

Octreotide injections: information for families

This information sheet from Great Ormond Street Hospital (GOSH) describes octreotide injections, how they are given and some of its side effects. Each person reacts different to medicines so your child will not necessarily suffer every side effect mentioned.

If you have any questions or concerns, please ask your doctor, nurse or pharmacist or telephone one of the contact numbers on the information sheet.

Octreotide is used to treat persistently low blood sugar levels (hypoglycaemia) caused by the body producing too much insulin (hyperinsulinism). It is a manmade version of the natural hormone, somatostatin, which stops certain cells in the pancreas releasing insulin. It can be used alone or together with the medicines diazoxide and chlorothiazide as directed by your child's doctor.

The use of octreotide in children is not currently licensed in the UK. Medicines are often used outside of their license (off-label) in children because trial data is not available for a specific use. This is not necessarily hazardous but should be explained and agreed before use. Your doctor will explain this further to you.

Octreotide for injection is available as different strengths, which can be injected under the skin (subcutaneously). At GOSH, we use a multi-dose vial, which can be used for up to 10 injections. The strength of this injection solution is 1mg of active ingredient in 5ml of liquid. The solution also contains water and preservatives.

Octreotide also comes in 50, 100, 200 and 500 micrograms/ml strengths. There have been incidents when the wrong strength of other types of medicine have been prescribed so please

check the label before giving it your child. If you are given the wrong strength of octreotide, please inform the team immediately and do not give to your child.

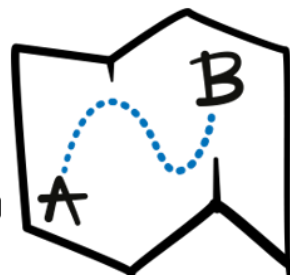
How is it given?

Octreotide is given as a subcutaneous injection, three to four times a day. The dose should be calculated in millilitres, drawn up from the multi-dose vial and given using a BD insulin syringe. You will have been taught how to give subcutaneous injections before leaving hospital but please read our information sheet available on our website.

Who should not use octreotide injections?

People with the following conditions should discuss taking octreotide with their doctor.

- Hypersensitivity to octreotide or any of its ingredients
- Pregnant, could be pregnant, trying to become pregnant or breastfeeding



What are the side effects?

If any of these side effects are severe or carry on for a long time, please tell your doctor.

- Skin reactions affecting the injection site
- Loss of appetite, sickness, tummy pain, bloating and/or diarrhoea
- Gall bladder (gall stones) or liver problems, possibly showing as yellowing of the skin or whites of the eyes
- Hair loss
- Suppression of growth/thyroid hormones
- In babies can rarely cause necrotising enterocolitis

Interactions with other medicines

Some medicines can react with octreotide, altering how well they work. Always check with your doctor or pharmacist before giving your child any other medicines, including herbal or complementary medicines. The following are known to react with octreotide.

- Ciclosporin
- Anti-diabetic medicines such as insulin or metformin

Useful numbers

- GOSH switchboard: 020 7405 9200
- Pharmacy Medicines Information: 020 7829 8608 – Monday to Friday from 9am to 5pm
- Congenital Nurse Specialists for Hyperinsulinism: ext 0360 or bleep 1016
- Out of hours: 020 7405 9200 and ask for the on call doctor for endocrinology

Disclaimer

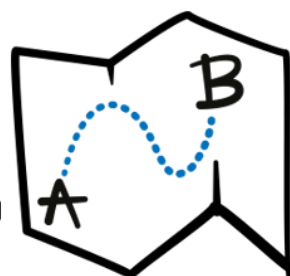
Please read this information sheet from GOSH alongside the patient information leaflet (PIL) provided by the manufacturer. If you do not have a copy of the manufacturer's patient information leaflet please talk to your pharmacist. A few products do not have a marketing authorisation (licence) as a medicine and therefore there is no PIL.

For children in particular, there may be conflicts of information between the manufacturer's patient information leaflet (PIL) and guidance provided by GOSH and other healthcare providers. For example, some manufacturers may recommend, in the patient information leaflet, that a medicine is not given to children aged under 12 years. In most cases, this is because the manufacturer will recruit adults to clinical

- Anti-reflux medicines, particularly cimetidine

Important

- Keep medicines in a safe place where children cannot reach them
- Keep the injection ampoules in the fridge in their original packaging. They should be taken out of the fridge and kept at room temperature for giving the injections. They will keep at room temperature for up to two weeks.
- If you forget to give your child a dose and it is within a few hours of when the dose was due, give it as soon as you remember. Otherwise, monitor your child's blood glucose levels and ask advice from the team.
- If your doctor decides that your child should stop having these injections or they pass the expiry date, return any remaining vials or ampoules to your pharmacist. Do not flush them down the toilet or throw them away.



trials in the first instance and therefore the initial marketing authorisation (licence) only covers adults and older children.

For new medicines, the manufacturer then has to recruit children and newborns into trials (unless the medicine is not going to be used in children and newborns) and subsequently amend the PIL with the approved information. Older medicines may have been used effectively for many years in children without problems but the manufacturer has not been required to collect data and amend the licence. This does not mean that it is unsafe for children and young people to be prescribed such a medicine 'off-licence/off-label'. However, if you are concerned about any conflicts of information, please discuss with your doctor, nurse or pharmacist.

