Long term azithromycin (adults) – prescribing and monitoring responsibilities

Azithromycin is used long term for the prevention of exacerbations of bronchiectasis and COPD. Usual dose is 250mg three times a week (Monday Wednesday and Friday) as a pragmatic starting dose which can then be increased according to clinical response and adverse events.

RESPIRATORY CONSULTANT RESPONSIBILITIES

- Initiation of treatment
- Monitoring:
  - Base line ECG to ensure QTc interval is less than 450msec.
  - Base line Liver function tests (LFTs) and full blood count (FBC) – GP to repeat after 2 weeks.
  - Baseline audiometry
  - Medication review to exclude interactions of any concomitant drugs which may cause prolonged QTc interval or other interaction e.g. Digoxin
  - 3 x sputum for AFB confirmed negative prior to starting for Bronchiectasis patients.
  - Repeat LFTs every 6 months
- 3 Month Assessment
  - Assess response to and tolerability of treatment.
  - If no symptomatic improvement but a reduction in exacerbation frequency, discuss with the patient whether they wish to continue for a total of 12 months then consider stopping.
  - If treatment continues beyond 12 months consider breaks during the summer months.
- 6 monthly assessments.
- Advise people about the small risk of hearing loss and tinnitus, and tell them to contact a healthcare professional if this occurs.
- Give the patient a copy of the azithromycin leaflet

Exclusion Criteria

- LFT’s > 2x upper limit of normal
- Atypical mycobacterial infection
- Allergy to Azithromycin

Communication with GP

- Explain importance to patient and GP of not starting other long term (> 4 weeks) antibiotic treatments (except for treatment of exacerbations with short courses of non-macrolide antibiotics and steroids) during 3 month review period.

GP RESPONSIBILITIES

- On-going supply of azithromycin
- Consider stopping if patient is not attending assessment review

EXIT CRITERIA PRIOR TO 3 MONTH REVIEW
Prepared by: Fiona Smith CHFT in association with mid-Yorks
Approved MMC Jan 2019 Review date: Jan 2021
- Tinnitus or hearing loss – stop immediately.
- Increase in LFT’s to > 2x upper limit of normal - stop immediately
- Side effects – rash, GI symptoms, dizziness – discuss continuing/stopping with the patient

Reference:

Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline [NG115] Published date: December 2018