

PRIMARY CARE 10 TOP TIPS

Managing GI Symptoms

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- 1** Oropharyngeal candidiasis is common and may be a cause of vomiting. When treating thrush ensure an adequate dose of medication is given e.g. Nystatin 3ml QDS for a week.
- 2** A dry mouth is prone to infection and prevention is better than cure – use regular oral gel or salivary substitutes to prevent this, along with Chlorhexidene mouthwashes.
- 3** A pro-kinetic is the first line drug of choice for opiate-induced nausea.
- 4** Haloperidol is the first line drug of choice for ‘chemical’ nausea.
- 5** Cyclizine is the anti-emetic of choice for raised intracranial pressure.
- 6** Levomepromazine is available as a 25mg tablet, which is scored so that it can be broken into 6.25mg doses. The dose would be 6.25mg 4-6 hourly for nausea.
- 7** When a prokinetic is required, Metoclopramide differs from Domperidone in that it crosses the blood brain barrier – it can, therefore, cause extrapyramidal symptoms. Domperidone cannot be given by injection, but is available in suppository form if Metoclopramide is contraindicated/ not tolerated.
- 8** Constipation should be managed with a softener (e.g. Docusate) and a stimulant (e.g. Senna).
- 9** Consider Naloxegol if tip 8) doesn’t work for the specific treatment of opioid induced constipation. Only use second line if laxatives have failed and needs to be continued regularly while on opioids.
- 10** Remember hypercalcaemia as a potential cause for vomiting and for constipation – this requires urgent management.

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