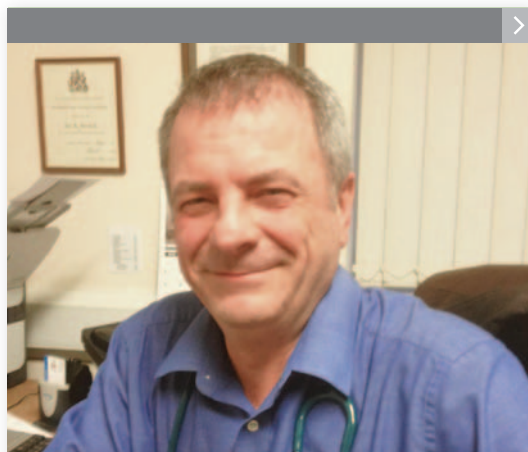


Epilepsy and anti-malarial medication

In this leaflet Dr Ian Minshall, a GP in Chester, talks about how to reduce the risk of contracting malaria, and what anti-malarial tablets are suitable for people taking anti-epileptic drugs.



Dr Ian Minshall

An introduction

The risk of contracting malaria is high when travelling to some parts of the world, and preventative (or “prophylactic”) medicines are normally recommended to protect the traveller from contracting the infection. It should be noted, however, that these medicines are not 100% effective, and it is important that measures be taken to avoid being bitten:

- Wear long-sleeved clothing and long trousers when outdoors after sunset. Light colours are less attractive to mosquitoes
- Use insect repellents on exposed skin (many brands are available)
- Sleep, if possible, in a screened room, using a fly-spray to kill any mosquitoes that may have entered the room during the day. Electric vapourisers should be used throughout the night
- Where the room is not air-conditioned, permethrin-impregnated mosquito nets provide the best protection. Check that there are no holes and tuck the net under the mattress

These measures are particularly important in people who have epilepsy, or have a history of epilepsy, because particular problems can occur when taking anti-malarial and anti-epileptic tablets together.

Recommended anti-malarial tablets

Proguanil (Paludrine®) should only be taken when travelling to areas where the malarial parasite is **not resistant to the anti-malarial drug chloroquine.**

This medicine can be obtained directly from your local pharmacy without a doctor’s prescription, and the adult dose is **200 milligrams (mg) daily**. It should be started **one week** before arriving in the country where the risk of malaria exists, and **taken daily until FOUR weeks after leaving** the malarious area.

In areas where chloroquine resistance occurs, Malarone® (a combination of proguanil and atovaquone) is recommended.

This medication requires a doctor’s prescription. The adult dose should be **started two days before arriving** in the country where the risk of malaria exists, **then taken daily** while in the malarious area and **continued for ONE week after leaving** the malarious area.

Another drug, doxycycline (Vibramycin®), is also recommended in areas of chloroquine resistance.

This requires a doctor’s prescription. The adult dose of **100mg/day** should be **started one week before arriving** in the country where the risk of malaria exists and **continued until FOUR weeks after leaving** the malarious area. **Special measures may be required** (see overleaf).

