

## **Choice of malaria prophylaxis**

### **A patient is prescribed mefloquine – but is it appropriate for this patient?**

John, comes into the pharmacy, just after being seen by the GP. He has come with a private prescription for mefloquine. You ask John if he is taking any other medication.

“I’m not taking any other medication, which is good because I’m not good at remembering taking tablets everyday”

You dispense the mefloquine and go to the till to take payment when you ask John if he is travelling anywhere nice.

“I’m going on vacation to Borneo for two weeks. I’ve had tough couple of weeks after my mum passed away. I’ve been feeling down and the psychologist I’m under for CBT, recommended going on holiday to cheer me up”

### **Why might mefloquine have been prescribed?**

According to the British National Formulary (Joint Formulary Committee, 2016), mefloquine is indicated for prophylaxis of malaria for the area John is travelling to, as is also atovaquone/proguanil and doxycycline. The latter two, however, must be taken on a daily basis, and which John said he might have a problem to remember taking. Mefloquine is taken weekly and so maybe the reason why it was prescribed.

### **Is mefloquine suitable for this patient?**

John has been feeling low and states he is being treated with CBT. Cognitive Behavioural Therapy (CBT) is a psychological therapy, and in this case, would be indicated for mild depression (National Institute for Health and Care Excellence, 2016). Mefloquine has a number of known psychiatric adverse effects, which depression and anxiety being common (Roche Products Limited, 2016). There are also reports that these can these adverse effects can continue long after mefloquine is discontinued. Due to this, mefloquine is contra-indicated in those with current or with a history of psychiatric disorders. In this case, another anti-malarial should be prescribed and advice given to John to help him take his medication on a daily basis.

### **For those patients who are prescribed mefloquine, where it is appropriate, what safety netting advice can you give?**

Patients should be given full information on the side effects of mefloquine and alternative treatments so they can make an informed choice. If mefloquine is to be the choice of malaria prophylaxis, the BNF recommends that mefloquine should be taken weekly on the same day, started two to three weeks before entering the endemic area (Joint Formulary Committee, 2016). This period could be an opportunity to allow the patient, whilst still in the country, to report any side effects or discuss concerns about the medication with a healthcare professional. Therefore, the full three weeks would be

## **What other precautions can you advise for prevention of mosquito bites?**

Patients travelling to endemic areas should be advised to use DEET-containing mosquito repellents, loose fitting trousers and long sleeved shirts, and mosquito nets when sleeping (NHS Choices, 2015). It is important patients remember to take prophylaxis treatment regularly and immediately seeking medical advice if they fall ill within one year and especially within three months of return.

### **References**

Joint Formulary Committee (2016). British National Formulary (online) London: BMJ Group and Pharmaceutical Press. Available at <http://www.medicinescomplete.com> (Accessed: 30 May 2016)

National Institute for Health and Care Excellence (2016), Depression in adults: The treatment and management of depression in adults: CG 90, London: National Institute for Health and Care Excellence. Available at <https://www.nice.org.uk/guidance/cg90/resources/guidance-depression-in-adults-pdf> (Accessed: 30 May 2016)

NHS Choices (2015) Malaria - prevention. Available at: <http://www.nhs.uk/Conditions/malaria/Pages/prevention.aspx> (Accessed: 30 May 2016).

Roche Products Limited (2016) Lariam 250 mg Tablets - summary of product characteristics (SPC) - (eMC). Available at: <https://www.medicines.org.uk/emc/medicine/1701> (Accessed: 30 May 2016)