Use of Buclizine in the Treatment of Anorexia

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Anorexia is a problem very often encountered in everyday medical practice. The physician has a great number of anti-anorexic drugs at his disposal, but it is not always possible for the patient to recover his appetite. After having prescribed various products to stimulate appetite, the physician often finds that the treatment has failed and that the patient has remained asthenic and without appetite.

This study was suggested to us by the considerable improvement in appetite and weight increase observed after a treatment with buclizine in patients with a characteristic picture of skin allergy.

Since buclizine has no contra-indications in various pathological conditions, we proceeded to the administration of buclizine to subjects whose main complaint or cause for consultation was a loss of appetite. Appreciable results were obtained, i.e., a normal recovery of appetite and an increase in body weight were observed.

Some investigators, including Lavenstein, Van Mestre, Bergen, Kupperman, Castelar, explained and proved the effectiveness of various antihistaminic drugs in the treatment of anorexia and weight loss.

It is not our intention here to go into scientific explanations about the mechanism of action of buclizine upon the stimulation of appetite, and we shall limit ourselves to publishing our personal experience and our results obtained with buclizine in the treatment of anorexia and weight loss, but not without expressing previously a few general considerations.
Anorexia: lack or loss of appetite

Anorexia is common in convalescences, liver insufficiencies, parasitic infestations, intoxications, general infections, gastrointestinal diseases, carcinoma, depressive and anxious conditions, neurovegetative dystonias, etc...

It occurs in all age groups and in both sexes, but more often in women.

Hunger and appetite

There is a difference between hunger and appetite; these are two different sensations.

Appetite is a desire to eat a determined food; it is a pleasure in eating what pleases. It is specific for each particular food.

Hunger is an urge to take any food when the stomach is empty.

METHOD and MATERIAL

The clinical observation included a total of 75 patients from our private practice.

All cases presenting the above mentioned etiologies of liver insufficiencies, parasitosis, etc..., were discarded and a controlled anamnesis was established; only idiopathic or essential types of anorexia were taken into consideration.

The trial was not conducted in double blind because of the logically presumable disadvantages in a private practice; in hospitals or teaching institutions it is possible to use this very important method for clinical studies as there is plenty of human material and a possibility to carry out a better supervision with a view to making up statistical tables.
Buclizine was administered as tablets scored at 25 mg in adults and as syrup (5 ml = 5 mg) in children and old people with difficulties in swallowing the tablets.

In adults, the dose prescribed was 100 mg, i.e., 50 mg taken after breakfast and 50 mg after supper. Children received 1 or 2 teaspoonfuls of syrup, according to body weight and following the same pattern.

Duration of treatment varied between 1 and 3 months.

A distinct improvement in appetite and a satisfactory and proportional increase in weight were observed in the patients treated with buclizine.

The improvement set in gradually after a few days, and at the end of the second or third week the appetite became normal.

RESULTS

<table>
<thead>
<tr>
<th>Number of cases treated</th>
<th>75</th>
<th>100 %</th>
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</thead>
<tbody>
<tr>
<td>Excellent results</td>
<td>60</td>
<td>80 %</td>
</tr>
<tr>
<td>Good results</td>
<td>10</td>
<td>13.33 %</td>
</tr>
<tr>
<td>Failures</td>
<td>5</td>
<td>6.67 %</td>
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Out of the 60 considered as excellent, 45 were adult women, 5 adult men and 10 children of both sexes.

All 10 cases considered as good were adult women; out of the 5 cases recorded as failures, 3 were adult women and 2 adult men.

The ages of both the male and female adults varied between 15 and 70 years, and the children's between 1 and 10 years.

In pregnant women, an improvement of nausea and vomiting peculiar to this state during the first three months, was observed.

An obvious conclusion is that the incidence of anorexia in the number of patients treated was higher in the female sex.
Though the incidence of anorexia was lower in some cases, an improvement was obtained only with a reinforced treatment of 1 or 2 weeks.

The body weight was controlled at each consultation (in about 3 month intervals); a gradual and uniformly distributed increase in weight, i.e., without producing local deformations, was observed in the patients who responded well to the treatment.

No side effects were recorded, except for a slight drowsiness observed in some cases during the first week and which then disappeared completely without having to reduce the dosage or discontinue therapy.

In addition to the appreciable results, it was also established that those patients who, prior to therapy, had been anxious, worried and neurotic recovered their calm and self-confidence, their negative psychic condition having been gradually improved by the use of buclizine.

The average increase in weight after 3 months of treatment with buclizine was between 2 and 4 kg.

This study was made in cooperation with the Franco-Columbian Laboratories LAFRANCOL S.A. which put buclizine (Postafen) at our disposal.