CHLOROQUINE TABLETS 250MG

ACTIVE INGREDIENT AND STRENGTH:

Chloroquine Phosphate B.P. 250mg / tablet

THERAPEUTIC PROPERTIES:

Chloroquine is used for the suppression and treatment of malaria. It is especially active against the erythrocytic forms of malaria parasites. It is not active against tissue forms of the malaria parasites.

DOSAGE:

Suppression in adults: 500mg (300mg base) on the same day each week, beginning 2 weeks prior to exposure, continued for 4 - 8 weeks after leaving the area. If treatment begins on exposure, a loading dose of 1 gm can be taken in divided doses 6 hours apart.
Suppression in children: 5mg base/kg/week. The loading dose is 10mg base/kg/week.
Acute attacks in adults: an initial dose of 1 gm (600mg base), followed by 500mg (300mg base) after 6 to 8 hours and a single dose of 500mg (300mg base) on each of 2 consecutive days.
For children: A total of 25mg / kg is given over 3 days. First dose : 10mgbase/kg
Second dose : 5mgbase/kg, 6 hours after the first dose
Third dose : 5mgbase/kg, 18 hours after the second dose
Fourth Dose : 5mgbase/kg, 24 hours after the third dose
For a radical cure of vivax and malariae malaria, concomitant therapy with an 8-aminoquinoline compound like primaquine is necessary.

ADVERSE EFFECTS:

In therapeutic doses of chloroquine, mild headache, pruritus, gastrointestinal complaints, and psychic stimulation have been observed. Blurring of vision or difficulties in accommodation may also be observed. Rarely hypotension and EGG changes have been noted on prolonged therapy, hearing loss and tinnitus, corneal changes, neuromyopathy, blood dyscrasias and skin effects have been noted. It may precipitate psoriasis in patients with psoriasis or porphyria. Hypoglycaemia may be observed in certain patients.
Psychiatric disorders
- Very common: insomnia
- Common: depression
- Rare: psychiatric disorders such as anxiety, agitation, confusion, hallucinations, delirium
- Not known: suicidal behaviour, psychosis, aggression, delusion, paranoia, mania, attention defecit, sleep disorders

DRUG INTERACTION:

Concurrent administration of chloroquine with potentially hepatotoxic drugs and drugs capable of inducing blood disorders should be proceeded with caution.
Chloroquine should be used with caution in patients receiving medicines known to prolong the QT interval, e.g., Class IA and III antiarrhythmics, tricyclic antidepressants, antipsychotics, some anti-infectives (antibacterials such as fluoroquinolones e.g. moxifloxacin, macrolides e.g. azithromycin, antiretrovirals such as saquinavir, antifungals such as fluconazole, antiparasitic medicines such as pentamidine) due to increased risk of ventricular arrhythmia.

INCOMPATIBILITY:

Not known.

CONTRAINDICATIONS:

Chloroquine is contraindicated in the presence of retinal or visual field changes of any aetiology, in patients with psoriasis or porphyria, and in patients with known hypersensitivity to 4-aminoquinolines. However, the drug can be used in these cases in acute attacks of malaria if the physician elects to use it after carefully weighing the possible risks and benefits to the patient.

PRECAUTIONS:

In long term therapy, baseline and periodic opthalmological examination should be conducted. Periodic examination, including testing knee and ankle reflexes, should be performed. Signs of loss of visual acuity or muscle weakness will necessitate the cessation of therapy. Blood cell counts should be taken periodically and patients with glucose-6-phosphate dehydrogenase deficiency, examined with special caution. This drug may cause severe toxic manifestations on accidental overdose, especially in children and patients should be advised to keep it out of reach of children.
Chloroquine has been shown to cause severe hypoglycaemia including loss of consciousness that could be life threatening in patients treated with and without antidiabetic medications. Patients treated with chloroquine should be warned about the risk of hypoglycaemia and the associated clinical signs and symptoms. Patients presenting with clinical symptoms suggestive of hypoglycaemia during treatment with chloroquine should have their blood glucose level checked and treatment reviewed as necessary.
Suicidal behaviour and psychiatric disorders
Cases of suicidal behaviour and psychiatric disorders have been reported in patients treated with chloroquine, including in patients with no prior history of psychiatric disorders. Patients to be advised to seek medical advice promptly if they experience psychiatric symptoms during treatment.
QT interval prolongation
Chloroquine has potential to prolong the QTc interval in patients with specific risks factors. Chloroquine should be used with caution in patients with congenital or documented acquired QT prolongation and/or known risk factors for prolongation of the QT interval such as:
- cardiac disease, e.g., heart failure, myocardial infarction
- proarrhythmic conditions, e.g., bradycardia (< 50 bpm)
- a history of ventricular dysrhythmias
- uncorrected hypokalemia and/or hypomagnesemia
- during concomitant administration with QT interval prolonging agents

as this may lead to an increased risk for ventricular arrhythmias.
The magnitude of QT prolongation may increase with increasing concentrations of the medicine. Therefore, the recommended dose should not be exceeded.
If signs of cardiac arrhythmia occur during treatment with chloroquine, treatment should be stopped and an ECG should be performed.
Chronic cardiac toxicity
Cases of cardiomyopathy resulting in cardiac failure, in some cases with fatal outcome, have been reported in patients treated with chloroquine. Clinical monitoring for signs and symptoms of cardiomyopathy is advised and chloroquine should be discontinued if cardiomyopathy develops. Chronic toxicity should be considered when conduction disorders (bundle branch block / atrio-ventricular heart block) as well as biventricular hypertrophy are diagnosed.

USAGE DURING PREGNANCY:

Use of this drug should be avoided during pregnancy unless in the judgment of the physician, the benefit outweighs the possible hazard.

STORAGE CONDITIONS:

Store below 30 °C in airtight containers. Protect from light.

REFERENCES:

1. Martindale Extra Pharmacopoiea 28 th Edition Pg. 395 - 396
2. Physician's Desk Reference 35 th Edition Pg. 1896 - 1897

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