Mefloquine (Lariam) to Prevent Malaria

Why is it used?

Mefloquine (250mg) is currently recommended as one of the most effective malaria prevention medications (antimalarials) for most of sub-Saharan Africa, the Amazon and many other parts of the world where there is chloroquine resistance. Although mefloquine has had a bad press, research shows that the majority of travellers will tolerate it quite well. There are two other types of malaria prevention tablets which you can consider taking if you are unable to use mefloquine: doxycycline or Malarone (there are separate information sheets on these).

How effective is Mefloquine?

Evidence suggests that for most malarious areas mefloquine is very effective. An exception to this is the remote forested areas in the border regions of Thailand, Laos, Cambodia, and, Myanmar.

How safe is it?

Mefloquine is generally safe for most travellers. About one third of those who take it experience some side effects, but the majority of these are mild. They include vivid dreams, some sleep disturbance, light-headedness and dizziness. More serious, but less common side effects include increased anxiety, depression and mood changes. Rarely these can persist for some time after discontinuing mefloquine. Dangerous side effects are comparatively rare and include confusion, fits, heart irregularities and severe skin reactions. About three quarters of significant side effects show up in the first three doses, which if you are trialling the mefloquine, will leave time to change to another antimalarial before departure. This means one quarter of significant side effects may develop later. Where this is the case travellers should not persist with this medication but seek further medical advice promptly. Make sure you read the Patient Information Leaflet, which accompanies the tablets.

Current guidelines from The Advisory Committee on Malaria Prevention for UK travellers (ACMP) advise that it can be taken for at least three years providing there are no significant side effects. Liver function tests should ideally be checked each year. InterHealth will supply up to 12 months of Mefloquine at a time.

Who should avoid it?

Anyone who has had symptoms of anxiety, depression, panic attacks, sleep disturbance, other significant psychiatric problems heart irregularities or anyone with a history if fits, convulsions or epilepsy. It is probably best avoided in those with a close relative who has had epilepsy or significant psychological problems. Mefloquine appears to be tolerated best in those who have steady temperaments and are not liable to mood swings. Those with disturbed liver function or abnormal liver function tests should generally avoid using it, except for short trips. It should not be used if any significant side effects have occurred when taken previously.

Pilots, scuba divers and those requiring fine coordination in their jobs are usually recommended not to take mefloquine. Mefloquine can occasionally mimic the effects of altitude sickness, so is
not generally recommended for those climbing in the Andes or the Altiplano after visiting the South American rain forest.

Mefloquine may interact with a number of medications. It is therefore very important that you should check this out in detail with your travel health advisor. Mefloquine is generally safe to use in children weighing over 5 kg (around 3 months+).

**Pregnancy and Breastfeeding**

There is no evidence to suggest that mefloquine is harmful in the second and third trimesters of pregnancy. Given the potential severity of falciparum malaria in a pregnant woman, its use may also be justified in the first trimester and the Advisory Committee on Malaria Prevention states that ‘After expert consultation, mefloquine may be considered for use in the first trimester of pregnancy’. A careful assessment of the risk and benefit of taking Mefloquine during pregnancy must be made with a Travel Health Clinician. Experience suggests that mefloquine is safe to use during breastfeeding.

**How do you take it?**

The adult dosage is one (250mg) tablet weekly, taken with a main meal and plenty of water. Start taking mefloquine (250mg) 3 weeks before travelling, as three quarters of all side effects show up during this period, giving you time to change to an alternative if they are severe. If you have taken mefloquine before and have not experienced side effects you may start 1 week before travel. Continue taking mefloquine throughout the time you are in a malarious area and for 4 weeks after leaving.

Dosages in children: These follow the advice provided by the Advisory Committee on Malaria Prevention and they differ from those provided by the manufacturers of Lariam.

If you are following an official regime which differs from the one below, please keep using it.

<table>
<thead>
<tr>
<th>Children &amp; adults weighing 45kg &amp; above</th>
<th>1 tablet (250mg) per week (adult dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children weighing from 25-44.9Kg</td>
<td>¼ tablet per week</td>
</tr>
<tr>
<td>Children weighing from 16 to 24.9Kg</td>
<td>½ tablet per week</td>
</tr>
<tr>
<td>Children weighing from 5Kg-15.9Kg</td>
<td>¼ tablet per week</td>
</tr>
<tr>
<td>Babies weighing under 5Kg</td>
<td>Not recommended</td>
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No malaria tablets are fully effective. Take every precaution to avoid being bitten by mosquitoes.

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