

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

STRIGOL Paediatric 6.86 g powder for oral solution

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each sachet of Macrogol 6.86 g Paediatric powder for oral solution contains the following active ingredients:

Macrogol 3350	6.563 g
Sodium Chloride	175.4 mg
Sodium Bicarbonate	89.3 mg
Potassium Chloride	23.30 mg

The content of electrolyte ions per sachet when made up to 62.5 ml of solution is as follows:

Sodium	65 mmol/l
Chloride	53 mmol/l
Potassium	5.4 mmol/l
Bicarbonate	17 mmol/l

Excipient(s) with known effect

For the full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Powder for oral solution.

Free flowing white powder.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

For the treatment of chronic constipation in children 2 to 11 years of age.

For the treatment of faecal impaction in children from the age of five years, defined as refractory constipation with faecal loading of the rectum and/or colon.

For the prevention of re-impaction after successful disimpaction in children 2 to 11 years of age.

4.2 Posology and method of administration

Posology

Chronic constipation

The usual starting dose is 1 sachet daily for children aged 2 to 6 years, and 2 sachets daily for children aged 7 – 11 years. The dose should be adjusted up or down as required to produce regular soft stools. If the dose needs increasing this is best done every second day. The maximum dose needed does not normally exceed 4 sachets a day.

Treatment of children with chronic constipation needs to be over a prolonged period (at least 6 – 12 months). However, safety and efficacy of STRIGOL Paediatric has only been proved for a period of up to three months. Treatment should be stopped gradually and resumed if constipation recurs.

Faecal impaction

A course of treatment for faecal impaction with STRIGOL Paediatric is for up to 7 days as follows:

Daily dosage regimen:

Number of STRIGOL Paediatric sachets							
Age (years)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
5 - 11	4	6	8	10	12	12	12

The daily number of sachets should be taken in divided doses, all consumed within a 12 hour period.

The above dosage regimen should be stopped once disimpaction has occurred. An indicator of disimpaction is the passage of a large volume of stools. After disimpaction it is recommended that the child follows an appropriate bowel management program to prevent reimpaction (dosing for prevention of re-impaction should be as for patients with chronic constipation; see above).

STRIGOL Paediatric is not recommended for children below five years of age for the treatment of faecal impaction, or in children below two years of age for the treatment of chronic constipation. For patients of 12 years and older it is recommended to use STRIGOL Paediatric.

Patients with impaired cardiovascular function:

There are no clinical data for this group of patients. Therefore STRIGOL Paediatric is not recommended for treating faecal impaction in children with impaired cardiovascular function.

Patients with renal insufficiency:

There are no clinical data for this group of patients. Therefore STRIGOL Paediatric is not recommended for treating faecal impaction in children with impaired renal function.

Method of administration

Each sachet should be dissolved in 62.5 ml (quarter of a glass) of water. The correct number of sachets may be reconstituted in advance and kept covered and refrigerated for up to 24 hours. For example, for use in faecal impaction, 12 sachets can be made up into 750 ml of water.

4.3 Contraindications

Intestinal perforation or obstruction due to structural or functional disorder of the gut wall, ileus, severe inflammatory conditions of the intestinal tract, such as Crohn's disease and ulcerative colitis and toxic megacolon.

Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

The fluid content of STRIGOL Paediatric when re-constituted with water does not replace regular fluid intake and adequate fluid intake must be maintained.

Diagnosis of faecal impaction/faecal loading of the rectum should be confirmed by the physical or radiological examination of the abdomen and rectum.

Rarely symptoms indicating shifts of fluid/electrolytes e.g. oedema, shortness of breath, increasing fatigue, dehydration and cardiac failure have been reported in adults when using preparations containing macrogol. If this occurs STRIGOL Paediatric should be stopped immediately, electrolytes measured, and any abnormality should be treated appropriately.

When used in high doses to treat faecal impaction this medicinal product should be administered with caution to patients with impaired gag reflex, reflux oesophagitis or diminished levels of consciousness.

STRIGOL Paediatric solution when reconstituted has no calorific value.

The absorption of other medicinal products could transiently be reduced due to an increase in gastro-intestinal transit rate induced by STRIGOL Paediatric(see section 4.5).

STRIGOL Paediatric contains 0.3106 mmol (12.11 mg) of potassium per sachet. This should be taken into consideration if the patient takes more than one sachet daily and has reduced kidney function, or is on a controlled potassium diet.

4.5 Interaction with other medicinal products and other forms of interaction

Medicinal products in solid dose form taken within one hour of administration of large volumes of macrogol preparations (as used when treating faecal impaction) may be flushed from the gastrointestinal tract and not absorbed.

Macrogol raises the solubility of medicinal products that are soluble in alcohol and relatively insoluble in water.

There is a possibility that the absorption of other medicinal products could be transiently reduced during use with STRIGOL Paediatric(see section 4.4).There have been isolated reports of decreased efficacy with some concomitantly administered medicinal products, e.g. anti-epileptics.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are limited amount of data from the use of STRIGOL Paediatric in pregnant women. Studies in animals have shown indirect reproductive toxicity (see section 5.3). Clinically, no effects during pregnancy are anticipated, since systemic exposure to macrogol 3350 is negligible.

STRIGOL Paediatric can be used during pregnancy.

Breastfeeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breast-feeding woman to Macrogol 3350 is negligible.

STRIGOL Paediatric can be used during breast-feeding.

Fertility

There are no data on the effects of STRIGOL Paediatric on fertility in humans. There were no effects on fertility in studies in male and female rats (see section 5.3).

4.7 Effects on ability to drive and use machines

STRIGOL Paediatric has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Reactions related to the gastrointestinal tract occur most commonly.

These reactions may occur as a consequence of expansion of the contents of the gastrointestinal tract, and an increase in motility due to the pharmacologic effects of STRIGOL Paediatric.

In the treatment of chronic constipation, diarrhoea or loose stools normally respond to a reduction in dose.

Diarrhoea, abdominal distension, anal discomfort and mild vomiting are more often observed during the treatment for faecal impaction. Vomiting may be resolved if the dose is reduced or delayed.

The frequency of the adverse reactions listed below is defined using the following convention: very common ($\geq 1/10$); common ($\geq 1/100$, $< 1/10$); uncommon ($\geq 1/1,000$, $< 1/100$); rare ($\geq 1/10,000$, $< 1/1,000$); and very rare ($< 1/10,000$); not known (cannot be estimated from the available data).

System Organ Class	Frequency	Adverse event
Immune system disorders	Rare	<i>Anaphylaxis.</i>
	Not known	<i>Angioedema, dyspnoea, rash, erythema, urticaria and pruritus.</i>
Metabolism and nutrition disorders	Not known	<i>Electrolyte disturbances, particularly hyperkalaemia and hypokalaemia.</i>
Nervous system disorders	Not known	<i>Headache.</i>
Gastrointestinal disorders	Very common	<i>Abdominal pain, borborygmi.</i>
	Common	<i>Diarrhoea vomiting, nausea, anal discomfort.</i>
	Uncommon	<i>Abdominal distension, flatulence.</i>
	Not known	<i>Dyspepsia and peri-anal inflammation.</i>
General disorders and administration site conditions	<i>Not known</i>	<i>Peripheral oedema.</i>

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at Website: www.mhra.gov.uk/yellowcard.

4.9 Overdose

Severe abdominal pain or distension can be treated by nasogastric aspiration. Extensive fluid loss by diarrhoea or vomiting may require correction of electrolyte disturbances.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Osmotically acting laxatives

ATC code: A06A D65

Macrogol 3350 acts by virtue of its osmotic action in the gut, which induces a laxative effect. Macrogol 3350 increases the stool volume, which triggers colon motility via neuromuscular pathways. The physiological consequence is an improved propulsive colonic transportation of the softened stools and a facilitation of the defaecation. Electrolytes combined with macrogol 3350 are exchanged across the intestinal barrier (mucosa) with serum electrolytes and excreted in faecal water without net gain or loss of sodium, potassium and water.

In an open study of STRIGOL Paediatric in chronic constipation, weekly defaecation frequency was increased from 1.3 at baseline to 6.7, 7.2 and 7.1 at weeks 2, 4 and 12 respectively. In a study comparing STRIGOL Paediatric and lactulose as maintenance therapy after disimpaction, weekly stool frequency at the last visit was 9.4 (SD 4.46) in the STRIGOL Paediatric group compared with 5.9 (SD 4.29). In the lactulose group 7 children re-impacted (23%) compared with no children in the STRIGOL Paediatric group.

For the indication of faecal impaction comparative studies have not been performed with other treatments (e.g. enemas). In a non-comparative study in 63 children, STRIGOL (Paediatric) cleared the faecal impaction in the majority of patients within 3 - 7 days of treatment. For the 5 - 11 years age group the average total number of sachets of STRIGOL Paediatric required was 47.2.

5.2 Pharmacokinetic properties

Macrogol 3350 is unchanged along the gut. It is virtually unabsorbed from the gastrointestinal tract. Any macrogol 3350 that is absorbed is excreted via the urine.

5.3 Preclinical safety data

Preclinical studies provide evidence that macrogol 3350 has no significant systemic toxicity potential, based on conventional studies of pharmacology, repeated dose toxicity and genotoxicity.

There were no direct embryotoxic or teratogenic effects in rats even at maternally toxic levels that are a multiple of 66 x the maximum recommended dose in humans for chronic constipation and 25 x for faecal impaction. Indirect embryofetal effects, including reduction in fetal and placental weights, reduced fetal viability, increased limb and paw hyperflexion and abortions, were noted in the rabbit at a maternally toxic dose that was 3.3 x the maximum recommended dose in humans for treatment of chronic constipation and 1.3 x for faecal impaction. Rabbits are a sensitive animal test species to the effects

of GI-acting substances and the studies were conducted under exaggerated conditions with high dose volumes administered, which are not clinically relevant. The findings may have been a consequence of an indirect effect of Macrogol related to poor maternal condition as the result of an exaggerated pharmacodynamic response in the rabbit. There was no indication of a teratogenic effect.

There are long-term animal toxicity and carcinogenicity studies involving macrogol 3350. Results from these and other toxicity studies using high levels of orally administered high molecular weight macrogols provide evidence of safety at the recommended therapeutic dose.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Acesulfame Potassium

Lemon Flavour

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

4 years

Reconstituted solution: 24 hours

6.4 Special precautions for storage

Reconstituted solution: Store in a refrigerator (2°C - 8°C) and covered

6.5 Nature and contents of container

Sachet: Laminate consisting of four layers: low density polyethylene (LDPE), Aluminium, LDPE and paper. Pack sizes: Boxes of 6, 8, 10, 20, 30, 40, 50, 60 or 100 sachets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Throw away any solution not used within a 24 hour period.

7 MARKETING AUTHORISATION HOLDER

Strides Arcolab International Ltd.
Unit 4, Metro Centre, Tolpits Lane,
Watford, Hertfordshire, WD18 9SS,
United Kingdom.

8 MARKETING AUTHORISATION NUMBER(S)

PL 28176/0175

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE
AUTHORISATION**

22/09/2016

10 DATE OF REVISION OF THE TEXT

22/09/2016