

Mefloquine (Lariam) Malaria Prophylaxis

Liverpool School of
Tropical Medicine



Adult dose: one 250mg tablet taken once a week
Child dosage is according to weight (minimum weight is usually 5kg)

Mefloquine is unsuitable if you:

- Have a current or previous history of depression, anxiety, psychosis, schizophrenia, suicidal thoughts/attempts, insomnia, self-harming behaviour, or any other psychiatric disorder
- Epilepsy or fits now or in the past
- Have a heart conduction problem e.g. an irregular heart beat
- Have had any previous adverse reaction/allergy to mefloquine or quinine
- Are pregnant (1st trimester) – caution advised, seek specialist advice
- May become pregnant within 3 months of completing mefloquine
- Have myasthenia gravis
- Have severe liver or kidney function impairment, seek specialist advice
- Have suffered a traumatic brain injury – caution advised, seek specialist advice
- A history of Blackwater fever.

It may also be appropriate to consider an alternative to mefloquine if you have a first degree relative with mental health problems or epilepsy.

Caution is needed regarding the use of Mefloquine with pilots and deep-sea divers and those pursuing hazardous activities – consult a health care professional.

Drug interactions include:

Certain 'heart and blood pressure medicines', Anti-epileptics, zyban®, ketoconazole, moxifloxacin, halofantrine, antihistamines, ranitidine, cimetidine, chloroquine, hydroxychloroquine, rifampicin, tricyclic antidepressants, quinine, atomoxetine, phenothiazines and certain HIV drugs.

This list is not exhaustive. Please check with a health advisor for possible interactions with your current medication and mefloquine:

<https://bnf.nice.org.uk/interaction/>

Effectiveness:

Mefloquine is effective at preventing severe (falciparum) malaria.

For effective prevention you must take the full course of tablets.

Side Effects:

- Reactions most commonly occur within 2-3 weeks of starting the drug
- Those taking Mefloquine are more likely to have abnormal dreams, insomnia, anxiety and depressed mood during travel than those who take other anti-malarial medications
- Fits or unusual changes of mood/mental state: immediately stop taking mefloquine and consult a health advisor
- May cause dizziness and tinnitus. Balance may be affected
- Visual impairment – consult a healthcare professional.
- Adverse reactions, (such as depression, dizziness or vertigo and loss of balance) may also continue for several months after discontinuation of Mefloquine.

No antimalarial drug is 100% effective, careful anti-mosquito bite measures are important. Any flu like illness or fever (a week or more into your trip and up to a year after leaving a malarious area) needs reporting and a malaria blood film and result sought urgently.

How to take mefloquine:

- Take on the same day each week preferably after a meal with plenty of fluid. If you have not taken mefloquine before, start 2 to 3 weeks prior to departure to check if it is tolerated.
- If you have taken it before without problems, at least 2 doses, a week apart, should be taken before departure.
- Continue to take Mefloquine weekly whilst in the malarious area and for 4 weeks after leaving.
- Mefloquine can be taken up to three years in the absence of side effects.

Periodic blood tests for liver function and eye assessments should be considered if Mefloquine is used for a prolonged period.

Children

There is no paediatric version of Mefloquine. The dose is calculated according to weight and a fraction of the tablet given (minimum weight is 5 kg). A pill cutter is recommended to break the tablet and provide the correct dose. The unused portion of the tablet must be discarded and not retained for use later.