Compound alginate preparations

Scan of a human stomach with dyspepsia, which alginates are used to manage

PROPRIETARY NAMES
- Acidex.
- Algicon.
- Gastrocote.
- Gaviscon.
- Gaviscon Advance.
- Gaviscon Infant.
- Peptac.
- Rennie Duo.
- Topal.
- A number of over-the-counter products are also available.

ACTION
- Antacids that contain alginates form a raft floating on the surface of the stomach content and therefore reduce reflux and protect the oesophageal mucosa.

CLASSIFICATION
- Dyspepsia and gastro-oesophageal reflux disease.
- Compound alginates and proprietary indigestion preparations.

INDICATIONS
- Management of mild symptoms of oesophageal reflux.

CONTRAINDICATIONS
- Hypersensitivity to any of the preparation’s ingredients.

CAUTIONS
- Salt-restricted diets.

SIDE-EFFECTS
- Stomach distension.
- Nausea.

INTERACTIONS
- Taking these preparations at the same time as other medication may impair the medication’s absorption or damage its enteric coating.

ADMINISTRATION
- Tablets.
- Suspension.
- Liquid.
- Oral powder.

NURSING CONSIDERATIONS
- Some preparations may have a high sugar content and are therefore not suitable for those with diabetes.
- Gastro-oesophageal reflux in infants is common and mostly resolves at 12–18 months. Before treatment with alginates is considered, management by changing posture and thickening feeds should be tried.
- The additional ingredients in these preparations varies considerably, so products should not be regarded as freely interchangeable.
- Liquid antacids have the advantage of very rapid onset of action and are often perceived to work more quickly. However, a comparison of the speed of tablet versus liquid antacids has not been clinically evaluated.

PATIENT TEACHING
- Advice should be given about making lifestyle changes such as avoiding excess alcohol, weight loss, smoking cessation and raising the end of the bed.
- It is safe to stop alginate preparations as soon as symptoms have improved.
- Patients should feel the benefit of an alginate preparation in 10–20 minutes of taking it and the effect should last for around 3–4 hours.
- Tablet preparations need to be chewed rather than sucked to allow the raft-forming mechanism to work effectively.
- Advise patients that they can eat or drink as soon as reflux symptoms subside. However, this will lessen the benefit of the preparation as the reflux-preventing raft will be broken.

REFERENCES

Nurses should refer to manufacturer’s summary of product characteristics and to appropriate local guidelines.