

Metformin maximum dose in pregnancy

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Biguanides: Metformin

- Mechanism of Action
 - Reduces hepatic glucose production
 - Depends upon presence of insulin
- Safety and Efficacy
 - Decreases A1C 1-2%
 - Adverse events: diarrhea and nausea, B12; worry: lactic acidosis
 - Contraindications: renal, cardiac, hepatic insufficiency, IV contrast
- Dosing
 - Initial dose: 500 mg once a day; dosing: usually bid (range, qd-qid)
 - Maximum effective dose: 2,000 mg per day; max. dose 2550 mg
 - Titration frequency: week(s) to months
 - Alternate formulations: "XR" and combo w/ glyburide, glipizide, rosiglitazone and pioglitazone

Better BM, et al. Clin Ther. 2002;25:2991-3008.



Table Proposed changes to product information for metformin

Current information in product information	Proposed change
Contraindications	
Renal failure or renal dysfunction (creatinine clearance <60 mL/min)	Reduce dose for creatinine clearance 30-60 mL/min Use with caution and close supervision if creatinine clearance <30 mL/min in selected patients
Acute conditions with the potential to alter renal function, such as dehydration, severe infection, shock, intravascular administration of iodinated contrast media	Suspend metformin during acute conditions with the potential to alter renal function, including dehydration, severe infection, shock, intravascular administration of iodinated contrast media (>100 mL contrast in patients with normal renal function) until patient's condition is stable
Acute or chronic disease which may cause tissue hypoxia, such as cardiac failure, recent myocardial infarction, respiratory failure, pulmonary embolism, shock, acute significant blood loss, sepsis, gangrene, pancreatitis	Suspend metformin during acute diseases which may cause tissue hypoxia, pulmonary embolism, shock, acute significant blood loss, sepsis, gangrene or pancreatitis until patient's condition is stable Cardiac failure and chronic respiratory failure should be removed as contraindications
Elective major surgery	Can be continued perioperatively if renal function stable Suspend if acute complications
Cautions	
Lactation	Safe to use
Pregnancy (Category C) When the patient plans to become pregnant and during pregnancy, diabetes should not be treated with metformin but insulin should be used to maintain blood glucose levels as close to normal as possible, to lower the risk of fetal malformations associated with abnormal blood glucose levels	Fetal malformations associated with abnormal blood glucose levels are best prevented by good blood glucose control. If metformin is the best drug to achieve control it can be used. Abruptly stopping metformin when pregnancy is discovered can result in sudden deterioration in blood glucose control.



Can i use metformin while pregnant. Is metformin good for pregnant. What is the maximum dose per day for metformin.

This information is intended for use by health professionals Metformin Hydrochloride 500mg Powder for Oral Solution Metformin Hydrochloride 500mg Powder for Oral Solution Each sachet contains: 500 mg metformin hydrochloride corresponding to 390 mg metformin base. For the full list of excipients, see section 6.1. Powder for oral solution. White to off-white granular powder. Treatment of type 2 diabetes mellitus particularly in overweight patients, when dietary management and exercise alone does not result in adequate glycemic control. • In adults, Metformin may be used as monotherapy or in combination with other oral anti-diabetic agents or with insulin. • In children from 10 years of age and adolescents, Metformin may be used as monotherapy or in combination with insulin. A reduction of diabetic complications has been shown in overweight type 2 diabetic patients treated with Metformin as first-line therapy after diet failure (see section 5.1 Pharmacodynamic properties). Posology Adults with normal renal function (GFR≥ 90 mL/min) Monotherapy and combination with other oral antidiabetic agents The usual starting dose is 500mg or 850mg metformin hydrochloride 2 or 3 times daily given during or after meals. This product is not suitable if a dose of 850mg is required, or other intermediate doses not divisible by 500mg or 1000mg, in this situation an appropriate tablet or oral solution product should be substituted. After 10 to 15 days, the dose should be adjusted on the basis of blood glucose measurements. A slow increase of dose may improve gastrointestinal tolerability. The maximum recommended dose of metformin is 3g daily taken as 2-3 divided doses. If transfer from another oral antidiabetic agent is intended; discontinue the other agent and initiate metformin at the dose indicated above. Combination with insulin Metformin and insulin may be used in combination therapy to achieve better blood glucose control. Metformin is given at the usual starting dose of 500mg or 850mg 2-3 times daily, while insulin dosage is adjusted on the basis of blood glucose measurements. Elderly: due to the potential for decreased renal function in elderly subjects, the metformin dosage should be adjusted based on renal function. Regular assessment of renal function is necessary (see section 4.4). Renal impairment A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. In patients at an increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months. GFR mL/min Total maximum daily dose (to be divided into 2-3 daily doses) Additional considerations 60-89 3000 mg Dose reduction may be considered in relation to declining renal function. 45-59 2000 mg Factors that may increase the risk of lactic acidosis (see section 4.4) should be reviewed before considering initiation of metformin. The starting dose is at most half of the maximum dose. 30-44 1000 mg



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