#### LARIAM® (mellioquine hydrochloride)

- For children, Lariam can be given with water or crushed and mixed with water or sugar water. The prescriber will tell you the correct dose for children based on the child's weight.
- If you are told by a doctor or other health care provider to stop taking Lariam due to side effects or for other reasons. It will be necessary to take another malaria medicine. You must take malaria prevention medicine before you travel to a malaria area, while you are in a malaria area, and after you return from a malaria area. If you don't have access to a doctor or other health care provider or to another medicine betides. Lariam and have to stop taking it, leave the malaria area. However, be aware that leaving the malaria acca may not protect you from getting malaria. You still need to take a malaria prevention medicine.

#### What should I avoid while taking Lariam?

- Malotantrine (marketed under various brand names), a medicine used to breat malaria. Taking both of these medicines together can cause serious heart problems that can cause death.
- Do not become pregnant. Women should use effective birth control while taking Lariam.
- Quinine, quinidine, or chloroquine (other medicines used to treat malaria). Taking these medicines with Lariam could cause changes in your heart rate or increase the risk of secures.

#### In addition:

- Be careful driving or in other activities needing alertness and caneful movements (time motor coordination). Lariam can cause deziness or loss of balance, even after you stop taking it.
- Be aware that certain vaccines may not work if given while you are taking Lariaes. Your prescriber may want you to finish taking your vaccines at least 3 days before starting Lariaes.

#### What are the possible side effects of Lariam?

Lariam, like all medicines, may cause side effects in some patients. The most frequently reported side effects with Lariam when used for prevention of malaria include nauses, vomiting, distribes, distribution of cause propie to stop taking the medicine.

Lanium may cause serious mental problems in some patients. (See "What is the most important information I should know about I should know about

Larism may affect your liver and your eyes if you take it for a long time. Your prescriber will tell you if you should have your eyes and liver checked while taking Larism.

Intermation watlet card to carry when you are taking Lariam.

Lariam\* (mettoquine hydrochloride) Tablets

Other medicines approved in the United States for materia prevention include: doxycycline, atovaquonelproguanil, hydroxychtoroquine, and chloroquine. Not all materia medicines work equally well in materia areas. The chloroquines, for example, do not work in many parts of the world. If you can't get another medicine, leave the materia area. However, he aware that leaving the materia area may not protect you from getting materia. You still need to take a materia prevention medicine.

Please read the Medication Guide for additional information on Lariam.

Revised: August 2005

#### What else should I know about preventing malaria?

- Find out whether you need malaria prevention. Before you travel, talk with your prescriber about your travel plans to determine whether you need to take medicine to prevent malaria. Even in those countries where malaria is present, there may be areas of the country that are tree of malaria. In general, malaria is more common in rural (country) areas than in big cities, and it is more common during rainy seasons, when mosquitoes are most common. You can get information about the areas of the world where malaria occurs from the Centers for Disease Control and Prevention (CDC) and from local authomises in the countries you visit. If possible, plan your travel to reduce the risk of malaria.
- Take medicine to prevent malaria infection. Without malaria prevention medicine, you have a higher risk of getting malaria. Malaria starts with ful-like symptoms, such as childs, firver, muscle pains, and headaches. However, malaria can make you very sick or cause death if you don't seek medical help insmediately. These symptoms may disappear for a white, and you may think you are well. But, the symptoms return later and then it may be too take for successful treatment.

Materia can cause confusion, coma, and selzones. It can cause kidney failure, breathing problems, and severe damage to red blood cells. However, malaria can be easily diagnosed with a blood test, and if caught in time, can be effectively treated.

If you get flu-tike symptoms (chills, fever, muscle pains, or headaches) after you return from a materia area, get medical help right away and tell your prescriber that you may have been exposed to materia.

People who have lived for many years in areas with malaria may have some immunity to malaria (they do not get it as easily) and may not take malaria prevention medicine. This does not mean that you don't need to take malaria prevention medicine.

Pretact against mesquite lettes. Medicines do not always completely prevent your catching materia from mosquito bites. So protect yourself very well against mosquitoes. Cover your skin with long steeves and long pants, and use mosquito repetient and bednets while in materia areas. If you are out in the bush, you may want to pre-wash your clothes with permethrin. This is a mosquito repetient that may be effective for weeks after use. Ask your preteriber for other ways to protect yourself.

## General information about the safe and effective use of

Medicines are sometimes prescribed for conditions not listed in Medication Guides. If you have any concerns about Lariam, ask your prescriber. This Medication Guide contains certain important information for travelers visiting areas with malaria. Your prescriber or pharmacist can give you information about Lariam that was written for health care professionals. Do not use Lariam for a condition for which it was not prescribed. Do not share Lariam with other people.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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**Ashraf Mozayani, Lionel Raymon** 

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case studies and essential references One step resource to gain understanding of the subject of pharmacoepidemiology at an affordable price Gives a perspective on the subject from academia pharmaceutical industry and regulatory agencies Designed for students with basic knowledge of epidemiology and public health Includes many case studies to illustrate pharmacoepidemiology in real clinical setting Guidelines for the Treatment of Malaria. Third Edition World Health Organization, 2015-08-13 Malaria remains an important cause of illness and death in children and adults in countries in which it is endemic Malaria control requires an integrated approach including prevention primarily vector control and prompt treatment with effective antimalarial agents Malaria case management consisting of prompt diagnosis and effective treatment remains a vital component of malaria control and elimination strategies Since the publication of the first edition of the Guidelines for the treatment of malaria in 2006 and the second edition in 2010 all countries in which P falciparum malaria is endemic have progressively updated their treatment policy from use of ineffective monotherapy to the currently recommended artemisinin based combination therapies ACT This has contributed substantially to current reductions in global morbidity and mortality from malaria Unfortunately resistance to artemisinins has arisen recently in P falciparum in South East Asia which threatens these gains This third edition of the WHO Guidelines for the treatment of malaria contains updated recommendations based on a firmer evidence base for most antimalarial drugs and in addition include recommendation on the use of drugs to prevent malaria in groups at high risk The Guidelines provide a framework for designing specific detailed national treatment protocols taking into account local patterns of resistance to antimalarial drugs and health service capacity It provides recommendations on treatment of uncomplicated and severe malaria in all age groups all endemic areas in special populations and several complex situations In addition on the use of antimalarial drugs as preventive therapy in healthy people living in malaria endemic areas who are high risk in order to reduce morbidity and mortality from malaria The Guidelines are designed primarily for policy makers in ministries of health who formulate country specific treatment guidelines Other groups that may find them useful include health professionals and public health and policy specialists that are partners in health or malaria control and the pharmaceutical industry The treatment recommendations in the main document are brief for those who wish to study the evidence base in more detail a series of annexes is provided with references to the appropriate sections of the main document **Pharmaceutical and Medical Device Safety** Sonia Macleod, Sweta Chakraborty, 2019-02-21 This book examines how regulatory and liability mechanisms have impacted upon product safety decisions in the pharmaceutical and medical devices sectors in Europe the USA and beyond since the 1950s Thirty five case studies illustrate the interplay between the regulatory regimes and litigation Observations from medical practice have been the overwhelming means of identifying post marketing safety issues Drug and device safety decisions have increasingly been taken by public regulators and companies within the framework of the comprehensive regulatory structure that has developed since the 1960s In general product liability cases have not identified

or defined safety issues and function merely as compensation mechanisms. This is unsurprising as the thresholds for these two systems differ considerably regulatory action can be triggered by the possibility that a product might be harmful whereas establishing liability in litigation requires proving that the product was actually harmful As litigation normally post dates regulatory implementation the private enforcement of public law has generally not occurred in these sectors This has profound implications for the design of sectoral regulatory and liability regimes including associated features such as extended liability law class actions and contingency fees This book forms a major contribution to the academic debate on the comparative utility of regulatory and liability systems on public versus private enforcement and on mechanisms of behaviour The Lawyer's Guide to Elder Injury and Accident Compensation James T. O'Reilly, 2004 Diseases of the Nose, Throat and Ear, 10Ed Arthur Turner, 1987-12-30 I am unaware of any textbook which provides such comprehensive coverage of the field and doubt that this work will be surpassed in the foreseeable future if ever From the foreword by Robert C Moellering Jr M D Shields Warren Mallinckrodt Professor of Medical Research Harvard Medical School USA Kucers The Use of Antibiotics is the leading major reference work in this vast and rapidly developing field More than doubled in length compared to the fifth edition the sixth edition comprises 3000 pages over 2 volumes in order to cover all new and existing therapies and emerging drugs not yet fully licensed Concentrating on the treatment of infectious diseases the content is divided into 4 sections antibiotics anti fungal drugs anti parasitic drugs and anti viral drugs and is highly structured for ease of reference Within each section each chapter is structured to cover susceptibility formulations and dosing adult and paediatric pharmacokinetics and pharmacodynamics toxicity and drug distribution detailed discussion regarding clinical uses a feature unique to this title Compiled by an expanded team of internationally renowned and respected editors with a vast number of contributors spanning Europe Africa Asia Australia South America the US and Canada the sixth edition adopts a truly global approach It will remain invaluable for anyone using antimicrobial agents in their clinical practice and provides in a systematic and concise manner all the information required when treating infections requiring antimicrobial therapy Kucers The Use of Antibiotics is available free to purchasers of the books as an electronic version on line or on your desktop It provides access to the entire 2 volume print material It is fully searchable so you can find the relevant information you need quickly Live references are linked to PubMed referring you to the latest journal material Customise the contents you can highlight sections and make notes Comments can be shared with colleagues tutors for discussion teaching and learning The text can also be reflowed for ease of reading Text and illustrations copied will be automatically referenced to Kucers The Use of Antibiotics Kucers' The Use of Antibiotics Sixth Edition M Lindsay Grayson, Suzanne M Crowe, James S McCarthy, John Mills, Johan W Mouton, S Ragnar Norrby, David L Paterson, Michael A Pfaller, 2010-10-29 I am unaware of any textbook which provides such comprehensive coverage of the field and doubt that this work will be surpassed in the foreseeable future if ever From the foreword by Robert C Moellering Ir M D Shields

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Infectious Diseases Handbook Judith A. Aberg, American Pharmaceutical Association, 2006 The AARP Guide to Pills

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**Drug Information Handbook for Dentistry**, 2006 Drug Information Handbook with International Trade Names Index Charles F. Lacy, Lora L. Armstrong, Morton P. Goldman, Leonard L. Lance, 2007

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