



## MONOGRAPH

# Albendazole Monograph - Paediatric

<b>Scope (Staff):</b>	Medical, Pharmacy, Nursing
<b>Scope (Area):</b>	All Clinical Areas

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

### QUICKLINKS

<a href="#">Dosage/Dosage Adjustments</a>	<a href="#">Administration</a>	<a href="#">Compatibility</a>	<a href="#">Monitoring</a>
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### DRUG CLASS

Benzimidazole anthelmintic.<sup>(1)</sup>

### INDICATIONS AND RESTRICTIONS

Albendazole is used in the treatment of intestinal and tissue helminth infections including roundworm, threadworm, hookworm, whipworm, some tapeworm species, strongyloides, cutaneous larva migrans and in hydatid disease as an adjunct to surgery. It is also used in the treatment of neurocysticercosis.<sup>(1)</sup>

#### Oral: Unrestricted (green) antimicrobial

This is not a restricted agent. Follow standard ChAMP guidelines where appropriate.

### CONTRAINDICATIONS

- Hypersensitivity to albendazole, other benzimidazole derivatives or any component of the formulation.<sup>(2-4)</sup>
- For females of child-bearing potential, pregnancy should be excluded before treatment is commenced and avoided for at least one month following cessation of therapy.<sup>(1, 3)</sup>

## PRECAUTIONS

- Long duration of treatment at higher doses increases the risk of hepatic abnormalities and bone marrow suppression. Regular monitoring should occur.<sup>(3)</sup>
- Albendazole is not recommended in ocular cysticercosis without specialist advice, due to the risk of severe eye damage due to death of parasites.<sup>(1, 2)</sup>

## FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- 200mg chewable tablet

Imprest location: [Formulary One](#)

## DOSAGE & DOSAGE ADJUSTMENTS

**Neonates:** Not routinely used in infants less than 6 months old. Contact infectious diseases or clinical microbiology service for advice.

**Oral:**

### **Roundworm, hookworm and threadworm:**

- Children  $\geq$  6months and  $<$ 10kg: 200mg as a single dose. Consider repeating the dose after 2 weeks.<sup>(5)</sup>
- Children  $\geq$  6months and  $\geq$  10kg: 400mg as a single dose. Consider repeating the dose after 2 weeks.<sup>(5, 6)</sup>

### **Strongyloidiasis (in immunocompetent patients):**

- Ivermectin is preferred for the treatment of strongyloidiasis in children  $>$ 15kg<sup>(6)</sup>
- Children  $\geq$  6months and  $<$ 10kg: 200mg dose given twice daily for 3 days. Course should be repeated after 7-14 days.<sup>(5)</sup>
- Children  $\geq$  6 months and  $\geq$  10kg: 400mg dose given twice daily for 3 days. Course should be repeated after 7-14 days.<sup>(5)</sup>

### **Cutaneous larva migrans and whipworm:**

Children  $\geq$  6months and  $<$ 10kg: 200mg once daily for 3 days.

Children  $\geq$  6months and  $\geq$  10kg: 400mg once daily for 3 days.<sup>(5, 6)</sup>

### **Hydatid disease:**

Children  $\geq$  6 years old: 7.5mg/kg/dose (to a maximum of 400mg) twice daily commencing 1 week before and continuing for 4 weeks after surgery or percutaneous drainage.<sup>(6)</sup>

Repeat courses may be required.

### **Neurocysticercosis:**

Patients with calcified cysts, but no active cysts so not require cysticidal drug therapy. Contact Infectious Diseases for advice.<sup>(5)</sup>

**Renal impairment:**[eGFR calculator](#)

There is limited information regarding the use of albendazole in renal impairment.

No dosage adjustment is required.<sup>(2, 4)</sup>

**Hepatic impairment:**

Use with caution in patients with abnormal liver function or decreased total leukocyte count due to the increased risk of hepatotoxicity and bone marrow suppression. Consider ceasing therapy if hepatic enzymes increase to twice the upper limit of normal whilst on therapy.<sup>(4)</sup>

**ADMINISTRATION**

- Albendazole tablets may be crushed, chewed or swallowed whole to facilitate administration.<sup>(1, 2, 4)</sup>
- When treating systemic infections, albendazole should be taken with a fatty meal to improve absorption.<sup>(1, 2)</sup>
- When used for the treatment of intestinal worms, albendazole should be taken on an empty stomach to limit systemic absorption allowing it to act locally in the gut.<sup>(1)</sup>

**COMPATIBILITY (LIST IS NOT EXHAUSTIVE)**

Not applicable

**MONITORING**

- For patients on courses of treatment longer than 3 days, liver function tests and complete blood counts should be checked at the beginning of treatment and every 2 weeks whilst on therapy.<sup>(1, 2)</sup>
- Faecal samples should also be taken to determine ova and parasite load.<sup>(2)</sup>

**ADVERSE EFFECTS**

Albendazole is well tolerated. Adverse effects are more common with high dose or extended duration of treatment. Adverse effects may be due to death of the parasite or heavy parasite burden.<sup>(1, 2)</sup>

**Common:** elevated liver enzymes, headache (more common in treatment for neurocystercosis)<sup>(1, 2)</sup>

**Infrequent:** nausea, vomiting, diarrhoea, dizziness, abdominal pain, fever, headache<sup>(2, 4)</sup>

**Rare:** hypersensitivity reactions (rash, itch, urticaria), hepatitis, bone marrow depression, alopecia, Stevens Johnson Syndrome, erythema multiform.<sup>(1, 2, 4)</sup>

**STORAGE**

Store tablets below 30°C<sup>(3)</sup>

## INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

*\*\*Please note: The information contained in this guideline is to assist with the preparation and administration of **albendazole**. Any variations to the doses recommended should be clarified with the prescriber prior to administration\*\**

## Related CAHS internal policies, procedures and guidelines

[Antimicrobial Stewardship Policy](#)


[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

## References

1. Rossi S, editor. Australian Medicines Handbook. Adelaide, S. Aust.: Australian Medicines Handbook; 2021.
2. Clinical Pharmacology [Internet]. Elsevier BV. 2021 [cited 08/02/2022]. Available from: <http://www.clinicalpharmacology-ip.com.pklibresources.health.wa.gov.au/default.aspx>.
3. MIMS Australia. MIMS online [full product information]. St Leonards, N.S.W: CMP Medica Australia.; 2021. p. 1v. (various pagings).
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5. Antibiotic Writing Group. Therapeutic Guidelines - Antibiotic. West Melbourne: Therapeutic Guidelines Ltd; 2019. Available from: <https://tgldcdp-tg-org-au.pklibresources.health.wa.gov.au/etgAccess>.
6. Royal Australian College of General Practitioners, Pharmaceutical Society of Australia, Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. AMH: Children's Dosing Companion. Adelaide: Australian Medicines Handbook Pty Ltd; 2020.

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