

# Start Dexamethasone Promptly for Meningitis

BY GWENDOLYN HALL  
Associate Editor

MIAMI BEACH — Dexamethasone should be started before or with the first dose of antibiotics in patients with suspected pneumococcal meningitis, Karen L. Roos, M.D., said at the annual meeting of the American Academy of Neurology.

It is vital to stop the inflammatory process at the point where inflammatory cytokines are released. "If you can stop the evolution here, all of the things that go forward from there that lead to the neurologic morbidity from meningitis can be stopped," she said.

In the future, there may be all kinds of effective treatments, such as monoclonal antibodies injected at the time of lumbar puncture, but "today, what we have is dexamethasone," said Dr. Roos, the John and

Nancy Nelson Professor of Neurology at Indiana University, Indianapolis, and an author of the Practice Guidelines for the Management of Bacterial Meningitis.

An excellent, prospective, randomized, double-blind trial (N. Engl. J. Med. 2002;347:1549-56) has demonstrated that adjunctive dexamethasone improved outcomes in adults with acute bacterial meningitis, giving us evidence-based medicine to back this treatment, she said.

The adult dose is dexamethasone 10

mg, given 15-20 minutes before the first dose of antimicrobial agent or with the agent, and 10 mg IV thereafter every 6 hours for 4 days.

In response to a question from the audience, Dr. Roos said she does not prescribe dexamethasone to patients who have been on antimicrobials for 24 hours or more at the time she sees them.

There has been some concern that dexamethasone might interfere with the absorption of vancomycin into the cere-

brospinal fluid, but this stemmed from a small study in which the dose of vancomycin was 15 mg/kg every 8 hours or 7.5 mg/kg every 6 hours—the recommended dose is 60 mg/kg per day. In studies in which patients were given the recommended doses of vancomycin with dexamethasone, there was reliable penetration of vancomycin into the cerebrospinal fluid, Dr. Roos said.

Dr. Roos has received an educational grant from Pfizer Inc. ■

## Meningitis Risk High If Child's Mom Pregnant

Meningococcal disease is almost 12 times more likely to occur in a child whose mother is pregnant, possibly due to hormonal alterations in the mucosal barriers of pregnant women that predispose them to carry the bacteria.

Elske van Gils and colleagues at the University of Amsterdam examined family composition in 176 hospitalized children (mean age about 4 years); 88 were admitted with confirmed meningococcal disease and 88 for other reasons, mostly surgery.

Among the meningococcal cases, 17 (19%) of the patients' mothers were pregnant during the hospitalization; 6 were in their first or second trimester, and the rest were in their third trimester (Pediatrics 2005;115:590-3).

Among the controls, only 2 (2%) of the mothers were pregnant. Pregnancy was associated with an increased odds ratio of 11.7, multivariate analysis showed.

Other studies have found that meningococcal infections in children are related to maternal carriage.

The authors hypothesized that pregnant women may have increased or prolonged carriage rates.

—Michele G. Sullivan

## CDC's Travel Health 'Yellow Book' Online

The 2003-2004 edition of "Health Information for International Travel," the so-called Yellow Book published by the Centers for Disease Control and Prevention, is available online. The resource allows users to browse the table of contents or create custom reports. Updated contents also are available. For more information, visit [www.cdc.gov/travel/yb/index.htm](http://www.cdc.gov/travel/yb/index.htm). ■

Works late nights and weekends designing fashion brochures.

Needs access to a PPI that works just as hard.

For some patients with acid-related disorders, simply getting access to treatment is a challenge. That's why PREVACID works to expand access to more managed care patients and why we continue to find ways to improve formulary coverage. It's also why we offer coupons, rebates, and comprehensive uninsured and indigent assistance programs.

Ask your PREVACID sales rep about formulary coverage and patient assistance.



### Important Safety and Other Information

PREVACID indications include healing of erosive esophagitis. Most erosions heal in 4 to 8 weeks.

### PREVACID Oral Formulations

- The most frequently reported adverse events with PREVACID in adults were diarrhea (3.8%), abdominal pain (2.1%), and nausea (1.3%).
- Symptomatic response to therapy does not preclude the presence of gastric malignancy. PREVACID formulations are contraindicated in patients with known hypersensitivity to any component of the formulation.

### Patient Assistance

- Patient assistance programs include coupons, rebates, Together Rx Access™, and other programs.

©2005 TAP Pharmaceutical Products Inc. 2005-030-06363 06/05

### Formulary Coverage

- PREVACID is covered on 96% of managed care plans, with 82% of these covered plans requiring no prior authorization.<sup>1\*</sup>

### See following page for brief summary of prescribing information.

\*Based on Formulary Compass™ managed care database available through MediMedia Information Technologies, March 2005. At least one PREVACID product is covered.

Reference 1. Data on file, TAP Pharmaceutical Products Inc.

Together Rx Access and Formulary Compass are not trademarks of TAP Pharmaceutical Products Inc.