



COUNCIL ON
DIAGNOSTICS AND
THERAPEUTICS

RECOMMENDATION ON ACETYLCYSTEINE

March 31, 2017

In response to the request of the Philippine National Drug Formulary Secretariat to give expert recommendation on the clinical use of acetylcysteine, the members of the PCCP Council on Diagnostics and Therapeutics, through an electronic survey, ***unanimously recommend retaining acetylcysteine*** in the upcoming 7th Edition of the Philippine National Formulary. Among its relevant clinical uses include prevention of contrast-induced nephropathy, antidote to acetaminophen toxicity, as an antioxidant and mucolytic.

More importantly and relevant to our practice as lung specialists, the use of acetylcysteine is recommended by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2017 update. Regular use of acetylcysteine among COPD patients has shown benefit in reducing the risk of exacerbations (Evidence B). There are other literature, which supports the efficacy of acetylcysteine, but we would like to cite at least three of the most important and recent related studies, namely:

- Twice daily *N*-acetylcysteine 600 mg for exacerbations of chronic obstructive pulmonary disease (PANTHEON): a randomised, double-blind placebo-controlled trial; published at the Lancet Respiratory Medicine in 2014.
- Influence of *N*-acetylcysteine on chronic bronchitis or COPD exacerbations: a meta-analysis; published at the European Respiratory Review in 2015.
- Mucolytic agents versus placebo for chronic bronchitis or COPD published at the Cochrane Database of Systematic Reviews in 2015.

The Council and its members have no actual, apparent, potential or perceived conflict of interests that could have affected our exercise of professional objectivity in writing this recommendation. Respectfully submitting the foregoing to the PCCP Executive Board for final disposition.

In behalf of the Council,

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Chairman
Council on Diagnostics and Therapeutics