hydrochloride in irritable bowel syndrome. Int J Clin Pract 2000;54(7):461–4.
2. Poynard T, Regimbeau C, Benhamou Y. Meta-analysis of smooth muscle relaxants in the treatment of irritable bowel syndrome. Aliment Pharmacol Ther 2001;15(3):355–61.

Mebhydrolin

See also Antihistamines

General Information

Mebhydrolin is an antihistamine, an ethylenediamine derivative, with antimuscarinic and sedative properties.

Organs and Systems

Hematologic

Cases of agranulocytosis have been attributed to mebhydrolin (1).

Skin

Exacerbation of psoriasis has been attributed to mebhydrolin (2).

References

1. McEwen J, Strickland WJ. Mebhydrolin napadisylate. A possible cause of reversible agranulocytosis and neutropenia. Med J Aust 1982;2(11):523–5.
2. McKenna KE, McMillan JC. Exacerbation of psoriasis, liver dysfunction and thrombocytopenia associated with mebhydrolin. Clin Exp Dermatol 1993;18(2):131–2.

Meclozine

General Information

Meclozine is an antihistamine, a piperazine derivative, with antimuscarinic and moderate sedative properties.

Organs and Systems

Psychological, psychiatric

Loss of memory, confusion, and disorientation has been ascribed to meclozine in an 85-year-old woman (SEDA-13, 132).

Second-Generation Effects

Teratogenicity

Delivery outcome in 16 536 women who had used meclozine in early pregnancy was compared with 540 660 women (1). Maternal diagnoses of pre-eclampsia or diabetes were less frequent when the woman had used meclozine. The twinning rate was increased and preterm births, low birth weights, short body lengths, and small head circumferences were less frequent after meclozine as were congenital malformations.

Reference

1. Kallen B, Mottet I. Delivery outcome after the use of meclozine in early pregnancy. Eur J Epidemiol 2003;18(7):665–9.

Medroxyprogesterone

General Information

Other information on medroxyprogesterone will be found in other monographs that deal with progestogens:

- Hormonal contraceptives—intracervical and intravaginal
- Hormonal contraceptives—oral
- Hormonal contraceptives—progestogen implants Hormonal contraceptives—progestogen injections
- Hormone replacement therapy—estrogens + progestogens
- Progestogens.

Medroxyprogesterone acetate is given in a relatively high dose for hormonal contraception and acts primarily by inhibiting ovulation. However, as with the other progestogen-only contraceptives, other mechanisms probably play a very significant role. It is extremely effective, with less than one pregnancy per 100 woman-years.

Depot medroxyprogesterone acetate is by far the most widely used formulation of this compound; the World Health Organization's assessment of it in 1983 (1) remains valid, as confirmed by later studies and reviews (2–4). By 1994 it was estimated that the drug had been used by 30 million women in more than 90 countries, and at the turn of the century it continues to be used on a large scale.

In addition to its use as a contraceptive, medroxyprogesterone acetate has also been used to treat benign prostatic hyperplasia, in which intermediate doses (for example 150 mg) are used (5), and to stimulate the appetite in patients receiving palliative care for cancer, although little published work can be found to support the latter indication.

General adverse effects

Reports on adverse reactions to lower doses of medroxyprogesterone acetate are not entirely consistent, probably because of differences in pharmaceutical formulation which markedly affect the drug's systemic availability. However, high doses of medroxyprogesterone acetate are extensively used for the treatment of hormone-dependent carcinomas (notably of the breast) and marked adverse effects occur consistently under these conditions (SEDA-12, 343). Such doses are likely to bring out the