

Carbocisteine review

By

Neil Heslop

Why use Carbocisteine?

- Mucolytics can help increase the ability to expectorate sputum by reducing its viscosity.
- Treatment with mucolytic agents has shown a small but significant reduction in acute exacerbations and total number of days disability.

Meds Management Team Review

- A number of patients have been initiated on carbocisteine therapy and not had an appropriate review to decide if their treatment should be maintained at a reduced dose or stopped if treatment is ineffective.
- Aim is to identify and review **50%** of appropriate Chronic Obstructive Pulmonary Disease (COPD) patients prescribed carbocisteine for the treatment of chronic sputum production.
- That still leaves 50% in practice not reviewed

What can GPs do to help?

Please ensure the patients are reviewed 4-6 weeks after initiation to find out if it is working?

1. Is your sputum easier to cough up?
2. Has the amount or colour of sputum changed?
3. Is your cough less troublesome?
4. Have you noticed improvement in any other COPD related symptoms?

What else can practices do?

- Review ongoing patients?
- Ask the above questions?
- If its not doing any good then deprescribe or trial a drug holiday.
- You can always restart it if it really does help

Contraindications?

- Active peptic ulceration

Dosing

- Initial dose is 2.25g daily (375mg tablet – 2 tds)- Cost is £11.13/180
- Reduced to 1.5g (375mg- 2 bd) as condition improves- Cost is £7.42/120