Dorset Medicines Interface Group

Position statement on the use of oral anti-emetics in Dorset

Oral anti-emetics remain important treatment options where the aetiology of vomiting/nausea has been identified. The choice of agent will depend upon the diagnosed aetiology of the condition. Information on individual drugs should be checked against the summary of product characteristics available via the Electronic Medicines Compendium and the most recent edition of the British National Formulary (BNF).

It should be noted that inappropriate choices can delay or hamper diagnosis and in some cases harm the patient.

Prescribers' attention is drawn to the abuse potential for cyclizine and recent safety warnings from the MHRA for metoclopramide[1], domperidone[2] and ondansetron[3].

Certain anti-emetics has been show to increase the risks of developing parkinsonian side-effects or to worsen existing parkinsonism particularly with the drugs metoclopramide and prochlorperazine (NICE Clinical Knowledge Summary Parkinson's Disease)[4].

Where anti-emetic(s) are prescribed for a patient, it should be at the lowest effective dose and for the shortest interval possible.

Patients discharged from secondary care should normally be provided with no longer than seven days of oral anti-emetic therapy or where determined safe to do so an original pack of 28 or 30 tablets. All other instances of extended prescribing of anti-emetics should be challenged with the prescriber.

Where courses are to continue for longer than seven days, this should only occur with referral to guidelines, either nationally or locally approved, examples include post moderate or highly emetogenic cytotoxic chemotherapy regimens, cases of hyperemesis or prokinetic indications. The rationale for prescribing an extended course (beyond 7 days) must be clearly stated in any discharge letter and the medical notes.

The discharging clinician bears responsibility for ensuring clear information and references relating to an extended course of anti-emetics are provided to the healthcare team taking over the patient's care. Discharge information must also highlight appropriate monitoring and intervals for review(s) of therapy.

Patients who have been taking anti-emetics for longer than one calendar month without a clear indication for continued prescription should have their medical notes and current medications reviewed to rule out potential causes for a patient's symptoms. Continued prescription of anti-emetics in most instances will involve use outside of a product's licensed indication(s) and may, as highlighted above, increase risks to an individual. The risks in continuing treatment must be carefully balanced against potential benefits and where possible anti-emetics should be discontinued at the earliest opportunity.

References:

1. Metoclopramide: risk of neurological adverse effects—restricted dose and duration of use. Drug Safety Update vol 7 issue 1, August 2013: S2.

2. Domperidone: risk of cardiac side-effects-restricted indication, new contraindications, and reduced dose and duration of use. (MHRA letter to healthcare professionals, 25 April 2014)

3. Ondansetron for intravenous use: dose-dependent QT interval prolongation—new posology. (Drug Safety Update vol 6 issue 12, July 2013: A3).

4. NICE Clinical Knowledge Summary – Parkinson's Disease (revised June 2009).

Date	July 2014
Review date	July 2016
Contact for this document	Nick Bolton, Senior pharmacist Dorset CCG Nick.bolton@dorsetccg.nhs.uk

Dorset Medicines Interface Group has membership from the following organisations:

Dorset University Healthcare Foundation Trust

Dorset Clinical Commissioning Group

Dorset County Hospital NHS Foundation Trust

Poole Hospital NHS Foundation Trust

Royal Bournemouth & Christchurch Hospitals NHS Trust