IRISH MEDICINES BOARD

Metoclopramide-Containing Medicines – Update on Outcome of Review and Revised Recommendations for Use

Metoclopramide* is an antiemetic, which has been authorised for many years for the treatment of a number of gastrointestinal disorders, including nausea and vomiting associated with chemotherapy, radiotherapy and migraine, following surgery and in the management of gastrointestinal motility disorders.

The IMB previously highlighted issues associated with the use of metoclopramide in children in the IMB Drug Safety Newsletter Issue 46 in February 2012 and in MIMS Ireland in March 2012.

An EU review of the benefits and risks associated with use of metoclopramide-containing medicines was recently completed, which included evaluation of data from published studies, meta-analyses on efficacy and analysis of reports of suspected adverse reactions. This review was initiated following concerns related to the efficacy of metoclopramide, as well as the risks of neurological and cardiovascular toxicity.

The review confirmed the well known risks of neurological effects such as acute extrapyramidal disorders, involuntary movement disorders and tardive dyskinesia. The risk of acute neurological effects is higher in children, although tardive dyskinesia was reported more frequently in the elderly. An increased risk of these adverse effects was also associated with high dose or long term treatment. The evidence indicated that these risks outweigh any benefits of using metoclopramide for the treatment of chronic conditions. As a result of this review, a number of changes to restrict the indications, dose and duration of use of metoclopramide-containing medicines have been recommended and a Direct Healthcare Professional Communication (DHPC) will be circulated and published on the IMB website (www.imb.ie). The product information will be updated accordingly also.

Advice to Healthcare professionals

- In order to minimise the risks of neurological and other adverse reactions, metoclopramide should only be prescribed for short-term use (up to 5 days). It should no longer be used in chronic conditions such as gastroparesis, dyspepsia and gastro-oesophageal reflux disease, nor as an adjunct in surgical and radiological procedures.
- In adults, metoclopramide remains indicated for prevention of post-operative nausea and vomiting (PONV), radiotherapy-induced nausea and vomiting and delayed (but not acute) chemotherapy-induced nausea and vomiting, and for symptomatic treatment of nausea and vomiting including that associated with acute migraine (where it may also be used to improve absorption of oral analgesics).
- In children, metoclopramide should only be used as a second-line option for delayed chemotherapy induced nausea and vomiting and treatment of established PONV. Use is contraindicated in children less than 1 years of age.
- For adults and children the maximum dose in 24 hours is 0.5mg per kg body weight; in adults, the usual dose of conventional formulations (all routes) is 10mg up to three times daily. In children the recommended dose is 0.1 to 0.15mg per kg body weight, repeated up to three times daily.
- Intravenous doses should be administered as a slow bolus over at least 3 minutes to reduce the risk of adverse effects.
- Rare reports of serious cardiovascular reactions, associated with metoclopramide, particularly via the intravenous route, have been reported. Therefore special care should be taken in at risk populations including the elderly, patients with cardiac conduction disturbances, uncorrected electrolyte imbalance or bradycardia, and those taking other drugs known to prolong QT interval.
- Patients currently taking regular metoclopramide should have their treatment reviewed at a routine medical appointment.
- Because of the risk of adverse reactions with high doses, some high-strength formulations of metoclopramide products will be withdrawn.
- The product information (SPC and package leaflet (PL)) will be updated accordingly in due course.

Key messages

- Metoclopramide is now indicated for short-term use in adults in the prevention and treatment of nausea and vomiting, including that associated with chemotherapy, radiotherapy, surgery and migraine.
- Metoclopramide should only be prescribed for short term use (up to 5 days) only, at recommended dose and dose-intervals.
- Intravenous doses should be administered as a slow bolus (at least over 3 minutes) to minimise the risk of occurrence of adverse reactions, including cardiovascular reactions.
- Intravenous metoclopramide is only indicated for the second line treatment of postoperative nausea and vomiting (PONV) and delayed chemotherapy induced nausea and vomiting (CINV) in children from 1 year of age. For adults and children, the maximum dose is 0.5mg per kg body weight in 24 hours.

** Products currently authorised in Ireland include Maxolon. Further details are available at www.imb.ie*

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