

Quinine: Not to be used routinely for nocturnal leg cramps

July 2019



Quinine should **NOT** be considered a routine treatment for nocturnal leg cramps and should only be considered: when cramps cause regular disruption of sleep, are very painful or frequent, when non pharmacological measures have been unsuccessful and other treatable causes of cramp have been ruled out.

Prior to initiation, the risks should be carefully considered relative to the potential benefits and prescribers should bear the following in mind:

- Adverse events can include: tinnitus, impaired hearing, headache, confusion, flushing and abdominal pain
- A rarer but more serious adverse reaction is thrombocytopenia, thought to be a hypersensitivity reaction. Patients should be advised to stop treatment and seek medical attention if symptoms such as unexplained petechiae, bruising or bleeding develop
- Quinine has a dose dependant QT interval prolonging effect and should be used with caution in patients with risk factors for QT prolongation such as: Pre-existing cardiac disease, electrolyte disturbance, atrioventricular block or are taking other medications that could prolong the QT interval

Patients should be monitored closely for adverse effects during the early stages of treatment and be advised that a reduction in the frequency of leg cramps may take up to 4 weeks. If there is no perceived benefit after 4 weeks, treatment should be stopped. Treatment should be interrupted every 3 months to reassess benefits, and a trial discontinuation may be considered in those patients who have been taking quinine long term.

Prescribers are advised to identify patients currently prescribed Quinine for the management of nocturnal leg cramps, review the continued need and stop treatment when appropriate.

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For further information, please contact the Medicines Management Team on
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