Correspondence

Lomotil in diarrhoeal illnesses

Sir,

The article by Curtis and Goel (Archives, 1979, 54, 222) prompts me to place the usage of Lomotil in young children in the tropics in its right perspective. The problems of diarrhoea in the tropics are quite different when compared with temperate climates, and management of this condition is therefore also different.

In situations where children have little or no access to optimal therapeutic management, especially fluid therapy, symptomatic control of diarrhoea does become important and it is in this context that I find little objective evidence for Curtis and Goel to draw a general conclusion that the use of Lomotil is difficult to justify in children.

In their study only 6 of 45 patients had actually been prescribed Lomotil for a diarrhoeal illness, of which 4 took an accidental overdose. The remaining 39 children had ingested large quantities of the drug accidentally without any indication for its use, when adult relatives had been prescribed the drug. The authors state that no correlation was found between severity of symptoms and dose ingested, but the upper limits of dose range in their paper show that in the mild, moderate, and severe cases the quantity of drug ingested was 23 times, 33 times, and 40 times the therapeutically recommended dose.

Some time ago we were equally concerned about the use of Lomotil and so we conducted a dose response study in children suffering from nonspecific and specific diarrhoea (Karan et al., 1976), using Lomotil in a dosage range of 0.2 to 0.3 mg/kg, and observed that the optimal dose for Indian children appears to be about 0.25 mg/kg. Furthermore, when used in this therapeutic dose there were no significant side effects or signs of toxicity, although children taking 0.3 mg/kg did have slightly more side effects, but these were not statistically significant.

I feel that Lomotil does have a role in managing diarrhoea in the tropics if used judiciously, but problems can arise if the correct dose is not given. Accidental overdosage can of course occur with any drug.

References


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Dr Goel comments:

It was certainly not our intention to exclude the use of Lomotil as an antidiarrhoeal agent in children in the tropics. No doubt all who treat such children would agree that the mainstay of treatment of diarrhoea in children in any part of the world is the correction of fluid, electrolyte, and acid-base status, and not the reduction of intestinal motility by an antidiarrhoeal agent. If, as suggested by Dr Karan, such therapeutic measures are not available,
Lomotil in diarrhoeal illnesses.

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