (Buccastem M)

- For N+V associated with a **previously diagnosed migraine**
- **>18 years old**
- Anticholinergic effect may be enhanced by other anticholinergic drugs

##### Promethazine (Phenergan)

- **Indicated for motion sickness taken at night before a journey**
- 10 mg tabs licensed for > 5 years old
- 25 mg tabs licensed for > 10 years old
- **Elixir licensed for >2 years old**
- C/I: CNS depression, <2 years old, MAOIs

##### Hyoscine (Joy-rides, Kwells):

- Indicated for motion sickness taken 20-30 mins before journey
- Joy-ride >3 years old
- Kwells >10 years old
- Kwells kids: 4-10 years old
- Anticholinergic cautions apply

#### Causes:

- ✓ Presence of abdominal pain: **appendicitis**
- ✓ **Gastroenteritis**: includes diarrhoea or systemic illness
- ✓ **Gastritis**: when the lining of the stomach becomes inflamed after it has been damaged. Could be due to alcohol, or stomach ulcer.
- ✓ **Medicines-induced**: cytotoxics, opiates, erythromycin, NSAIDs, potassium supplements – take these with food
- ✓ **Theophylline and digoxin, nausea & vomiting may be a sign of toxicity and require immediate referral**
- ✓ Onset of vomiting:
  - Morning: may be pregnancy or alcohol-induced
  - Immediately after eating – gastritis
  - One hour after food – peptic ulcers
- ✓ **Increased intracranial pressure in headaches may also cause nausea and vomiting**

##### Cyclizine 50mg:

- **Indicated for the prevention and treatment of nausea and vomiting**
- **Licensed for > 6 years old**
- Contra-indicated in the presence of acute alcohol intoxication as it may increase the toxicity of alcohol

##### Cinnarizine (Stugeron 15):

- Indicated for control of motion sickness
- Licensed for > 5 years old

##### Other treatments:

- **Ginger** can be useful for pregnant or breastfeeding mothers or drivers
- **Acupressure wristbands**

## Headache and Migraine

### Symptoms:

- ✓ **Tension:** bifrontal, **mild to moderate**, not aggravated by movement, **not associated with nausea or vomiting**, lasts from 30 mins up to 7 days
- ✓ **Migraine:** unilateral or bilateral, pulsing or throbbing, **moderate to severe**
  - Physical activity can intensify the headache
  - Nausea and vomiting
  - Phono or photophobia
  - Aura may be present
  - May have blind spots or see zig-sag lines
  - Pins and needles in the hands travelling to the arm and face.
  - Lasts from 4-72 hours
- ✓ **Cluster headache:** unilateral, **around the eye to the side of the head**, can be sharp or dull, **moderate to severe**
  - Conjunctival red eye may be present
  - Nasal congestion, swelling, face flushing
  - **Lasts 15-18 min, one every other day up to 8 per day**

### Causes & differentials:

- **Eye strain:** prolonged computer work
- **Sinusitis:** blocked sinuses can cause a localised dull headache- can be solved with decongestants
- **Medication-overuse:** caffeine, triptans, opioids – advise the person to stop taking all overused medications for at least 1 month
- **Glaucoma:** frontal/orbital headache and severe pain in the eye, eye is red, and vision is blurred and cloudy
- **Meningitis:** severe generalised headache associated with fever, neck stiffness, vomiting and a non-blanching rash
- **Subarachnoid haemorrhage:** intense/severe pain in the occipital region, nausea & vomiting
- **Raised intracranial pressure:** could be due to space occupying lesions, tumours, haematoma, and abscess. Coughing, sneezing, bending can worsen the pain. Associated with drowsiness, confusion, difficulty with speech and nausea & vomiting.

### Cautions and referral

- **Headache in children under 12 years old**, with stiff neck, high temperature or skin rash
- Headache after recent (1-3 months) **trauma/injury**
- New or severe headache in > 50 years old
- **Unresponsive to OTC analgesics** within a day
- **Medicines-overuse headache** or signs of intracranial pressure
- Any woman taking **combined oral contraceptives** complaining of migraine-type headaches

## Treatment:

OTC analgesics should be kept for short-term use and not for regular prevention as it may cause medication overuse headache

- **Tension headache:** offer paracetamol or NSAIDs – **not codeine**
- **Cluster headache-** no licensed product available for a cluster headache so refer to the GP
- **Migraine:** offer paracetamol, NSAIDs, codeine in that order. Optimise each dosage before recommending another analgesic. Sumatriptan is licensed for those confirmed to have a migraine, if vomiting is an issue offer an OTC antiemetic (buccastem M)

### Migraleve:

- **Pink & yellow tablets:** pink tablets contain paracetamol, codeine & buclizine (anticholinergic), yellow tablet contains only paracetamol and codeine
- **Adults > 16 years old:** two pink tablets immediately on the onset of the migraine. If required, then take 2 yellow tablets every 4 hours
- **Contraindications:** < 12 years old due to codeine toxicity.

### Sumatriptan:

- **Adults > 18 years old to 65 years old:** a single 50 mg tablet taken at the onset of migraine. If there is a response to the first tablet but the symptoms recur, a second tablet may be taken. However, this must be at least 2 hours after the first tablet
- **No more than two tablets may be taken in any 24-hour period or to treat the same attack and if no response to the first tablet, a second tablet should not be taken for the same attack**
- It should not be given to patients who have existing medical conditions including cardiovascular condition, hypertension, peripheral vascular disease, liver or kidney disorders, any neurological conditions or epilepsy.

## Counselling points:

- Patients with chronic migraine may want to see their GP for preventative medications e.g. propranolol, pizotifen, gabapentin
- **Lack of sleep or irregular sleep can trigger a migraine,** advise patients to try to sleep around the same time everyday and to get 7-8 hours of sleep
- **Regular exercise can help shorten migraines and make them less severe,** this is also paired with a healthy diet
- **Regulate blood sugars:** a drop in blood sugar can trigger a headache, so eat regular meals and drink plenty of water to avoid dehydration
- Reduce stress by meditating, doing a hobby, taking walks

## Insomnia

### Symptoms:

- ✓ Disturbed sleep, trouble getting to sleep, unintentionally waking too early, or feeling tired throughout the day despite sleeping fully.
- ✓ Transient insomnia: caused by change of routine, time zone or shift pattern, this lasts a few days
- ✓ Short-term insomnia: caused by acute stress, this can last up to 4 weeks

### Causes:

- ✓ GORD, asthma, menopausal symptoms, depression, anxiety, sleep apnoea
- ✓ Medicine-induced insomnia: caffeine, stimulants (e.g. theophylline, pseudoephedrine), alcohol, beta-blockers (can cause nightmares), diuretics (night-time awakening to urination), SSRIs (can decrease REM sleep)
- ✓ Patients are advised to keep a diary of sleeping habits for a better determination of diagnosis

### Counselling points:

- Advise patients to establish fixed sleeping times
- Avoid electronics before bed and to create a comfortable sleeping environment
- Have warm baths and to avoid napping during the day
- Avoid caffeine, alcohol, nicotine 6 hours before bed, avoid exercise before bed and eating a heavy meal

### Cautions and referral

- Suspected depression
- Chronic insomnia (more than 4 weeks' duration)
- Children <16 years old with insomnia
- Snoring, sleep apnoea
- If suspected adverse effect from medication
- Insomnia with no obvious cause
- Alcohol and recreational drug dependency

### Treatment:

Patients should be able to see improvement within a week of OTC treatment, however if not then they should be advised to see their GP

#### Antihistamines: diphenhydramine (Nytol, sleepeaze)

- >16 years old
- Do not use for more than 2 weeks consecutively
- May potentiate the sedative effects of alcohol and CNS depressants. Avoid with MAOIs. Caution with other anticholinergic drugs due to additive effect.
- S/E: dry mouth, constipation, blurred vision

#### Promethazine (Sominex and Phenergan)

- >16 years old (sominex)
- Do not use for more than 7 days, may cause sedation so advise to avoid driving or operating heavy machinery.
- Avoid with MAOIs and CNS depressants

#### Alternative treatments:

- Aromatherapy: lavender oil may induce relaxation, chamomile tea may also cause relaxation and sleepiness
- St John's Wort: widely used as self-treatment for depression, however, is not recommended as it has many interactions

## 6. Infestations

### Head Lice

- ✓ Head lice are parasitic insects that infest the hairs of the head and feed on blood from the scalp. Nits are the empty shells of the hatched louse eggs that turn white and remain attached to the hair
- ✓ Head lice are transmitted through head-to-head contact, they cannot jump, fly, or swim, are not transmitted by pets

#### *How to confirm head lice*

Detection combing with a fine-toothed head lice detection comb. This can be done on wet or dry hair; wet combing is more accurate as lice remain motionless when wet.

A live louse must be found in order to confirm active head lice

1. Wash the hair using an ordinary shampoo, apply ample hair conditioner
2. Straighten and untangle the wet hair using a wide-toothed comb
3. Slot the teeth of the detection comb into the hair at the roots so it is touching the scalp
4. Draw the detection comb through to the tips of the hair, maintaining contact with the scalp
5. Check the comb for lice after each stroke, and remove them by wiping or rinsing the comb
6. Work through the hair in sections until the whole head of hair has been combed thoroughly
7. Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice.

#### *Treatment:*

##### A physical insecticide – traps and suffocates lice

Dimeticone 4% gel, lotion, or spray (Hedrin once or lotion)

- Adults & children > 6 months old
- Suitable for people with asthma
- Safe in pregnancy + breastfeeding
- Should be left on for 8 hours or overnight

Dimeticone 92% spray (NYDA)

- Should not be used in P+BF or children < 2 years old

Isopropyl myristate and cyclomethicone (Full marks solution)

- Suitable for asthmatics, only has to be left on for 10 minutes

##### A chemical insecticide

- Malathion 0.5% (Derbac M) – resistance with this treatment has been reported. Can be used in pregnant and breastfeeding women if wet combing and dimeticone are ineffective

##### Wet-combing – systemic way to remove lice

The bug-buster kit – wet combing should be done every 4 days for at least 2 weeks

It is recommended to apply this twice, 7 days apart to avoid resistance and to treat any eggs that may have hatched

## Scabies

### Symptoms:

- ✓ Scabies mites burrow beneath the skin surface to lay eggs causing an allergic reaction resulting in intense itching (pruritus).
- ✓ This leads to the appearance of small thread-like grey lines, most visible in the webs of the fingers and toes

### Cautions and referral

- Suspected secondary infection of the skin that may require antibiotics
- Children <2 months
- Treatment failure
- Unclear diagnosis

### Treatment:

It is important that all people in the same household and in close contact with the affected are treated at the same time even though they might be asymptomatic

#### Permethrin (Lyclear dermal cream)

- Licensed for > 2 months old
- Adults and children over 12 years old should use up to a full tube as a single application, the whole body needs to be covered
- The whole body needs to be washed thoroughly 8-12 hours after treatment and repeated after 7 days
- S/E: skin irritation, burning or tingling

#### Malathion (Derbac M)

- The liquid can be used on adults and children over 6 months old and left on for 24 hours, should be repeated after 7 days

### Counselling points:

- Treatment should be applied to the whole body including the scalp, neck, face, and ears
- Pruritis can persist 2-3 weeks after treatment and the patient may benefit from crotamiton 10% cream
- Clothes, towels, and bed linen should be machine washed at 50°C or more at the time of the first application of treatment to prevent reinfestation and transmission

## Threadworm (pinworm)

### Symptoms:

- ✓ Night-time perianal itching
- ✓ Itching can lead to sleep disturbances
- ✓ Diagnosis can be confirmed by observing thread-like worms in the stool or perianal skin

### Cautions and referral

- Recent travel abroad
- Failed treatment
- Children under 2 years old

### Treatment:

Treatment should ideally be given to all family members as they may have caught it without any symptoms.

#### Mebendazole (Ovex)

- Adults and children > 2 years old: 100mg tablet or 5 mL suspension
- Should be avoided in pregnancy because foetal malformations have been reported; however it appears safe in breastfeeding. Pregnant women should be advised to practise hygiene measures for 6 weeks to break the cycle of infection.
- S/E: abdominal pain, discomfort, diarrhoea and rash

### Counselling points:

- Hygiene measures: wash hands thoroughly with soap and warm water after using the toilet, changing nappies and before handling
- Cut fingernails regularly, avoid biting nails and scratching around the anus
- Shower each morning, including the perianal area to remove eggs from the skin
- Change bed linen and nightwear daily for several days after treatment
- Washing/ drying in a hot cycle will kill pinworm eggs

## 7. Women's Health

### Cystitis

#### Symptoms:

- ✓ Cystitis is inflammation of the bladder and urethra
- ✓ Pain when passing urine
- ✓ Increased frequency, urgency, nocturia and haematuria
- ✓ Burning, tingling, or stinging when passing urine.
- ✓ Urine may appear cloudy
- ✓ Feeling generally unwell, achy, sick, and tired

#### Cautions and referral

- Children under 16 years old
- Men
- Pregnant women
- Patients with diabetes
- Duration longer than 7 days
- Haematuria – may be a kidney stone
- Immunocompromised
- Fever, nausea, vomiting
- Loin pain or tenderness
- Recurrent cystitis

#### Treatment:

##### Alkalinising agents:

- Potassium citrate (Cystopurin, sodium citrate, Canesten oasis)
- 2- day treatment course, one sachet to be taken three times a day
- Products containing potassium should be avoided in patients taking angiotensin-converting enzyme (ACE) inhibitors, potassium-sparing diuretics, and spironolactone
- Sodium citrate should not be given to hypertensive patients or those with heart disease and not to pregnant women

##### Cranberry juice

- Cranberry (juice or supplement) has been reported to help (cause a bacteriostatic effect) but may be required in large quantities (300 mL per day) to have any significant effect; recommending juice is not suitable for diabetics

#### Counselling points:

- Drink plenty of fluids, avoid caffeine and alcoholic drinks
- Try to empty the bladder when urinating
- Passing urine following intercourse may also prevent recurrent attacks
- Not using perfumed bubble bath, soap, or talcum powder around the genitals
- Wearing underwear made from cotton, and not wearing tight jeans and trousers

## Vaginal Thrush

### Symptoms:

- ✓ Itch (pruritus), burning, discomfort in vaginal area
- ✓ Vaginal discharge: often like cottage cheese, which does not usually smell
- ✓ Soreness and stinging during sex or when you pee.

### Treatment:

#### Topical imidazoles

##### Clotrimazole (Canesten range)

- > 16 years old
- S/E: local burning or irritation may occur
- Intravaginal imidazoles can cause damage to latex contraceptives and can inactivate spermicidal contraceptives

### Counselling points:

- Avoid tight clothing e.g. underwear, jeans etc
- Use simple, non-perfumed soaps when washing
- The symptoms should disappear within 3 days of treatment. If no improvement within 7 days, they should see their GP
- Vaginal douching should not be encouraged, it is associated with complications such as pelvic inflammatory disease
- Treatment of a sexual partner with cream to apply to the penis is recommended

### Cautions and referral

- Discharge that has a strong smell, yellow/green in colour – may indicate bacterial vaginosis, chlamydia, or gonorrhoea
- More than 2 attacks in previous 6 months
- Pregnancy or suspected pregnancy
- Previous history of STIs
- Patients under 16 or over 60 years old
- Abnormal or irregular vaginal bleeding
- Vaginal sores, ulcers, or blister
- Lower abdominal pain or dysuria
- No improvement with OTC medication
- Medicines-induced: antibiotics, corticosteroids, immunosuppressants, oral contraceptives, HRT, tamoxifen

##### Fluconazole (Canesten oral) 150 mg

- Single oral dose
- Well-tolerated, can cause GI disturbances such as nausea, abdominal discomfort, diarrhoea, and flatulence
- Avoid in pregnancy + breastfeeding

## Emergency Hormonal Contraception (EHC)

### Indications:

- ✓ Ulipristal Acetate licensed for emergency contraception within **120 hours (5 days)** of unprotected sex/failure of a contraceptive method
- ✓ Levonorgestrel licensed for use in **patients 16 years age and over to be taken within 72 hours** (3 days) of unprotected sex/failure of a contraceptive method

### Cautions and referral

- The use of ulipristal in patients with **severe liver impairment and severe asthma who are on oral glucocorticoid** is not recommended
- The use of levonorgestrel is not recommended in **severe liver dysfunction, patients at risk of ectopic pregnancy or have suffered inflammation of the fallopian tubes**
- There is a risk of reduced efficacy of levonorgestrel in patients with **severe malabsorption syndrome**
- **Patients who have taken CYP3A4 inducing medicines** or herbal products within the last 4 weeks and are suitable and willing for a copper IUD to be fitted.
- **Pregnancy or suspected pregnancy**
- Patients on ciclosporin therapy
- Hypersensitivity to ingredients

### Dose:

#### Ulipristal

- One tablet within 120 hours
- **Not recommended for patients taking CYP3A4 enzyme inducing medicines within the last 4 weeks**
- Patients with a weight over 70 Kg or BMI > 26 Kg/m<sup>2</sup> may be given one tablet of ulipristal.
- If vomiting occurs within 3 hours another tablet should be taken

#### Levonorgestrel

- One tablet to be taken within 72 hours
- **For patients taking CYP3A4 enzyme inducers or herbal products in the last 4 weeks and for whom copper intrauterine device is not an option, two tables of levonorgestrel 1500 mcg**
- Patients over 70Kg or BMI > 26 kg/m<sup>2</sup> need to be informed that levonorgestrel is less effective **and alternative options should be discussed**
- Pharmacists are reminded that the FSRH **'double dose' recommendation for overweight women is 'off label'**
- If vomiting occurs within 3 hours another tablet should be taken

### Interactions:

- ✓ The following medicines interact with ulipristal & levonorgestrel and are not recommended for concomitant use: carbamazepine, efavirenz, fosphenytoine, griseofulvin, nevirapine, oxcarbazepine, phenobarbital, phenytoin, primidone, rifabutin, rifampicin, St. John's wort, long-term use of ritonavir
- ✓ Patients who have taken CYP3A4 enzyme inducing medicines or herbal products within the last 4 weeks should be offered referral for a copper intrauterine device to be fitted within 5 days of unprotected sex/ failure of a contraceptive method.
- ✓ If this is not an option, the woman should take double the usual dose of levonorgestrel

### Counselling points:

- An IUD is the most effective contraceptive method and should be offered as first-line
- After using ulipristal breast feeding is not recommended for a week because it is present in breast milk. During this time expressing and discarding the milk is advised to maintain lactation
- The small amount of levonorgestrel that appears in breast milk should not be harmful to the baby, however you should advise the patient to take oral EHC immediately after a breast feed, thus reducing the amount of levonorgestrel the baby may take in the next feed
- Ulipristal can reduce the efficacy of combined oral contraceptives and progesterone only contraceptives. If ulipristal is used, progestogen-containing drugs should not be restarted for 5 days afterwards. Patients should therefore be advised to use a reliable barrier method until their next period
- Patients can continue with their regular contraceptives following the use of levonorgestrel
- If menstrual periods are delayed by more than 5 days after taking Levonelle One Step or 7 days after taking ellaOne, or abnormal bleeding occurs at the expected date of menstrual periods or pregnancy is suspected for any other reason, women should be referred to a doctor so that pregnancy may be excluded. The possibility of an ectopic pregnancy should be considered. It is important to know that the occurrence of uterine bleeding does not rule out ectopic pregnancy.

## Naproxen (for Dysmenorrhoea)

### Indications:

- ✓ Treatment of primary dysmenorrhoea (menstrual pain) in women aged 15-50 years
- ✓ Naproxen is a non-steroidal anti-inflammatory drug. By its action on cyclooxygenase, naproxen inhibits prostaglandin synthesis

### Dosage:

- ✓ 1<sup>st</sup> dose: 2 tablets
- ✓ 2<sup>nd</sup> dose: 1 tablet after 6-8 hours
- ✓ Subsequent doses on second and third days if needed
- ✓ No more than 3 tablets per day
- ✓ No more than 3 days treatment in any one month

### Counselling points:

- **Side effects:** nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, heartburn, and epigastric pain
- **GI bleeding, ulceration or perforation** has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history
- The elderly and/or debilitated patients have an increased frequency of adverse reactions. Prolonged use in these patients is not recommended.
- **High blood pressure and heart failure** have been reported with prolonged NSAID use
- Patients should stop taking this medication if they develop **swollen ankles or swelling of the blood vessels**

### Cautions and referral

- **Peptic ulceration and/or GI bleeding**
- Hypersensitivity to naproxen
- Cautions is required if administered to patient suffering from, or with a history of, **bronchial asthma or allergic disease**
- **Heart failure, kidney, or liver disease**
- **Pregnant or breastfeeding**
- Naproxen increases platelet aggregation and prolongs bleeding time, **therefore avoid in patient on anticoagulants, low-aspirin or any other NSAID**
- Patients taking steroids
- The use of naproxen, as with any drug known to inhibit cyclooxygenase/prostaglandin synthesis, may impair female fertility and is not recommended in women attempting to conceive

## Tranexamic Acid (for Menorrhagia)

### Indications:

- ✓ Tranexamic acid is indicated for the reduction of heavy menstrual bleeding over several cycles in women aged 18 years and over, with regular 21–35-day cycles, with no more than three days individual variability in cycle duration
- ✓ Tranexamic acid is an antifibrinolytic, which increases clot formation and reduces blood loss. It is often used to prevent bleeding or to treat bleeding associated with excessive fibrinolysis

### Dosage:

- ✓ It should be taken only once heavy bleeding has started at a dose of two 500 mg tablets three times a day until the symptom are alleviated.
- ✓ It should not be taken for more than four consecutive days
- ✓ If bleeding is very heavy the dose may be increased to a maximum of eight tablets a day (4g daily).

### Cautions and referral

- Women under 18 and those over 45 years old
- Patients who have been taking tranexamic acid for three menstrual cycles without a reduction in bleeding
- Pregnancy and breastfeeding women
- Patients who are obese or diabetic
- Patients with PCOS or a history of endometrial cancer in the first degree relative
- Women taking unopposed oestrogen, oral contraceptives, warfarin or tamoxifen
- Active thromboembolic disease
- Irregular menstrual bleeding
- Severe renal impairment or history of convulsions

### Counselling points:

- ✓ Tranexamic acid will counteract the thrombolytic effects of fibrinolytic agents
- ✓ Side effects are unusual, those reported include mild nausea, vomiting and diarrhoea.
- ✓ Visual disturbances and thromboembolic events have been reported but are very rare

## 8. Men's Health

### Tamsulosin (for Benign Prostatic Hyperplasia)

#### Indication

- ✓ Tamsulosin is indicated for the treatment of **functional symptoms (urinary retention) of benign prostatic hyperplasia (BPH) aged 45 to 75 years old**
- ✓ Tamsulosin is an alpha-blocker that relaxes the muscles in the prostate gland and urethra thereby increasing the urinary flowrate and an improvement in obstructive symptoms.
- ✓ A single 400 microgram capsule should be swallowed whole after the same meal each day

#### Cautions and referral

- **Patients under 45 or over 75 years of age**
- **Symptoms for less than three months**
- Dysuria, haematuria, cloudy urine, fever
- Hypersensitivity to tamsulosin
- History of hypertension, heart, kidney or liver disease, diabetes (if uncontrolled), urinary incontinence, previous prostate surgery, blurred/cloudy vision (undiagnosed)
- Severe hepatic insufficiency
- Where patient has surgery for glaucoma or cataract scheduled

#### Counselling points:

- Patients should see their doctor within 6 weeks of starting treatment and then every 12 months for a clinical review
- Patients should be advised that if they experience any dizziness or weakness, they should sit or lie down until the symptoms have gone
- Drowsiness or dizziness may affect performance of skilled tasks (e.g. driving)

#### Supply criteria:

- ✓ **Male patient aged between 45 to 75 years**
- ✓ Symptoms of BPH present for a minimum of **three months**
- ✓ **A two-week supply** of tamsulosin can be supplied initially
- ✓ If there has been an improvement in urinary symptoms within the initial two weeks, **a further supply of four weeks can be made**
- ✓ After six weeks, a further supply can be made only where **the patient confirms that the doctor has carried out a clinical assessment and agreed further supplies are appropriate**. This must then be confirmed every 12 months

#### Interactions:

- **Antihypertensive medicines with significant alpha1 adrenoceptor antagonist activity** (e.g. doxazosin, prazosin, terazosin, verapamil, indoramin)
- Tamsulosin should be used with caution in combination with **strong (e.g. ketoconazole) and moderate (e.g. erythromycin) inhibitors of CYP3A4, verapamil, diclofenac, and warfarin**

## Erectile Dysfunction (ED)

### Sildenafil 50 mg (Viagra Connect)

#### Indication

- ✓ To treat erectile dysfunction (Ed – the inability to achieve or maintain a penile erection sufficient for satisfactory sexual performance) **in men over 18 years of age.**
- ✓ Sildenafil is a phosphodiesterase type-5 inhibitor and **acts by increasing blood flow to the penis.** To be taken an hour before sexual activity and sexual stimulation is required for the product to work

#### Contra-indications:

- **Hypotension** (BP <90/50 mmHg)
- **Hepatic impairment**
- **Severe renal impairment**
- Men whom sexual activity may be inadvisable, including those with severe **cardiovascular disorder** such as recent (6 months) acute myocardial infarction or stroke, unstable angina, or severe cardiac failure.
- **Women**
- **Men who do not have symptoms of ED**
- **Men under 18 years old**

#### Counselling points:

- **Common side effects include headaches, flushing, dizziness and nausea**
- It's important to discuss with patients on the possible contributing factors of ED. For example **diabetes or hypertension, or possible a psychological cause (e.g. anxiety).** It is also important to note that any current medication may have an influence as well, such as ACE inhibitors, SSRIs and methotrexate
- **Lifestyle advice may be necessary as well, exercising regularly, reducing stress, giving up smoking**

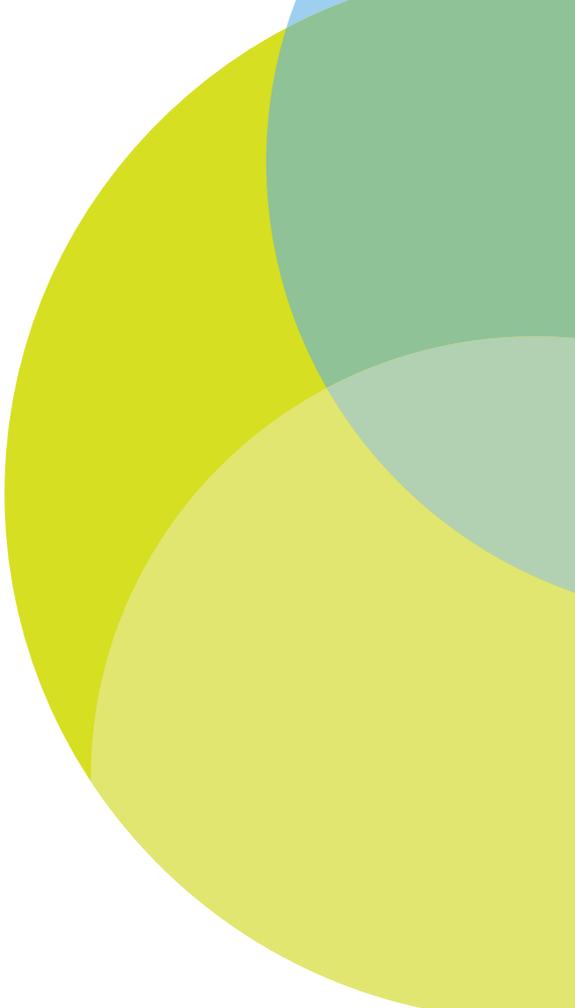
#### Cautions and referral

If patients experience any of the following, they should immediately seek medical attention:

- **Priapism- a long-lasting, painful erection.** Sildenafil does have an effect of up to 4 hours, but any longer can potentially have irreversible damage to the penis
- **Chest pains which do not go away. GTN spray should NOT BE USED**
- Dizziness, nausea
- **Sudden decrease or loss in vision**
- Any hypersensitivity or **anaphylactic reaction** to any of the ingredients

#### Interactions:

- **Nitrates** (e.g. glyceryl trinitrate, isosorbide mononitrate, amyl nitrite aka 'poppers') and nicorandil
- **CYP3A4 inhibitors** (e.g. erythromycin, diltiazem, ketoconazole, itraconazole, cimetidine)
- **Co-administration with alpha blocker treatment** (e.g. alfuzosin, doxazosin or tamsulosin)
- **Grapefruit juice** may increase blood levels of sildenafil



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