

Guidelines for use and stepping down of Carbocisteine

Initiation:

- Carbocisteine should be initiated **on trial** to thin mucosal secretions in respiratory tract disorders, characterised by excessive, viscous mucus, including COPD.
- Review patient after 4 weeks
 - Stop treatment if no benefit is shown
 - Continue if there is symptomatic improvement (for example reduction in frequency of cough and sputum production).
- Mucolytics should not be used routinely to prevent exacerbations in people with stable COPD.

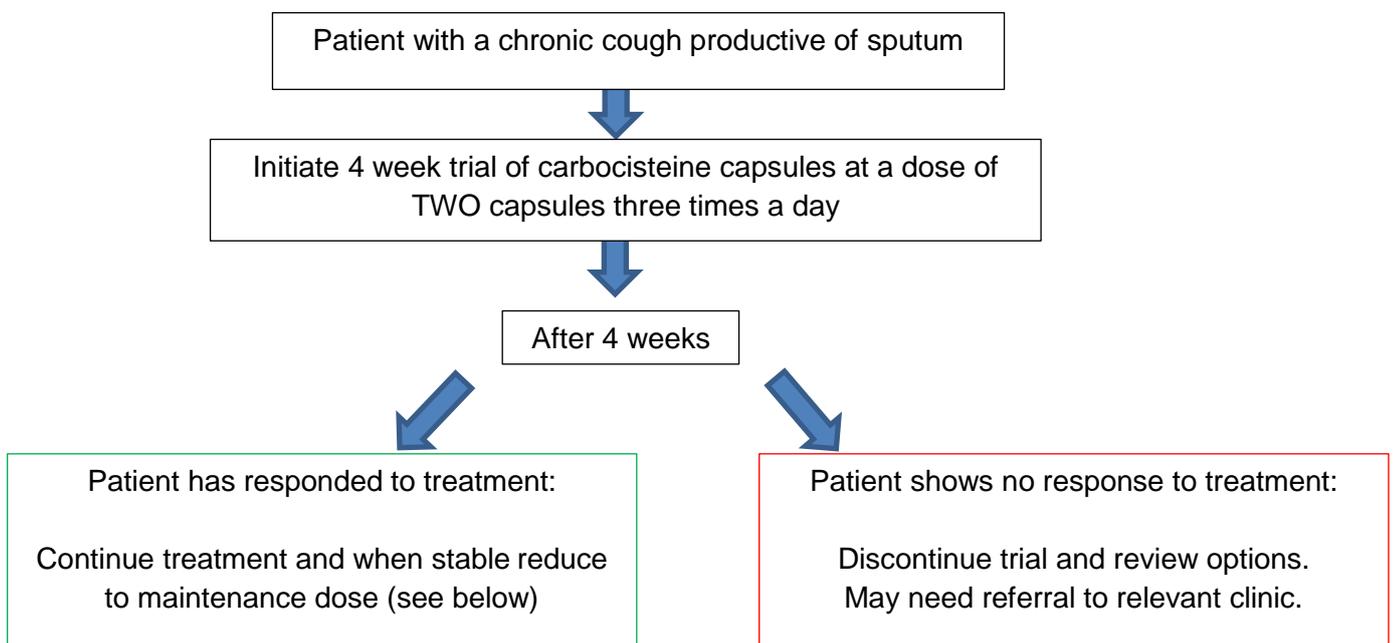
Dose:

- The initial dose is 2.25g daily in divided doses (e.g. TWO capsules three times a day), reducing to 1.5g daily in divided doses (e.g. as ONE capsule four times a day or TWO capsules twice a day) as condition improves.

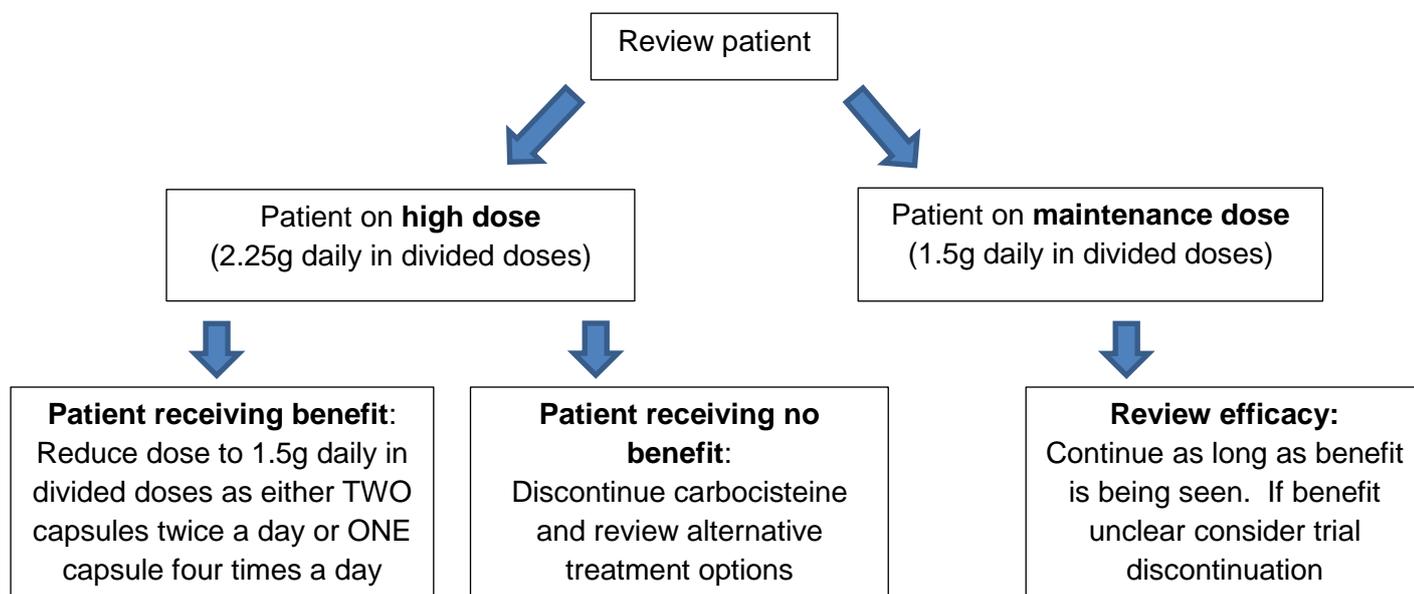
General Principles:

- Review all patients opportunistically; where possible step treatment down to maintenance or if no benefit from treatment discontinue to reduce the incidence of side effects
- Where non-compliance or poor compliance is identified discuss reasons for this (may be intentional or non-intentional).
- Ensure carbocisteine is prescribed generically, not as Mucodyne.
- Prescribing should be reviewed within limits of SPC dosage and amended to adhere to this.

Initiation algorithm:



Stepping down treatment algorithm (once patient stable):



References:

- Actavis UK - Summary of Product Characteristics. Carbocisteine 375mg Capsules. Last updated 11/9/15. Available at <https://www.medicines.org.uk/emc/medicine/27807> last accessed 30/1/2017
- NICE Clinical Knowledge Summaries. Chronic obstructive pulmonary disease. Last updated 09/15. Available at <https://cks.nice.org.uk/chronic-obstructive-pulmonary-disease> last accessed 30/1/2017