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Name(s)

• Generic: dicyclomine (dye SYE kloe meen) | Brand: Bentyl

Therapeutic Category

Anticholinergic Agent | Antispasmodic

Indication(s)

1. **Irritable bowel syndrome (IBS):** Used to treat abdominal pain associated with IBS. Reduces stomach and intestinal cramping.

Dosage Form & Strength

• Capsule: 10 mg, 20 mg

• Oral (PO) Solution: 10 mg/mL

• Intramuscular (IM) Solution: 10 mg/5 mL

Dosing by Indication

- Dosing for IBS-Associated Abdominal Pain in Adults
 - PO: Initiate 20 mg PO for up to four time daily. Intended for short-term use (2 weeks or less). Also recommended for as needed abdominal pain triggers and stressors. May titrate dose after 1 week up to 40 mg QID but >20 mg doses are not recommended.
- Dosing for IBS-Associated Abdominal Pain in Pediatrics
 - Infants ≥6 months & Children; PO: Initiate 5-10 mg PO 3-4 times daily 15 min before feeding.
 - o Children ≥2 years; PO: Initiate 10 mg PO 3-4 times daily.
 - Adolescents; PO: Initiate 10-20 mg PO 3-4 times daily for up to 2 weeks. Discontinue if patient is not responding to therapy.

Mechanism of Action & Pharmacology

- MOA: Acetylcholine is blocked at various parasympathetic sites such as the smooth muscle, the secretory
 glands and in the central nervous system.
- Absorption: Oral dose is rapidly absorbed | Metabolism: Extensive | Excretion: 80% urine and 8% in feces | Time to Peak: Oral dose peaks w/in 60-90 minutes | Duration of Action: Last for up to 4 hours | Half-Life Elimination: Initial phase is ~1.8 hours, Terminal phase is undetermined but purposed to be longer than the initial phase

Special Populations & Considerations

- Not to be used in children under 6 months old b/c of the risk of serious side effects.
- Avoid use in geriatric population due to Beer Criteria and anticholinergic effects
- **IM injectable** is not to be used beyond 2 days. Due to necrosis and pain experts suggest to avoid use and do not admin IV. IM only.

Side Effects



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- >10%: Dizziness (40%), xerostomia (33%), blurred vision (27%), nausea (14%)
- 1-10%: Drowsiness, nervousness, weakness
- Others: Constipation, abdominal bloating, diarrhea, psychosis/delirium, fatigue, anxiety, loss of strength/energy

Drug Interactions

- Antacids will lower the body's absorption of dicyclomine
- Potassium is affected by the slowed gut movement caused by dicyclomine.
- Dicyclomine effects absorption of many drugs such as **levodopa**, **ketoconazole**, **digoxin** and others. Take meds 2 hours prior to using dicycomine.
- Other drugs that cause anticholinergic effects (dry mouth, constipation) such as atropine, glycopyrrolate, and scopolamine, for example.
- Caution with drugs that may cause sedative effects

Monitoring Parameters

- Level of anticholinergic effects
- Gl symptoms

Patient Counseling Information

- Used to treat gastrointestinal spasms and irritable bowel syndrome
- If using antacids, separate the two. For example, take dicyclomine before meals and the antacid after meals.
- May be taken with or without food.

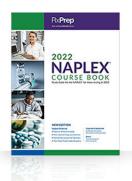
Reference(s)

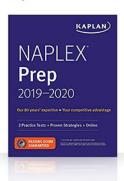
- https://www.drugs.com/ppa/dicyclomine.html
- https://www.webmd.com/drugs/2/drug-5247/dicyclomine-oral/details



PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)

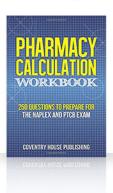


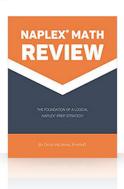


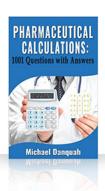


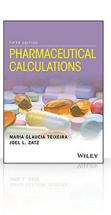


Calculations (NAPLEX)

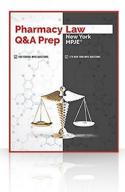






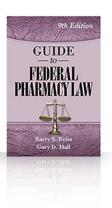


Pharmacy Law (MPJE)









Supplemental









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DRUG CARDS D A I L Y

Monday at 7 am EST (6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to pass the first time!

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX









