Postpartum Indomethacin-Associated Psychosis

We would like to describe a case of indomethacin-associated psychosis occurring in the postpartum period very similar to that described by Klassen1 in the Spring 2001 issue of CJHP.

Briefly, a 39-year-old woman delivered a healthy baby at 0454. She had received meperidine 100 mg IM and dimenhydrinate 50 mg IM together at 0030 and 0245 for pain during labour. After the delivery, she received 2 doses of the combination acetaminophen 300 mg, codeine 30 mg, and caffeine 15 mg for pain, one tablet at 0640 and two tablets at 1140. A 100-mg indomethacin suppository was given at 1450 for continuing pain.

At 1545, the woman called for the nurse, stating that she felt awful. Vital signs were as follows: temperature 35.6°C, blood pressure 120/86 mm Hg, and respiratory rate 18 breaths/min. She was jittery, perspiring, and shaky, and complained of chills. Over the next 45 min, her right arm shook, and she felt that she would have a seizure. She did not want to go to sleep and stated that she feared that she was going to die. Aware of the previous report linking indomethacin with this type of reaction, the pharmacist and nurse offered continuing reassurance, and at 1630, although still symptomatic, the patient was calmer. By 1845 her condition was much improved, with no tremors and only a general feeling of weakness.

The next morning she felt fine, although she was still tired. She did not recall much of the reaction, including the time that the pharmacist and nurse had spent with her. She reported that she had taken acetylsalicylic acid and ibuprofen in the past without adverse reaction. The day after delivery she twice received 2 tablets of the acetaminophen–codeine–caffeine combination without incident.

We thank Klassen and CJHP for publishing the case report.1 Of note was the very similar timeline in that report and in our situation. Prior knowledge of this unusual reaction helped greatly in our care of this patient. It was reassuring for staff to know that this reaction had been described before and that it had been linked to indomethacin. As well, our reassurance and explanation during and after the reaction helped the family to cope with the symptoms.

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Reference

Stability of Mycophenolate Mofetil in a 1:1 Mixture of Ora-Sweet and Ora-Plus

Use of the immunosuppressant mycophenolate mofetil in solid-organ transplantation is increasing. A suspension (CellCept, Hoffmann-La Roche, Nutley, New Jersey) is marketed in the United States, but an oral liquid formulation is not yet commercially available in Canada. Therefore, extemporaneous compounding of oral suspensions is required for children and adults who are unable to swallow capsules or tablets. Stability data are available for suspensions of this drug prepared with cherry-flavoured syrup,1 with Ora-Plus (a suspending agent) and cherry syrup,2 and with Ora-Plus, artificial cherry flavouring, and aspartame.3 However, no information is available on the stability of mycophenolate mofetil in a 1:1 mixture of Ora-Sweet (a sweetening agent) and Ora-Plus.

The objective of this study was to examine the physical characteristics and chemical stability (defined as maintenance of more than 90% of initial concentration) of extemporaneously prepared oral suspensions of mycophenolate mofetil in a 1:1 mixture of Ora-Sweet and Ora-Plus (Paddock Laboratories Inc., Minneapolis, Minnesota) stored at either 25°C or 4°C throughout a 91-day study period.

Mycophenolate mofetil suspensions (50 and 100 mg/mL) were prepared from commercially available 250-mg CellCept capsules (Hoffmann-La Roche, Mississauga, Ontario; lot W10960) and equal parts Ora-Sweet and Ora-Plus. Six replicates of each concentration were prepared in separate 50-mL amber