3PC-059.USE OF EXTEMPORANEOUS ORAL SUSPENSIONS OF OXYBUTININ AND PRAZOSINE IN NEONATES

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Background

Primary bladder neck obstruction (PBNO) is a failure in which the bladder neck don't open appropriately or completely during voiding. α-Blocker together with anticholinergics are the pharmacological therapy has shown some benefit in children. Off-label therapy with prazosin and oxybutynin was proposed in two neonates with PBNO.

Purpose

To compound oxybutynin and prazosin correctly for dosing and administration in these patients and monitoring them.

Materials and Methods

Bibliographic search of indication, dosage and formulation was made in Pubmed, Micromedex and others compounding pharmaceutical sources.

Key words: prazosin, oxybutynin, neonate, PBNO.

It has been made clinical monitoring and interviews with the parents of two neonates (5 and 12 months old) in treatment from the first month of life to the present.

Results

We did not find any bibliographic Reference describing its use in neonates

Initially

The initial doses were the minimum in children:

- Prazosin: 10mcg/kg/12h
- Oxybutynin: 0.1mg/kg/12h

Later

-The prazosin's dose was increased until 25 mcg/kg/8h (maximum collected in pediatrics 25mcg/Kg/6h)
- The dose of oxybutynin was maintained in one patient and in another rose to 0.1mg/kg/8h (the maximum 0.2mg/kg/8h)

In both neonates, the dose initial was increaded weakly because of the improvement of uro-dynamics tests

COMPOUNDING

Initially, we formulated sachets with their specific dose. Later, we formulated in suspension, 100mcg/ml prazosin (Minurin®) and 1 mg/ml oxybutynin (raw material), using simple syrup without preservatives as vehicle.

- Pharmaceutical care was performed by the explanation of the doses in milliliters adjusted to the weight and monitoring possible adverse effects. Strawberry essence was incorporated into the suspension to improve flavour.
- Regarding safety, no adverse reactions attributable to the drugs have been observed.

Conclusions

Both oral suspensions were appropriated for the pathology of our patients, which continue in treatment. They are well tolerated, for an age range not included in the bibliography, with good response. Pharmaceutical care was done from the beginning to the family and the pediatric service.

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