

CARAFATE

Sucralfate, 1g tablet

Presentation

White capsule-shaped, scored tablets containing 1g Sucralfate.
Dimensions: 20mm x 9mm x 7mm

Uses

Actions

Four grams (4g) daily of sucralfate is effective in increasing the rate of healing of duodenal ulcer and gastric ulcer over a period of 4 to 8 weeks. Two grams (2g) daily is effective for prophylactic use.

Sucralfate is minimally absorbed after oral administration and is believed to act primarily at the ulcer site.

Sucralfate produces an adherent and cytoprotective barrier at the ulcer site. This barrier protects the ulcer site from the potential ulcerogenic properties of acid, pepsin and bile. Furthermore, sucralfate complexes directly with pepsin and bile and also blocks acid diffusion across the sucralfate-protein barrier at the ulcer site.

The enzyme pepsin is now known to be the primary agent that damages the gastric mucosa directly and the role played by acid is merely supportive in that it maintains an optimal pH condition for the damaging action of enzymes on the mucosa.

Experiments have show that sucralfate is not an antacid.

Inhibition of pepsin by sucralfate is bimodal: formation of pepsin resistant complexes with substrate proteins and direct absorption of the proteolytic enzyme.

Pharmacokinetics

The action of sucralfate is nonsystemic as the drug is only minimally absorbed (3.5%) from the gastrointestinal tract. The minimal amounts of the sulphated disaccharide, which are absorbed, are primarily excreted in the urine.

Indications

Treatment of acute, non-malignant gastric ulcer and duodenal ulcer. Maintenance therapy to prevent the recurrence of duodenal ulcers.

Dosage and Administration

Acute ulcerous conditions:

The recommended adult dose of Carafate for duodenal ulcer and gastric ulcer is 1g tablet three times a day, one hour before meals and one 1g tablet at bedtime or two 1g tablets twice daily taken before breakfast and at bedtime (for up to 8 weeks).

For relief of pain, antacids may be added to the treatment. However, they should not be taken within half an hour before or after sucralfate intake.

In duodenal ulcer, while healing with sucralfate often occurs within two to four weeks, treatment should be continued for up to 8 weeks unless healing has been demonstrated by x-ray and/or endoscopic examination. In the case of gastric ulcers an alternative treatment should be considered if no objective improvement is

observed following 6 weeks of sucralfate therapy. Large gastric ulcers that show a progressive healing tendency may require the full 8 weeks of therapy.

Maintenance Treatment:

To reduce the risk of recurrence of duodenal ulcers, the recommended dose is one 1g tablet before breakfast and one at bedtime (for up to 12 months). When necessary for relief of pain, antacids may be added to the treatment. However, they should not be taken within half an hour before or after taking sucralfate.

Contraindications

There are no known absolute contraindications to the use of sucralfate. However, if considering the use of the drug in pregnant patients or women of child bearing potential: see Precautions, Use in pregnancy. The drug is not recommended for use in children (see Use in Children), patients with actively bleeding peptic ulcer or those with severely impaired renal function.

Warnings and Precautions

Proper diagnosis is important since symptomatic response to Carafate therapy does not preclude the presence of a gastric malignancy. There is no clinical experience in the use of sucralfate in patients with actively haemorrhaging ulcers. Recurrence may be observed in patients with gastric or duodenal ulcers. While the treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment should not be expected to alter the underlying cause of ulcer disease.

The risk of recurrence of duodenal ulcers may be reduced by maintaining the patient on a reduced dose for up to 12 months after ulcer healing is complete; see Dosage and Administration.

Use In Pregnancy

There have been no reports to date on the use of sucralfate in pregnant women. Therefore, sucralfate should be used in pregnant women or women of child bearing potential only if, in the judgement of the physician, the anticipated benefits outweigh the potential risk.

Use In Children

The paediatric dose has not been determined, as clinical experience in children is limited. Therefore, sucralfate therapy cannot be recommended for children under 18 years of age unless, in the judgement of the physician, anticipated benefits outweigh the potential risk.

Renal Impairment

Care should be taken in patients with impaired renal function as each g of sucralfate contains 190mg of aluminium.

Adverse Effects

Constipation has been encountered in about 2 to 3% of patients in various trials. Other adverse effects reported include headache (2.4%), urticaria (1%), nausea,

diarrhoea, gastric discomfort, indigestion, dry mouth, skin rash, pruritus, back pain, dizziness, sleepiness and vertigo.

No additional side effects have been associated with maintenance use of sucralfate for up to 12 months at the recommended dose.

Interactions

Antacids should not be taken within half an hour before or after sucralfate intake because of the possibility of decreased binding of sucralfate with the gastro-duodenal mucosa as a consequence of a change of intragastric pH. The interaction of food with sucralfate is also related to the effect of food on gastric pH.

Overdosage

In acute oral toxicity studies in animals, using doses up to 12g/kg body weight, a lethal dose could not be found. Risks associated with overdosage should, therefore, be minimal but constipation and nausea might be expected.

Pharmaceutical Precautions

Nil

Medicine Classification

General Sale medicine.

Package Quantities

Bottles of 120 tablets

Further Information

Nil

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