SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

STRIGOL Paediatric 6.86 g powder for oral solution

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each sachet of Macrogol 6.86 g Paediatric powder for oral solution contains the following active ingredients:

Macrogol 3350	6.563 g
Sodium Chloride	175.4 mg
Sodium Bicarbonate	89.3 mg
Potassium Chloride	23.30 mg

The content of electrolyte ions per sachet when made up to 62.5 ml of solution is as follows:

Sodium	65 mmol/l
Chloride	53 mmol/l
Potassium	5.4 mmol/l
Bicarbonate	17 mmol/l

Excipient(s) with known effect

For the full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Powder for oral solution.

white crystalline powder in single-dose sachets with lemon odour.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

For the treatment of chronic constipation in children 2 to 11 years of age.

For the treatment of faecal impaction in children from the age of five years, defined as refractory constipation with faecal loading of the rectum and/or colon.

For the prevention of re-impaction after successful disimpaction in children 2 to 11 years of age.

4.2 Posology and method of administration

Posology

Chronic constipation

The usual starting dose is 1 sachet daily for children aged 2 to 6 years, and 2 sachets daily for children aged 7 – 11 years. The dose should be adjusted up or down as required to produce regular soft stools. If the dose needs increasing this is best done every second day. The maximum dose needed does not normally exceed 4 sachets a day.

Treatment of children with chronic constipation needs to be or a prolonged period (at least 6 – 12 months). However, safety and efficacy of STRIGOL Paediatric has only been proved for a period of up to three months. Treatment should be stopped gradually and resumed if constipation recurs.

Faecal impaction

A course of treatment for faecal impaction with STRIGOL Paediatric is for up to 7 days as follows:

Daily dosage regimen:

Number of STRIGOL Paediatric sachets							
Age (years)	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**
5 - 11	**4**	**6**	**8**	**10**	**12**	**12**	**12**

The daily number of sachets should be taken in divided doses, all consumed within a 12 hour period.

The above dosage regimen should be stopped once disimpaction has occurred. An indicator of disimpaction is the passage of a large volume of stools. After disimpaction it is recommended that the child follows an appropriate bowel management program to prevent reimpaction (dosing for prevention of re-impaction should be as for patients with chronic constipation; see above).

STRIGOL Paediatric is not recommended for children below five years of age for the treatment of faecal impaction, or in children below two years of age for the treatment of chronic constipation. For patients of 12 years and older it is recommended to use STRIGOL Paediatric.

Patients with impaired cardiovascular function:

There are no clinical data for this group of patients. Therefore STRIGOL Paediatric is not recommended for treating faecal impaction in children with impaired cardiovascular function.

Patients with renal insufficiency:

There are no clinical data for this group of patients. Therefore STRIGOL Paediatric is not recommended for treating faecal impaction in children with impaired renal function.

Method of administration

Each sachet should be dissolved in 62.5 ml (quarter of a glass) of water. The correct number of sachets may be reconstituted in advance and kept covered and refrigerated for up to 24 hours. For example, for use in faecal impaction, 12 sachets can be made up into 750 ml of water.

4.3 Contraindications

Intestinal perforation or obstruction due to structural or functional disorder of the gut wall, ileus, severe inflammatory conditions of the intestinal tract, such as Crohn's disease and ulcerative colitis and toxic megacolon.

Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

The fluid content of Compound Macrogol when re-constituted with water does not replace regular fluid intake and adequate fluid intake must be maintained.

Diagnosis of impaction/faecal loading of the rectum should be confirmed by physical or radiological examination of the abdomen and rectum.

Mild adverse drug reactions are possible as indicated in Section 4.8. If patients develop any symptoms indicating shifts of fluids/electrolytes (e.g. oedema, shortness of breath, increasing fatigue, dehydration, cardiac failure) Compound Macrogol should be stopped immediately and electrolytes measured, and any abnormality should be treated appropriately.

In case of diarrhoea, caution should be exercised, particularly in patients who are at higher risk for water -electrolyte balance disorders (e.g. the elderly, patients with impaired hepatic or renal function or patients taking diuretics) and electrolyte control should be considered.
If patients develop any symptoms indicating shifts of fluid/ electrolytes (e.g. oedema, shortness of breath, increasing fatigue, dehydration, cardiac failure) Macrogol should be stopped immediately, electrolytes measured, and any abnormality treated appropriately.
The absorption of other medicinal products could transiently be reduced due to an increase in gastro-intestinal transit rate induced by Compound Macrogol (see section 4.5).

Compound Macrogol contains 0.6213 mmol (24.230) of potassium per sachet. This should be taken into consideration if the patient takes more than one sachet daily and has reduced kidney function or is on a controlled potassium diet.

This medicinal product contains 186.87 (8.125 mmol) sodium per dose, equivalent to 9.3% of the WHO recommended maximum daily intake for sodium. When used long term for constipation the maximum daily dose of this product is equivalent to 28% of the WHO recommended maximum daily intake for sodium. STRIGOL is considered high in sodium. This should be particularly taken into account for those on a low salt diet.

In patients with swallowing problems, who need the addition of a thickener to solutions to enhance an appropriate intake, interactions should be considered, see section 4.5.

Avoid mixing PEG laxatives and starch-based thickeners in patients with dysphagia, considered at risk of aspiration

Paediatric population
There is no clinical data on the use of Compound Macrogol 13.72 g, powder for oral solution in children, therefore it should not be used in children below 12 years of age.

4.5 Interaction with other medicinal products and other forms of interaction

Macrogol raises the solubility of medicinal products that are soluble in alcohol and relatively insoluble in water.

There is a possibility that the absorption of other medicinal products could be transiently reduced during use with STRIGOL (see section 4.4). There have been

isolated reports of decreased efficacy with some concomitantly administered medicinal products, e.g. anti-epileptics.

STRIGOL may result in a potential interactive effect when used with starch-based food thickeners. The polyethylene glycol (PEG) ingredient counteracts the thickening effect of starch, effectively liquefying preparations that need to remain thick for people with swallowing problems.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are limited amount of data from the use of STRIGOL Paediatric in pregnant women. Studies in animals have shown indirect reproductive toxicity (see section 5.3). Clinically, no effects during pregnancy are anticipated, since systemic exposure to macrogol 3350 is negligible.

STRIGOL Paediatric can be used during pregnancy.

Breastfeeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breast-feeding woman to Macrogol 3350 is negligible.

STRIGOL Paediatric can be used during breast-feeding.

Fertility

There are no data on the effects of STRIGOL Paediatric on fertility in humans. There were no effects on fertility in studies in male and female rats (see section 5.3).

4.7 Effects on ability to drive and use machines

STRIGOL Paediatric has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Reactions related to the gastrointestinal tract occur most commonly.

These reactions may occur as a consequence of expansion of the contents of the gastrointestinal tract, and an increase in motility due to the pharmacologic effects of Compound Macrogol. Mild diarrhoea usually responds to dose reduction.

The frequency of the adverse effects is not known as it cannot be estimated from the available data.

System Organ Class	Adverse Event

Immune system disorders	Allergic reactions, including anaphylaxis, angioedema, dyspnoea, rash, urticaria, and pruritus.
Skin and subcutaneous tissue disorders	Erythema
Metabolism and nutrition disorders	Electrolyte disturbances, particularly hyperkalaemia and hypokalaemia.
Nervous system disorders	Headache
Gastrointestinal disorders	Abdominal pain, diarrhoea, vomiting, nausea, dyspepsia, abdominal distension, borborygmi, flatulence and anorectal discomfort.
General disorders and administration site conditions	Peripheral oedema.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at Website: www.mhra.gov.uk/yellowcard.

4.9 Overdose

Severe abdominal pain or distension can be treated by nasogastric aspiration. Extensive fluid loss by diarrhoea or vomiting may require correction of electrolyte disturbances.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Osmotically acting laxatives

ATC code: A06A D65

Macrogol 3350 acts by virtue of its osmotic action in the gut, which induces a laxative effect. Macrogol 3350 increases the stool volume, which triggers colon motility via neuromuscular pathways. The physiological consequence is an improved propulsive colonic transportation of the softened stools and a facilitation of the defaecation. Electrolytes combined with macrogol 3350 are exchanged across the intestinal barrier (mucosa) with serum electrolytes and excreted in faecal water without net gain or loss of sodium, potassium and water.

In an open study of STRIGOL Paediatric in chronic constipation, weekly defaecation frequency was increased from 1.3 at baseline to 6.7, 7.2 and 7.1 at weeks 2, 4 and 12 respectively. In a study comparing STRIGOL Paediatric and lactulose as maintenance therapy after disimpaction, weekly stool frequency at the last visit was 9.4 (SD 4.46) in the STRIGOL Paediatric group compared with 5.9 (SD 4.29). In the lactulose

group 7 children re-impacted (23%) compared with no children in the STRIGOL Paediatric group.

For the indication of faecal impaction comparative studies have not been performed with other treatments (e.g. enemas). In a non-comparative study in 63 children, STRIGOL (Paediatric) cleared the faecal impaction in the majority of patients within 3 - 7 days of treatment. For the 5 - 11 years age group the average total number of sachets of STRIGOL Paediatric required was 47.2.

5.2 Pharmacokinetic properties

Macrogol 3350 is unchanged along the gut. It is virtually unabsorbed from the gastrointestinal tract. Any macrogol 3350 that is absorbed is excreted via the urine.

5.3 Preclinical safety data

Preclinical studies provide evidence that macrogol 3350 has no significant systemic toxicity potential, based on conventional studies of pharmacology, repeated dose toxicity and genotoxicity.

There were no direct embryotoxic or teratogenic effects in rats even at maternally toxic levels that are a multiple of 66 x the maximum recommended dose in humans for chronic constipation and 25 x for faecal impaction. Indirect embryofetal effects, including reduction in fetal and placental weights, reduced fetal viability, increased limb and paw hyperflexion and abortions, were noted in the rabbit at a maternally toxic dose that was 3.3 x the maximum recommended dose in humans for treatment of chronic constipation and 1.3 x for faecal impaction. Rabbits are a sensitive animal test species to the effects of GI-acting substances and the studies were conducted under exaggerated conditions with high dose volumes administered, which are not clinically relevant. The findings may have been a consequence of an indirect effect of Macrogol related to poor maternal condition as the result of an exaggerated pharmacodynamic response in the rabbit. There was no indication of a teratogenic effect.

There are long-term animal toxicity and carcinogenicity studies involving macrogol 3350. Results from these and other toxicity studies using high levels of orally administered high molecular weight macrogols provide evidence of safety at the recommended therapeutic dose.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Acesulfame Potassium

Lemon Flavour

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

4 years

Reconstituted solution: 24 hours

6.4 Special precautions for storage

Reconstituted solution: Store in a refrigerator (2°C - 8°C) and covered

6.5 Nature and contents of container

Sachet: Laminate consisting of four layers: low density polyethylene (LDPE), Aluminium, LDPE and paper. Pack sizes: Boxes of 6, 8, 10, 20, 30, 40, 50, 60 or 100 sachets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Throw away any solution not used within a 24 hour period.

7 MARKETING AUTHORISATION HOLDER

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United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)

PL 13606/0228

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

27/03/2021

10 DATE OF REVISION OF THE TEXT

09/06/2023