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).
The anti-epileptic drugs carbamazepine (Tegretol®), phenytoin (Epanutin®) and phenobarbitone cause doxycycline to be destroyed in the body more quickly than usual, and can reduce the effectiveness of this anti-malarial medicine. A higher-than-normal dose of doxycycline may therefore be needed if you are taking any of these anti-epileptic drugs. Although there are currently no official guidelines as to how much the dose should be increased, research suggests that twice the normal dose – i.e. 100mg twice daily – should be sufficient. If you are on an anti-epileptic drug other than carbamazepine, phenytoin or phenobarbitone, the normal dose of doxycycline (100mg once daily) should be taken.

Maloprim® (a combination of pyrimethamine and dapsone) is available for use when chloroquine resistance is high, but specialist advice is needed before this is used. Your GP can obtain advice from telephone numbers given in the British National Formulary. A vitamin supplement, folic acid 5mg daily, should be taken together with the Maloprim® if you are also on phenytoin or phenobarbitone.

UNSUITABLE anti-malarial drugs include chloroquine (contained in Avloclor® and Nivaquine®) and mefloquine (Lariam®). Chloroquine is a widely used preventative treatment, but mefloquine is often advised when travelling to countries where the malaria parasite is resistant to chloroquine. People with epilepsy or with a past history of epilepsy should not take either of these medicines because they can cause seizures. Fortunately, however, these two drugs are no longer recommended as drugs of first choice in the prophylaxis of malaria because the medicines mentioned above have now been shown to be more effective and less likely to cause side effects.

If you are in any doubt, you should discuss these problems with your GP – please show them this leaflet so that they know what advice we have given you.