

Doxycycline

Introduction: Doxycycline is a broad-spectrum antibiotic synthetically derived from oxytetracycline. Monodox 100 mg, 75 mg, and 50 mg capsules contain doxycycline monohydrate equivalent to 100 mg, 75 mg, or 50 mg of doxycycline for oral administration.

Mechanism of action: Tetracycline antibiotics, including doxycycline, are bacteriostatic. They inhibit protein synthesis by reversibly binding to the 30S ribosomal subunit of susceptible organisms. As a result, they prevent the binding of aminoacyl transfer RNA, thus inhibiting protein synthesis and bacterial cell growth

Pharmacology: Tetracyclines are readily absorbed and are bound to plasma proteins in varying degree. They are concentrated by the liver in the bile, and excreted in the urine and feces at high concentrations and in a biologically active form. Doxycycline is virtually completely absorbed after oral administration. Following a 200 mg dose, normal adult volunteers averaged peak serum levels of 2.6 mcg/mL of doxycycline at 2 hours decreasing to 1.45 mcg/mL at 24 hours. Excretion of doxycycline by the kidney is about 40%/72 hours in individuals with normal function (creatinine clearance about 75 mL/min.). This percentage excretion may fall as low as 1–5%/72 hours in individuals with severe renal insufficiency (creatinine clearance below 10 mL/min.). Studies have shown no significant difference in serum half-life of doxycycline (range 18–22 hours) in individuals with normal and severely impaired renal function. Hemodialysis does not alter serum half-life.

Indications: Doxycycline is indicated for the treatment of the following infections:

- Rocky Mountain spotted fever, typhus fever and the typhus group, Q fever, rickettsialpox, and tick fevers caused by *Rickettsiae*.
- Respiratory tract infections caused by *Mycoplasma pneumoniae*.
- Lymphogranuloma venereum caused by *Chlamydia trachomatis*.
- Psittacosis (ornithosis) caused by *Chlamydia psittaci*.
- Trachoma caused by *Chlamydia trachomatis*, although the infectious agent is not always eliminated as judged by immunofluorescence.
- Inclusion conjunctivitis caused by *Chlamydia trachomatis*.
- Uncomplicated urethral, endocervical or rectal infections in adults caused by *Chlamydia trachomatis*.
- Nongonococcal urethritis caused by *Ureaplasma urealyticum*.
- Relapsing fever due to *Borrelia recurrentis*.

Doxycycline is also indicated for the treatment of infections caused by the following gram-negative microorganisms:

- Chancroid caused by *Haemophilus ducreyi*
- Plague due to *Yersinia pestis* (formerly *Pasteurella pestis*).
- Tularemia due to *Francisella tularensis* (formerly *Pasteurella tularensis*).
- Cholera caused by *Vibrio cholerae* (formerly *Vibrio comma*).

- *Campylobacter fetus* infections caused by *Campylobacter fetus* (formerly *Vibrio fetus*).
- Brucellosis due to *Brucella* species (in conjunction with streptomycin).
- Bartonellosis due to *Bartonella bacilliformis*.
- Granuloma inguinale caused by *Calymmatobacterium granulomatis*.

Doxycycline is indicated for treatment of infections caused by the following gram-negative microorganisms, when bacteriologic testing indicates appropriate susceptibility to the drug:

- *Escherichia coli*.
- *Enterobacter aerogenes* (formerly *Aerobacter aerogenes*).
- *Shigella* species.
- *Acinetobacter* species (formerly *Mima* species and *Herellea* species).
- Respiratory tract infections caused by *Haemophilus influenzae*.
- Respiratory tract and urinary tract infections caused by *Klebsiella* species.

Doxycycline is indicated for treatment of infections caused by the following gram-positive microorganisms when bacteriologic testing indicates appropriate susceptibility to the drug:

- Upper respiratory infections caused by *Streptococcus pneumoniae* (formerly *Diplococcus pneumoniae*).

Anthrax due to *Bacillus anthracis*, including inhalational anthrax (post-exposure): to reduce the incidence or progression of disease following exposure to aerosolized *Bacillus anthracis*.

When penicillin is contraindicated, doxycycline is an alternative drug in the treatment of the following infections:

- Uncomplicated gonorrhea caused by *Neisseria gonorrhoeae*.
- Syphilis caused by *Treponema pallidum*.
- Yaws caused by *Treponema pertenue*.
- Listeriosis due to *Listeria monocytogenes*.
- Vincent's infection caused by *Fusobacterium fusiforme*.
- Actinomycosis caused by *Actinomyces israelii*.
- Infections caused by *Clostridium* species.

In acute intestinal amebiasis, doxycycline may be a useful adjunct to amebicides.

In severe acne, doxycycline may be useful adjunctive therapy.

Prophylaxis: Doxycycline is indicated for the prophylaxis of malaria due to *Plasmodium falciparum* in short-term travelers (<4 months) to areas with chloroquine and/or pyrimethamine-sulfadoxine resistant strains.

Dosage: Adults: The usual dose of oral doxycycline is 200 mg on the first day of treatment (administered 100 mg every 12 hours or 50 mg every 6 hours) followed by a maintenance dose of 100 mg/day. The maintenance dose may be administered as a single dose or as 50 mg every 12 hours. In the management of more severe infections (particularly chronic infections of the urinary tract), 100 mg every 12 hours is recommended.

For pediatric patients above eight years of age: The recommended dosage schedule for pediatric patients weighing 100 pounds or less is 2 mg/lb of body weight divided into two doses on the first day of treatment, followed by 1 mg/lb of

body weight given as a single daily dose or divided into two doses, on subsequent days. For more severe infections up to 2 mg/lb of body weight may be used. For pediatric patients over 100 pounds the usual adult dose should be used.

Uncomplicated gonococcal infections in adults (except anorectal infections in men): 100 mg, by mouth, twice a day for 7 days. As an alternate single visit dose, administer 300 mg stat followed in one hour by a second 300 mg dose.

Acute epididymo-orchitis caused by *N. gonorrhoeae*: 100 mg, by mouth, twice a day for at least 10 days.

Primary and secondary syphilis: 300 mg a day in divided doses for at least 10 days.

Uncomplicated urethral, endocervical, or rectal infection in adults caused by *Chlamydia trachomatis*: 100 mg, by mouth, twice a day for at least 7 days.

Nongonococcal urethritis caused by *C. trachomatis* and *U. urealyticum*: 100 mg, by mouth, twice a day for at least 7 days.

Acute epididymo-orchitis caused by *C. trachomatis*: 100 mg, by mouth, twice a day for at least 10 days.

Inhalational anthrax (post-exposure): ADULTS: 100 mg of doxycycline, by mouth, twice a day for 60 days. CHILDREN: weighing less than 100 pounds (45 kg); 1 mg/lb (2.2 mg/kg) of body weight, by mouth, twice a day for 60 days. Children weighing 100 pounds or more should receive the adult dose.

Side effects: Gastrointestinal: Anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, and inflammatory lesions (with monilial overgrowth) in the anogenital region. These reactions have been caused by both the oral and parenteral administration of tetracyclines. Rare instances of esophagitis and esophageal ulcerations have been reported in patients receiving capsule and tablet forms of drugs in the tetracycline class. Most of these patients took medications immediately before going to bed.

Skin: Maculopapular and erythematous rashes. Exfoliative dermatitis has been reported but is uncommon. Photosensitivity is discussed above.

Renal Toxicity: Rise in BUN has been reported and is apparently dose related.

Hypersensitivity Reactions: Urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, and exacerbation of systemic lupus erythematosus.

Blood: Hemolytic anemia, thrombocytopenia, neutropenia, and eosinophilia have been reported with tetracyclines.

Other: Bulging fontanels in infants and intracranial hypertension in adults. When given over prolonged periods, tetracyclines have been reported to produce brown-black microscopic discoloration of the thyroid gland. No abnormalities of thyroid function are known to occur

Precautions:

General: As with other antibiotic preparations, use of this drug may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, the antibiotic should be discontinued and appropriate therapy instituted.

Bulging fontanelles in infants and benign intracranial hypertension in adults have been reported in individuals receiving tetracyclines. These conditions disappeared when the drug was discontinued. Incision and drainage or other surgical procedures should be performed in conjunction with antibiotic therapy when indicated.

Prescribing doxycycline in the absence of proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

Pregnancy: Teratogenic Effects: Category D: There are no human data available to assess the effects of long-term therapy of doxycycline in pregnant women such as that proposed for treatment of anthrax exposure.

Nursing Mothers: Tetracyclines are excreted in human milk, however, the extent of absorption of tetracyclines, including doxycycline, by the breastfed infant is not known. Short-term use by lactating women is not necessarily contraindicated; however, the effects of prolonged exposure to doxycycline in breast milk are unknown. Because of the potential for adverse reactions in nursing infants from doxycycline, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Contraindications: This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracycline.

How supplied: Customized as per request.