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:

Patient with a chronic cough productive of sputum

Initiate 4 week trial of carbocisteine capsules at a dose of TWO capsules three times a day

After 4 weeks

Patient has responded to treatment:
Continue treatment and when stable reduce to maintenance dose (see below)

Patient shows no response to treatment:
Discontinue trial and review options. May need referral to relevant clinic.
Stepping down treatment algorithm (once patient stable):

**Patient on high dose**
(2.25g daily in divided doses)

**Patient on maintenance dose**
(1.5g daily in divided doses)

**Patient receiving benefit:**
Reduce dose to 1.5g daily in divided doses as either TWO capsules twice a day or ONE capsule four times a day

**Patient receiving no benefit:**
Discontinue carbocisteine and review alternative treatment options

**Review efficacy:**
Continue as long as benefit is being seen. If benefit unclear consider trial discontinuation

References: