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Validation of a magisterial preparation of Furosémide in the context of dosage adjustment in pediatrics

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The pediatric population is heterogeneous since it includes the children of their birth to 18 years. It is divided into 6 classes, from premature babies to adolescents. Which results in physiological and anatomical changes concerning the four stages of the pharmacokinetic phase, namely absorption, distribution, metabolism and elimination of the active ingredient? This pharmacological specificity having consequences on the choice of treatment and dosage. The prescription and administration of medicines in pediatrics are complex operations, most of the time it is necessary to adapt adult forms. The dosages to be used are often poorly defined due to a lack of clinical studies which, by necessity, requires the use of off-label drugs by pediatricians and general practitioners.

Oral liquid forms are the most suitable for children, especially before 5 years of age, but tablets and capsules are often available in dosages that are not appropriate in pediatrics; their size is also not suitable for the child under 5 years of age who can neither swallow nor chew them, so the use of an adult solid form in a child will go through a transformation of the galenic form. The development of drugs for pediatric use is a challenge that requires consideration of regulatory, pharmacokinetic, galenic aspects.

The objective of our work is to define the modalities of compounding preparations in the form of capsules, especially for pediatric use, from tablets at adult dosages, by two different mixing methods and to make a comparison between these two methods of mixing by unit dosage.

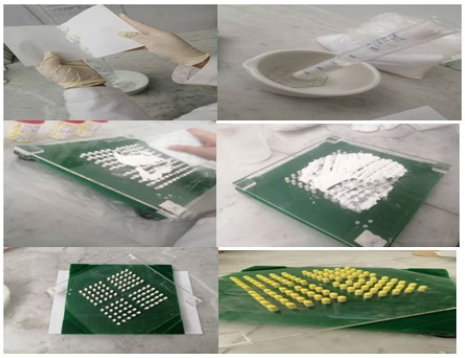

Figure 1: Preparation of capsules.

Biography

Benaziz Ouarda cis DPharm, Pharmacist specializing in Galenic pharmacy having experience of 15 years in the pharmaceutical industry, particularly in pharmaceutical research and development.

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