Quinine for Nocturnal Leg Cramps

Quinine is very toxic in overdose. Long term use for leg cramps is not recommended by MHRA.

Summary

- Quinine is very toxic in overdose and difficult to treat, causing irreversible blindness, life-threatening arrhythmias and convulsions.
- Quinine is not a routine treatment for nocturnal leg cramps and should only be considered when cramps cause regular disruption of sleep.
- Quinine is effective in reducing the frequency of nocturnal leg cramps by about 25% in ambulatory patients.
- Quinine should only be considered when cramps are very painful or frequent; when other treatable causes of cramp have been ruled out and where non-pharmacological measures have not worked (e.g. passive stretching exercises).
- After an initial trial of 4 weeks, treatment should be stopped if there is no benefit.
- Treatment should be interrupted at intervals of approximately 3 months to assess the need for further quinine treatment.
- In patients taking quinine long term, a trial discontinuation may be considered.

Aim/Purpose/Background

- Identify patients prescribed quinine for nocturnal legs cramps.
- Review patient record with a view to stopping treatment with quinine.
- This is a quality and safety intervention. MHRA June 2010.
- Further information CKS.

Guidance for Action

- Decide how will the project be actioned;
  - Details of process to make changes – GP agreement, info to prescription clerks, queries, follow up, etc.
  - Decide how patients will be informed.
- In SystmOne, run the report Patients with Quinine tablets for nocturnal legs cramps (breakdown drug, linked to a coded entry, count and last issued) which is found at C+P GP practice group ⇒ CCG Medicines Management ⇒ 9 Housekeeping project
- In Emis web, run the report Quinine tablets for nocturnal leg cramps
- Exclude patients taking short courses of quinine for malaria treatment. Refer to GP or practice pharmacist if repeated issues linked to malaria treatment.
- Refer unlinked drugs to GP or practice pharmacist
- If treatment has continued beyond four weeks, greater than one issue:
  - Has benefit has been recorded in notes?
    - If no benefit recorded, stop treatment.
  - If benefit has been recorded, has patient treatment been interrupted within the preceding 3 to 6 months?
    - If treatment has not been interrupted, stop treatment (trial discontinuation).
- If the patient has experienced any of the following side effects, stop treatment.
  - Tinnitus, impaired hearing, headache, nausea, disturbed vision, confusion, flushing, abdominal pain.
What self-care advice should I give someone about managing idiopathic leg cramps?

- Reassure the person that idiopathic leg cramps are common; they have no underlying cause and can resolve spontaneously.

- **To alleviate an attack,** advise stretching and massaging the affected muscle(s). For example, upon calf cramps straighten the leg and dorsiflex the ankle, or walk around on the heels for a few minutes.

**To help reduce the frequency of attacks:**

- Do stretching exercises of the affected muscle(s) three times a day. If beneficial, continue indefinitely at an acceptable frequency.
  - **Calf exercises:** stand 1 metre from a wall. Lean forward with the arms outstretched to touch the wall and keep the soles of the feet flat on the floor. Hold for 5 seconds; repeat the exercise for 5 minutes, three times a day, especially before going to bed.

- When sleeping, try to stop toes from pointing downwards. For example, if lying supine prop the feet up (using a pillow), or if prone hang the feet over the end of the bed. Keep blankets loose.

- Consider using analgesia if the muscle(s) is tender after a cramp. It is impractical to use analgesia during a cramp, as most attacks are short lived.

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