

## Amantadine (Symmetrel)

### Indications:

For Treatment of Influenza A among high-risk residents of institutions.

- Amantadine must be administered within 24-48 hours after the onset of illness and discontinued 2 days after patient's/resident's health improves.  
For Prophylaxis - to control Influenza A outbreak among high-risk residents of institutions.
- Amantadine is to be given to patients/residents regardless of immunization status and to unimmunized staff. Immunized staff may choose to take amantadine
- Two weeks of Amantadine is prescribed at the beginning of an outbreak, but amantadine may be discontinued as early as eight days after the onset date of the last case.

Dosage by age in persons with no recognized renal disease

Age	Dosage
1-9 years*	5 mg/kg once daily, or divided, twice daily; total daily dose not to exceed 150mg.
10-64 years	200 mg once daily, or divided twice daily**
> 65 years	100 mg once daily ***

\*Use in children under 1 year of age has not been evaluated adequately.

\*\* Reduction of dosage to 100 mg/day is recommended for people with a seizure disorder because they may be at risk for more frequent seizures when the dosage is 200 mg/day.

\*\*\* The reduced dosage is recommended to minimize the toxic effects, because renal function generally declines with age and because side effects have been reported more frequently in the elderly.

Dosage by Creatinine Clearance in persons with recognized renal disease \*\*\*\*

Creatinine Clearance † (mL/min/1.73m <sup>2</sup> )	Dosage for those 10-64 years	Dosage for those > 65 years
> 80 mL/min	100 mg twice daily	100 mg once daily
60-79 mL/min	Alternating daily doses of 200 mg and 100 mg	Alternating daily doses of 100 mg and 50 mg
40-59 mL/min	100 mg once daily	100 mg every 2 days
30-39 mL/min	200 mg twice weekly	100 mg twice weekly
20-29 mL/min	100 mg three times/week	50 mg three times/week
10-19 mL/min	Alternating weekly doses of 200 mg and 100 mg	Alternating weekly doses of 100 mg and 50 mg

\*\*\*\* No available data for children < 10 years of age with renal disease. Consult a pediatrician.

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† Calculation of estimated creatinine clearance (CrCl):

Male:  $\text{CrCl ml/min} = \frac{(140 - \text{age}) \times \text{weight (kg)}}{\text{Serum creatinine level (mmol/L} \times 0.81)}$

Female:  $\text{CrCl/min} = 0.85 \times \text{CrCl (male)}$

Reference: Canada Communicable Disease Report Vol. 25 (ACS-2,3,4)(DCC-2,3,4) June 1, 1999.

**Side effects:**

- 5% to 10% of healthy adults reported difficulty concentrating, insomnia, light-headedness, and irritability. These side effects are usually mild and cease shortly after the prophylaxis is stopped.
- In the elderly, people with renal function impairment, seizure disorders or certain psychiatric disorders, more severe side effects, such as behavioural changes, delirium, hallucinations, agitation and seizures may occur. Side effects can be reversed by withholding a dose. Lowering the dosage among these persons is effective in reducing the severity of such side effects.

**Precautions:**

- Drug interactions have been noted during concurrent administration of amantadine with triamterene and hydrochlorothiazide, trimethoprim-sulphamethoxazole, quinine, and quinidine. The patient's age, weight, renal function, comorbid conditions, current medications, as well as the indications for amantadine use should all be considered prior to initiating this medication. Individuals who are given amantadine should be carefully monitored for side effects.

**Contraindications:**

- Known hypersensitivity to Amantadine.
- Do not use in women who are pregnant or may be pregnant, unless, in the physician's opinion, the benefits will outweigh the possible risks to the fetus.
- Amantadine is not recommended for use in nursing mothers.