

## Guidance for Prescribers and Patients

# Use of Pulmicort Respules (oral viscous budesonide) for eosinophilic oesophagitis in paediatrics

May 2024 v1.0

Pulmicort Respules (oral viscous budesonide) have been given a **Red Hospital Only** classification for use in eosinophilic oesophagitis in paediatrics. There should be no prescribing in primary care.

**RED Hospital Only- Prescribing to remain with the hospital or specialist service. No prescribing in primary care**

### What is oral viscous budesonide?

Oral viscous budesonide is a steroid treatment which is used in the treatment of eosinophilic oesophagitis. It is a thick liquid medicine which acts directly on the affected areas of the gullet and is made up immediately before taking (see below for instructions).

### What is the aim of treatment?

To reduce the inflammation in the gullet and reduce symptoms such as vomiting, pain on swallowing and sense of foods getting stuck in the gullet. Oral viscous budesonide liquid may be easier to administer to young children than existing alternative treatments (for example, swallowed powder from an inhaler).

### What is the dose?

The usual dose will be 1-2mg daily. This may be as a single dose or split throughout the day.

### How is oral viscous budesonide made up?

You will need the following items to make up the dose prior to administration:

- Splenda® sweetener (can be purchased from a supermarket).
- Budesonide nebules (Pulmicort Respules®) 1mg or 0.5mg.
- Kitchen weighing scales

#### Dosage of oral viscous budesonide

Dose	Size and strength of budesonide nebule	Amount of Splenda®
0.5mg	0.5mg in 2mL	5g
1.0mg	1.0mg in 2mL	10g
2.0mg	1.0mg in 2mL	20g (10g for each nebule

Measure out required amount of Splenda® as outlined in table above and mix with contents of nebule(s) in a beaker or measuring container.

### How to take oral viscous budesonide

- Once made up, the entire amount of liquid should be swallowed from the beaker or measuring container.
- Your child should not eat or drink for 30 minutes after swallowing the budesonide.
- Give the dose(s) at the same time(s) of each day so that it becomes part of your child's routine. If you miss a dose you can give the dose as soon as you remember on the same day.

### Side Effects

As with other medicines, there is a risk of side effects when your child is taking oral viscous budesonide. The risk of side effects is carefully balanced against the benefits of treatment. Oral viscous budesonide is unlikely to be absorbed into the blood in large amounts and therefore it is likely that your child will not experience the more serious side effects listed below.

The important potential side effects to be aware of are:

- **Oral thrush** – a yeast infection; if you notice a thick white or creamy coloured covering on your child's tongue or if the tongue/ throat appears red and irritated, please contact your GP or hospital doctor. You can help to prevent this by ensuring that your child maintains good oral hygiene.
- **Sore throat/ hoarse voice** – risk reduced by ensuring that your child maintains good oral hygiene.
- **Growth** – the way steroids are produced in your child's body may be affected which can lead to reduced growth. This should not affect your child's final adult height. Your child's doctor will monitor their growth during treatment.
- **Changes in behaviour** (including disturbed sleep) – You should contact your GP or hospital doctor.
- All steroid medicines, including budesonide (usually in higher doses), may affect the adrenal glands so that they produce less of a hormone called cortisol when the body is stressed (for example, during illness or injury). This means that your child may have more difficulty fighting off an infection, or may recover less quickly from injury or after surgery.

There may be other side effects that are not listed above. If you notice anything unusual and are concerned, please consult your GP or hospital doctor.

### Other medicines

You can give your child medicines that contain paracetamol or ibuprofen unless your doctor has told you not to. Check with your doctor or pharmacist before giving any other medicines to your child. This includes herbal or complementary medicines.

### Contacts/ further information

If you need further information please contact your GP or hospital doctor.

Adapted for local use from document developed by Cambridge University Hospital. Original information can be found here - [Oral viscous budesonide for eosinophilic oesophagitis | CUH](#)

<b>Title</b>	Prescribing Guidance - Use of Pulmicort Respules (oral viscous budesonide) for eosinophilic oesophagitis in paediatrics
<b>Description of policy</b>	<i>To inform healthcare professionals</i>

<b>Scope</b>	<i>Norfolk and Waveney Integrated Care System</i>
<b>Prepared by</b>	Norfolk and Waveney ICB Medicines Optimisation Team
<b>Impact Assessment</b> (Equalities and Environmental)	<i>Please indicate impact assessment outcome: Positive impact Adverse impact - low - action plan completed as per guidance Adverse impact - medium - action plan completed as per guidance Adverse impact - high - action plan completed as per guidance No impact <b>No policy will be approved without a completed equality impact assessment</b></i>
<b>Other relevant approved documents</b>	
<b>Evidence base / Legislation</b>	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence <b>B. mix of national and local consensus</b> C. based on local good practice and consensus in the absence of national research based information.</i>
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
<b>Approved by</b>	<i>Norfolk &amp; Waveney Therapeutics Advisory Group (TAG) May 2024</i>
<b>Authorised by</b>	<i>Norfolk &amp; Waveney Meds Optimisation Programme Board - May 2024</i>
<b>Review date and by whom</b>	TAG – June 2026
<b>Date of issue</b>	June 2024

<b>Version Number</b>	<b>Author</b>	<b>Purpose / Change</b>	<b>Date</b>
1.0	JC, TAG Lead Technician, NWICB	Adapted from document by Cambridge University Hospital	May 2024