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Handbook of Nonprescription Drugs: An Interactive Approach to Self-Care, 18th Edition
Corrections and Revisions

Note: All the corrections and revisions have been made on the e-version of the book that is posted on APhA's PharmacyLibrary (www.PharmacyLibrary.com).

The following corrections and revisions may have already been made on the following pages in the book you have purchased: Pages 23, 66, 67, 73, 80, 81, 90, 94, and 96. The remaining corrections and revisions will appear in the next printing of the book.

Chapter 2, Page 23, first column, seventh bullet:
Add the sentence "Has this ever happened in the past?" **directly after the sentence** "History: What has been done so far?"

Chapter 5, Page 66, Figure 5-1:
Change **15 years** to **<19 years**

Chapter 5, Page 67, Table 5-2, column 1, row 1:
Change **22** to **2**

Chapter 5, page 73:
Replace the sentence: "Reye's syndrome is an acute illness occurring almost exclusively in children **15 years** of age or younger."

with the following sentence: "Reye's syndrome is an acute illness occurring almost exclusively in children **19 years** of age or younger." **[29, 30]**

29. National Reye's Syndrome Foundation. Reye's Syndrome Bulletin. 2005. Accessed at http://www.reyessyndrome.org/images/pdf/BULLETIN.pdf, August 13, 2015.

30. Beutler AI, Jamieson B. Aspirin use in children for fever or viral syndromes. *Am Fam Physician.* 2009;80 (12):1472–4.

Scroll down

Chapter 5, page 80:
In the patient education for Headache box under the section Salicylates (Aspirin and Magnesium salicylate) and NSAIDs (Ibuprofen and Naproxen) on the right hand column, second bullet

Replace the sentence: "Do not give aspirin or other salicylates to children **15** years of age or younger who are recovering from chickenpox or influenza."

with the following sentence: "Do not give aspirin or other salicylates to children" **19** years of age or younger who are recovering from chickenpox or influenza."

Chapter 5, page 81:

Replace references 29 and 30 with the references listed below:

29. National Reye's Syndrome Foundation. Reye's Syndrome Bulletin. 2005. Accessed at http://www.reyessyndrome.org/images/pdf/BULLETIN.pdf, August 13, 2015.

30. Beutler AI, Jamieson B. Aspirin use in children for fever or viral syndromes. *Am Fam Physician.* 2009; 80 (12):1472–4.

Renumber the following references:

31 to 33

32 to 34

33 to 35

34 to 36

35 to 37

36 to 38

Chapter 6, page 90:
In the first paragraph of "Product Selection Guidelines" in the second column

Replace the sentence: "Ibuprofen should be used only in children older than 6 months; because of the risk of Reye's syndrome, children younger than **15 years** of age should avoid using aspirin and aspirin-containing products as an antipyretic."

with the following sentence:

"Ibuprofen should be used only in children older than 6 months; because of the risk of Reye's syndrome, children younger than **19 years** of age should avoid using aspirin and aspirin-containing products as an antipyretic." **46, 47**

Scroll down

Chapter 6, page 94:

In the "patient education for Fever" box in the last bullet of Nonprescription Medications in the second

Replace the sentence: "Avoid using aspirin and aspirin-containing products for fever in children younger than **15 years** because of the possible risk of Reye's syndrome."

with the following sentence:

"Avoid using aspirin and aspirin-containing products for fever in children younger than **19 years** because of the possible risk of Reye's syndrome."

Chapter 6, page 96:

Replace references 46 and 47 with the references listed below

46. National Reye's Syndrome Foundation. Reye's Syndrome Bulletin. 2005. Accessed at http://www.reyessyndrome.org/images/pdf/BULLETIN.pdf, August 13, 2015.

47. Beutler AI, Jamieson B. Aspirin use in children for fever or viral syndromes. *Am Fam Physician.* 2009;80(12):1472–4.

Chapter 8, page 118 replace with PDF:

First column in the "Pharmacologic Therapy" section

Delete "butoconazole" from the first and third paragraphs and 1.7% from the third paragraph.

Second column in the "Pharmacotherapeutic Comparison" paragraph

Replace the sentence "Butoconazole nitrate 2% single-dose cream has also been compared with miconazole 7-day treatment, resulting in nonsignificant differences in cure rates."[32]

with the following sentence:

"Comparison of miconazole 7-day treatment with butoconazole nitrate 2% single dose [now available only by prescription] showed nonsignificant differences in cure rates."[32]

Delete "butoconazole" In the next sentence
Delete "butoconazole" from the "Product Selection Guidelines, Special Populations" section, second paragraph.

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Chapter 16, page 276, Table 16-7:
Adult Dosages (maximum daily dosages)

Delete: 4 mg initially, then 2 mg after each loose stool (not to exceed 8 mg/day)

Replace with: Liquid: 4 mg (30 mL) initially, followed by 2 mg (15 mL) after each loose stool (not to exceed 8 mg [60 mL/day])

Add: Liquid: 262 mg/15 mL strength: 525 mg (30 mL) every 30–60 minutes up to 240 mL/day (8 doses/day);

525 mg/15 mL strength: 1050 mg (30 mL) every 60 minutes up to 120 mL/day (4 doses/day)

Delete: 5-15 drops placed in or taken with dairy product: 1-3 tablets or 1-2 capsules with first bite of dairy product

Replace with:

Tablets: 1–3 with first bite of dairy product
Capsules: 1–2 with first bite of dairy product
Liquid: 5–15 drops placed in or taken with dairy product

Chapter 16, page 276 (See Table 16-7, page 276 below)

Pediatric Dosages

Delete: Liquid: 1.3 mg (2 teaspoonfuls) initially, followed by 1 mg (1.5 teaspoonfuls) after each loose stool. Do not give more than 2.7 mg (4 teaspoonfuls) in 24 hours.

Replace with: Liquid: 2 mg (15 mL) initially, followed by 1 mg (7.5 mL) after each loose stool. Do not give more than 4 mg (30 mL) in 24 hours.

Delete: Liquid: 1.3 mg (2 teaspoonfuls) initially, followed by 1 mg (1.5 teaspoonfuls) after each loose stool. Do not give more than 4 mg (6 teaspoonfuls) in 24 hours.

Replace with: Liquid: 2 mg (15 mL) initially, followed by 1 mg (7.5 mL) after each loose stool. Do not give more than 6 mg (45 mL) in 24 hours.

table 16–7 **Recommended Dosages of Nonprescription Antidiarrheal Agents for Acute Diarrhea**

Medication	Dosage Forms	Adult Dosages (maximum daily dosage)	Pediatric Dosages	Duration of Use
Loperamide	Caplets (2 mg), liquid (1 mg/7.5 mL)	Caplets: 4 mg initially, then 2 mg after each loose stool (not to exceed 8 mg/day) Liquid: 4 mg (30 mL) initially, followed by 2 mg (15 mL) after each loose stool (not to exceed 8 mg [60 mL/day])	Consult product instructions; not recommended for children <6 years except under medical supervision 6–8 years (48–59 lb): Caplets: 2 mg initially, then 1 mg after each loose stool (not to exceed 4 mg/day) Liquid: 2 mg (15 mL) initially, followed by 1 mg (7.5 mL) after each loose stool. Do not give more than 4 mg (30 mL) in 24 hours. 9–11 years (60–95 lb): Caplets: 2 mg initially, then 1 mg after each loose stool (not to exceed 6 mg/day) Liquid: 2 mg (15 mL) initially, followed by 1 mg (7.5 mL) after each loose stool. Do not give more than 6 mg (45 mL) in 24 hours.	48 hours
Bismuth subsalicylate	Tablets (262 mg), caplets (262 mg), liquids (262 mg/15 mL, 525 mg/15 mL)	Tablets/caplets: 525 mg every 30–60 minutes up to 4200 mg/day (8 doses/day) Liquid: 262 mg/15 mL strength: 525 mg (30 mL) every 30–60 minutes up to 240 mL/day (8 doses/day) 525 mg/15 mL strength: 1050 mg (30 mL) every 60 minutes up to 120 mL/day (4 doses/day)	Not recommended for children <12 years except under medical supervision	48 hours
Digestive enzymes (lactase)	Chewable tablets, caplets, liquids	Tablets: 1–3 with first bite of dairy product Capsules: 1–2 with first bite of dairy product Liquid: 5–15 drops placed in or taken with dairy product	Same as adult dosage	Taken with each consumption of dairy product

Concurrent administration of loperamide with other substrates for these enzymes (e.g., protease inhibitors, cyclosporine, erythromycin, or clarithromycin) may elevate loperamide concentrations, but the effect on loperamide disposition does not appear to be associated with clinically relevant outcomes when taken in the recommended doses.[26,27] However, loperamide may significantly decrease saquinavir concentrations, and patients receiving saquinavir should be advised not to use loperamide, especially for long periods of time.[28]

Bismuth Subsalicylate

BSS is effective in the treatment of acute diarrhea. BSS reacts with hydrochloric acid in the stomach to form bismuth oxychloride and salicylic acid. Bismuth oxychloride is insoluble and poorly absorbed from the GI tract; less than 1% of the administered dose is absorbed systemically. The salicylate is readily and efficiently absorbed. Both moieties are pharmacologically active. The bismuth moiety exerts direct antimicrobial effects against ETEC and EAEC, *C. jejuni,* and other diarrheal pathogens, whereas the salicylate moiety exerts antisecretory effects that reduce fluid and electrolyte losses. These effects reduce the frequency of unformed stools, increase stool consistency, relieve abdominal cramping, and decrease nausea and vomiting. In travelers' diarrhea, the salicylate appears to be the active moiety. Its antisecretory effects may be mediated by several mechanisms, including inhibition of prostaglandin synthesis, inhibition of intestinal secretion through stimulation of sodium and chloride