PAN MERSEY APC

NHS
Pan Mersey
Area Prescribing Committee

Prescribing Support Information

Nitrazepam for the treatment of epilepsy in children

This medicine has been categorised as Amber Patient Retained by the Pan-Mersey Area Prescribing Committee

Your patient has been identified as being suitable to receive nitrazepam for one of the indications detailed below. He/she has been started on treatment and has been reviewed by the specialist team to assess the efficacy and adverse effects of the treatment.

This medicine has been considered as appropriate for prescribing in primary care and the information contained in this document has been provided to support you to prescribe the medicine for your patient in the community.

Your patient will remain under the care of the specialist team whilst receiving this medicine.

Background:
Nitrazepam has been used since the 1960s to treat patients with myoclonic epilepsies of infancy and childhood that do not respond to general anti-epileptics. Its use is generally restricted to the treatment of infantile spasms (a form of myoclonic epilepsy), typically when the spasms have been refractory to corticosteroids and vigabatrin. There is some evidence that nitrazepam may reduce spasm frequency.

Indication(s)
Infantile spasms
Intractable myoclonic seizure in children
Periodic epileptic spasms occurring outside infancy

Infantile spasm:
Child 1 month – 2 years: initially 125 micrograms/kg twice daily, adjusted according to response over 2 – 3 weeks to 250 micrograms/kg twice daily; max 500 micrograms/kg (not exceeding 5mg) twice daily. Total daily dose may alternatively be given in 3 divided doses.

Epilepsy:
Child up to 1 year: 250 to 500 micrograms/kg twice daily
1 – 4 years: 2.5mg twice daily
5 – 12 years: 2.5 – 5mg twice daily
Over 12 years: 2.5 – 15mg twice daily

Available preparations:
Nitrazepam tablets 5mg
Nitrazepam oral suspension 2.5mg in 5mL

Specialist Initiation
The use of nitrazepam in children with epilepsy is 'off-label'. Informed patient consent on its off label use should be sought before prescribing. The specialist should clearly communicate that this discussion has taken place and the actual recommended dose in the letter to the GP.

Treatment has been initiated with a starting dose according to the dosage recommendations above and titrated the dose according to response.

When the dose is stabilised under the supervision of the specialist clinical team, the GP is requested to continue the prescribing of nitrazepam once the specialist has provided primary care with a diagnosis and treatment plan.

The specialist will review the patient after treatment is started to ensure that nitrazepam offers therapeutic benefit.

The GP is asked to contact the specialist with any concerns or side effects associated with nitrazepam. See contact details on page 3.

The dose may be altered and optimised by the specialist clinical team; this change will be communicated via letter to the GP.

If the GP does not feel it is appropriate to take on the prescribing, then the prescribing responsibilities will remain with the specialist. The GP should inform the specialist of the reason for declining.

Monitoring recommendations
No specific monitoring is necessary in primary care. Patients will be reviewed in the specialist clinic to establish clinical efficacy and any adverse effects associated with nitrazepam. If the treatment is not tolerated, treatment will be modified by the specialist clinical team. Any changes in treatment will be communicated clearly back to the GP in the clinic letter.

How long the medicine should be prescribed for

Treatment with nitrazepam should be continued only whilst the specialist deems there to be benefit to the patient and the patient is not suffering undue adverse effects. The 4 to 6 monthly specialist review will determine the ongoing clinical need.

Contra-indications
Contraindications will be assessed by the specialist team. Please refer to the Summary of Product Characteristics (SPC) for the complete list.

Adverse effects
The most common dose-dependent side effects include sedation, irritability. Chronic adverse effects include tachyphylaxis, behavioural changes, cognitive dysfunction.

Please note this list is not exhaustive – refer to SPC for complete list.

Interaction with other medicines

- Cytochrome P450 inhibitors (e.g. cimetidine) may enhance nitrazepam effect
- Cytochrome P450 inducers (e.g. rifampicin) may reduce the effects of nitrazepam
- When used in conjunction with anti-epileptic drugs, side-effects and toxicity may be more evident, particular phenytoin or barbiturates or combination including them. Dose will be adjusted and side-effects will be monitored by the specialist team.

Please refer to SPC for full list of drug interactions.

Further advice
In case of concerns or suspected adverse events, the paediatric neurology team can be contacted for advice.

Notify the specialist of any lack of clinical efficacy or non-adherence with the treatment plan.

Contact details for advice
Contact details of the specialist will be included in the letter requesting primary care to continue prescribing.

References

1. British National Formulary for Children 2008
2. Guys and Lewisham Paediatric Formulary 9th Edition
3. Medicines For Children 2003. RCPCH 2nd Edition
4. www.uptodate.com Nitrazepam: Drug information Lexicomp® (accessed on 1st Nov 2017)
5. Micromedex® 20 (electronic version). Truven health Analytics, Greenwood Village, Colorado, USA. Available at www.micromedexsolutions.com Nitrazepam Pediatric Dosing (accessed on 1st Nov 2017)
6. Iyer and Appleton. Improving outcomes in infantile spasm: role of pharmacotherapy. Pediatric Drugs 2016; 18: 357-366
7. Summary of product characteristics for nitrazepam 5mg tablets (Actavis) (www.medicines.org.uk accessed on 1st Nov 2017)
8. Summary of product characteristics for nitrazepam mixture 2.5mg/5mL oral suspension (www.mhra.gov.uk/spc-pil accessed on 1st Nov 2017)