Supporting Information for GGC Nystatin PGD for Oral Thrush

In preparation for delivering the GGC Nystatin PGD, you should be familiar with the options for treating oral thrush and considerations for differential diagnosis.

If you have not recently completed any continuing education in this clinical area, it may prudent to update your knowledge and that of your staff. Oral thrush | Turas | Learn (nhs.scot) is available on Turas and may act as a refresher, alongside the NICE clinical update including differential diagnosis. A useful resource to direct patients to might be Oral thrush (mouth thrush) - NHS (www.nhs.uk)

Risk factors for oral candidiasis include:

- Dentures
- Recent antibiotic or steroid treatment
- Diabetes
- Excessive mouth wash use
- Iron, folate or vitamin B12 deficiency
- Smoker
- Patients with known immunosuppression e.g. oral corticosteroids/ DMARDs
- Individuals with poor health

Additional warnings and precautions: refer to the SmPC

Hypersensitivity Reactions: In the event of irritation or sensitisation treatment should be discontinued. In the event of severe acute hypersensitivity reactions, such as anaphylaxis and angioedema, the patient should be advised to consult a doctor immediately.

Skin reactions: In the event of serious skin reactions, e.g. Stevens-Johnson syndrome, the patient should be advised to discontinue treatment at the first appearance of a skin rash and to consult a doctor immediately.

Diabetes: Nystatin contains sucrose. Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of current poor control. For example, thirst, blurred vision, fatigue etc. Provided there are no alarming features, signs or symptoms, treatment can be supplied. Where treatment is supplied, the individual must be advised to makes an appointment with their diabetic clinic/diabetic nurse for review within 7 days of supply.

Pregnancy: Absorption of nystatin from the gastrointestinal tract is negligible. Given poor systemic absorption and high molecular weight, it is doubtful that nystatin would reach the foetus[1]. However, the manufacturer advises that it should be prescribed during pregnancy only if the potential benefits to be derived outweigh the possible risks involved. Where treatment is supplied, the individual must be advised to make an appointment with their GP for review within 7 days of supply.

Breast feeding: The manufacturer advises that caution should be exercised when nystatin is prescribed for a breastfeeding woman, nystatin is poorly absorbed, if at all, serum and milk levels would not occur[1]. There is extensive experience of safe use in breastfeeding.

Excipients:

- Nystatin Oral Suspension contains 0.3 mmol (or 1.3 mg) sodium per 1 mL dose. To be taken into consideration by patients on a controlled sodium diet.
- Nystatin Oral Suspension contains sodium metabisulphite (E223) which may rarely cause severe hypersensitivity reactions and bronchospasm.
- Nystatin Oral Suspension contains propyl p-hydroxybenzoate and methyl p-hydroxybenzoate which may cause allergic reactions (possibly delayed).
- Some nystatin formulations may contain a small amount of ethanol, less than 100 mg per dose.

Useful References:

SPC – Summary of Product Characteristics

BNF – British National Formulary

National Institute for Health and Care Excellence: Clinical Knowledge Summaries. Candida – oral.

Specialist Pharmacy Service. Lactation Safety Information: Nystatin.

Nystatin: medicine for fungal or yeast infections - NHS (www.nhs.uk)

Nystatin for Candida infections – Medicines For Children

Yellow Card Reporting

Brigg's Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk (2021) 12th Edition - Briggs, Gerald G.; Freeman, Roger K.; Tower, Craig V.; et al.[1]