USE OF EXCIPIENTS IN ORAL LIQUID COMMERCIAL MEDICINES IN A CHILDREN'S HOSPITAL

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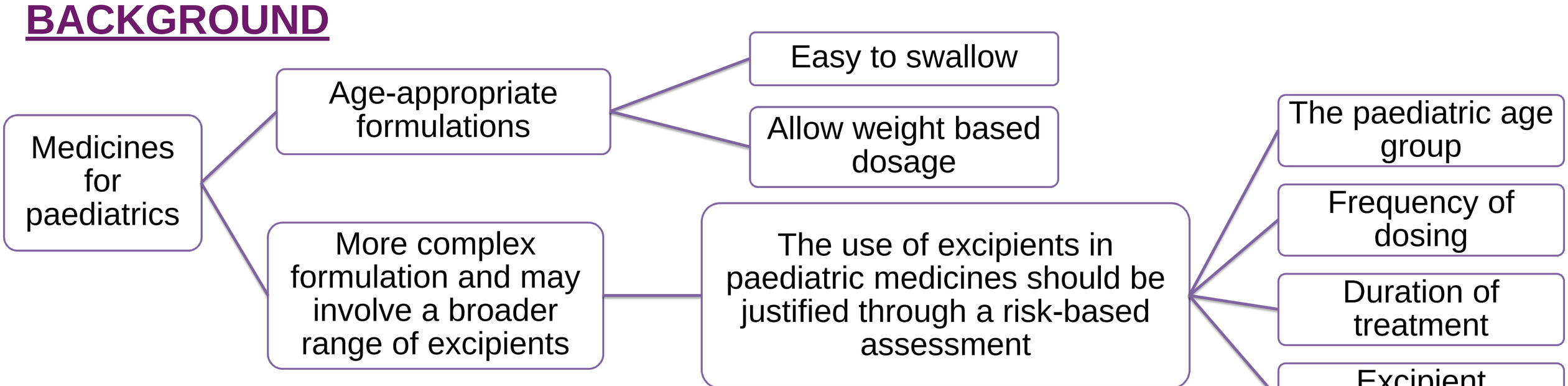
BACKGROUND



OBJECTIVES

To identify excipients having a potential risk of safety concerns in paediatric population of commercial oral liquid medicines of our hospital formulary.

METHODS

All oral liquid medicines included in the hospital formulary were reviewed and compared with the oral excipients from the European Commission guideline on 'Excipients in the labelling and package leaflet of medicinal products for human use'.

RESULTS AND DISCUSSION

96 oral liquid medicines reviewed

Excipient	Percentage (%)
Aspartame*	4
Azo colouring agents	4
Benzoic acid (E 210) and benzoates	25
Benzyl alcohol*	3
Cyclodextrins	1
Ethanol*	19
Fructose*	5
Glucose	6
Glycerol (E 422)	27
Gluten	2
Sulphites including metabisulphites	1
Sucrose	31
Soya oil/Hydrogenated soya oil	3
Sorbitol (E 420)*	21
Propylene glycol (E1520) and esters of propylene glycol*	25
Phenylalanine*	1
Parahydroxybenzoates and their esters	33
Mannitol (E 421)	5
Maltitol (E 965)	3
Macrogolglycerol ricinoleate	1
None of the list	13

*Contraindicated in patients with metabolic disorders

*Contraindicated in neonates and children less than 6 years.

Only 13 were free of non-indicated excipients

CONCLUSION

- 87% of oral liquid medicines contained potentially harmful excipients:
- ✓ Specific criteria need to be implemented in the drug procurement process
- ✓ Clinicians should be aware of this to prescribe appropriate medicine in this population
- ✓ Compounding may be an alternative solution when no liquid commercial alternatives are available

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