Patient Information and consent for Mefloquine (Larium)

Mefloquine is recommended for the protection and treatment of falciparum malaria and chloroquine resistant vivax malaria. Recommendations and advice are obtained for specific countries from DXS and recommended updated internet sites.

Contra indications

- Pregnancy and Breast feeding (during and for 3 months after and particularly during the first 3 months. However if travel is unavoidable to a chloroquine resistant area, it may be considered after the first trimester)
- History of neuropsychiatric disorders including depression and convulsions
- Allergy to quinine

When Lariam is taken concurrently with oral live typhoid vaccines, attenuation of immunisation cannot be excluded. Vaccinations with oral attenuated live bacteria should therefore be completed at least 3 days before the first dose of Lariam

Possible Adverse Reactions

Caution should be exercised with regard to driving, piloting aircraft and operating machines, as dizziness, a disturbed sense of balance or neuropsychiatric reactions have been reported during and up to three weeks after use of Lariam

Common adverse reactions

Nausea, vomiting, dizziness or vertigo, loss of balance, headache, somnolence, sleep disorders (insomnia, abnormal dreams), loose stools or diarrhoea and abdominal pain.

Uncommon adverse reactions

Psychiatric*:* Psychiatric reactions sometimes disabling and prolonged have been reported in association with Lariam. These include depression, mood changes, anxiety, confusion, hallucinations, panic attacks, restlessness, forgetfulness, psychosis and paranoia, emotional instability, aggression and agitation. There have been rare reports of suicidal ideation and suicide but no relationship to drug administration has been established.

Neurological*:* Convulsions, sensory and motor neuropathies (including paraesthesia), tremor, tinnitus and vestibular disorders, including hearing impairment, abnormal co-ordination, ataxia and visual disturbances.

Cardiovascular system*:* Circulatory disturbances (hypotension, hypertension, flushing, syncope), chest pain, tachycardia or palpitations, bradycardia, irregular pulse, extrasystoles and other transient cardiac conduction alterations.

Skin: Rash, exanthema, erythema, urticaria, pruritus, oedema, hair loss, erythema multiforme, Stevens-Johnson syndrome.

Musculo-skeletal system*:* Muscle weakness and muscle cramps, myalgia, arthralgia.

Respiratory system: Dyspnoea. Very rare cases of pneumonitis of possible allergic aetiology have been reported.

General symptoms*:* Asthenia, malaise, fatigue, fever, sweating, chills, loss of appetite and dyspepsia.

Trial of Treatment

Where possible Mefloquine should be trialled for 2 weeks when it is 3 weeks before departure, to identify any complications while still in the UK. The tablets must be swallowed whole preferably after a meal with plenty of liquid.

If adverse reactions occur you must seek medical advice and alternative anti malarial medication will need to be considered for travel.

If you have no adverse reactions, Mefloquine should be continued, and throughout the stay in a malarious zone and for 4 weeks after leaving the malarious area.

The dose prescribed must be taken the **SAME DAY EACH WEEK**

The patient information sheet must be given when the medication is dispensed.

CONSENT

I…… have read and understand that mefloquine has been prescribed for my intended travel to a “high risk” area.

I understand it is important that I continue with adequate mosquito bite prevention.

I am aware I must seek medical advice if I become ill within 1 year and especially within 3 months of return, as malaria protection is not guaranteed.

Signature…….

Date……..

Nurse signature……

Nurse Name……

Date…….

MEFLOQUINE

Dose prescribed

Length of treatment