



## Omeprazole Suspension

*This medicine can be prepared by a compounding pharmacist.*

### Mode of action\*

- Irreversibly inactivate the hydrogen/potassium ATPase enzyme system (proton pump), suppressing both stimulate and basal acid secretion. When PPIs are stopped, acid secretions is restored by synthesis of new hydrogen/potassium ATPase.

### Indications\*

- Peptic ulcer disease (PUD); GORD; H. Pylori eradication, as part of an effective regimen; treatment and prevention of peptic ulcer and erosion associated with NSAIDs

### Precautions\*

- Allergy to omeprazole or esomeprazole – contraindicated
- Treatment with cilostazol – avoid combination (contraindicated by manufacturer); omeprazole inhibits CYP2C19 and increases cilostazol concentration
- Precautions from proton pump inhibitors – Gastric carcinoma – exclude before starting treatment for gastric ulcers; PPIs may mask symptoms and delay diagnosis

### Hepatic

- There is a risk of accumulation when higher doses are used in hepatic impairment; monitor for adverse effects

### Surgery

- Continue treatment perioperatively

### Pregnancy

- Ranitidine preferred but if a PPI is indicated, omeprazole appears safe to use (more human data); esomeprazole, lansoprazole, omeprazole and pantoprazole Australian category B3, rebeprazole Australian category B1

### Breastfeeding

- Safe to use; all are acid labile; small amount in milk is likely to be destroyed by acid in infant's stomach

### Adverse effects:

- GI upset; headache; dizziness; paraesthesia; sleep disturbance; vertigo; malaise; dermatitis; pruritus; rash; urticaria; hepatic, haematological effect; hypersensitivity reaction, hyponatraemia, microscopic colitis (rare); haemorrhagic necrotic gastritis, weight gain, hypomagnesaemia, hypokalaemia, hypocalcaemia in children (very rare); others, see full PI

### Dosage: Child - Oral\*

- <10 kg, 5 mg once daily
- 10-20 kg, 10 mg once daily (maximum 20 mg daily)
- >20 kg, 20 mg once daily (maximum 40 mg daily)

### Practice points\*

- Practice points from proton pump inhibitors
- Review maintenance therapy for dyspepsia or GORD regularly; if symptoms are well controlled, consider:
  - Stopping treatment (unless patient has severe oesophagitis or complicated disease)
  - Intermittent use when symptoms develop
  - Step down to low dose therapy

