

## Drugs that Prevent Nausea and Vomiting

### Drugs Used in Symptomatic Treatment

A single or a few doses of phenothiazines and other drugs can be used for symptomatic treatment of nausea and vomiting.

#### Phenothiazines and Other Dopamine Agonists

Prochlorperazine (Stemetil), Triflupromazine (Siquil), Promethazine (Phenergan, Avomine), Trifluoperazine (Neocalm, Trazine)

These agents are very effective in preventing vomiting due to any underlying cause. Their adverse effects, and precautions to be observed during their use, are the same as those of other phenothiazines described under 'Drugs Used in Major Mental Illnesses.' Promethazine theoclate (Avomine) is very often given in cases of motion sickness.

Dosage: These can be given by mouth, or if not retained by the mouth due to vomiting, by intramuscular injection. The average dose of prochlorperazine is 5 to 10 mg; triflupromazine, 10 to 25mg and promethazine, 10 to 20 mg, twice a day.

#### Antihistaminics

Cyclizine (Marzine), Meclizine (Ancolan), Dimenhydrinate (Dramamine), Cinnarizine (Stugeron), Doxylamine (Doxinate)

These drugs are reported to be less effective in preventing nausea and vomiting than phenothiazines and are used less often for this purpose. However, all of them are very effective in the treatment of giddiness and vertigo due to various diseases such as Labyrinthitis, Meniere's disease and disease of brain-stem.

#### Metoclopramide (Reglan, Perinorm)

This drug prevents vomiting by a double mechanism, i.e. by a central action on the brain and by a direct action on the stomach. It is of specific benefit in: 1) vomiting during anaesthesia; and 2) vomiting after surgery. It is used in nursing mothers to improve lactation. Since it increases movements of stomach and intestines, it is also used in dyspepsia, reflux esophagitis (heartburn) and post-meal distension in diabetics. The usual dose is 5 to 10 mg, three times daily, by oral or intramuscular route.

Adverse Effects and Precautions: It may cause sedation, diarrhoea, skin rash, and promote lactation. In some patients it may cause dystonia (abnormal jerky movements of face, specially in children). It should be taken 15-30 minutes before meals. It should not be given in bleeding ulcers.

#### Domperidone (Domstal, Endopace)

This acts both on the stomach and the vomiting centre in the brain. It has less side-effects, especially on movement, than the commonly used metoclopramide. It is safe for patients suffering from Parkinsonism. The usual dose of this drug is 20-40 mg, three to four times a day.

Adverse Effects: It causes headache, dryness of the mouth, drowsiness, and breast engorgement and pain.

#### Cisapride (Cize, Syspride, Unipride 10 mg, Tab; 5 mg/5 ml syrup)

This drug has less antiemetic effect (prevention of vomiting) but promotes emptying of stomach and increases movements of large bowel which are needed for easier passage of stool. Hence this drug is used in chronic constipation (10 mg three times a day for at least two weeks) and heart-burn. Unfortunately, its use is associated with irregularity of heart beat so its use is declining. A derivative of cisapride is mosapride (Mosid 5 mg, 10 mg tab.) which does not produce irregular heart beat. Mosapride is also available as a chewable tablet containing methyl polysiloxasane (125 mg) for the purpose of heart burn.

#### Ondansetron (Emset, Nuset 2 mg/ml injection)

This has fewer side-effects than metoclopramide. In doses of 8 mg, twice a day, it is very effective for nausea and vomiting due to radiotherapy or chemotherapy and for post-operative nausea and vomiting. It can cause headache, constipation and allergic reactions. Gransesetron and tropestrotron

are like ondansetron in action.

### About the Author

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