



**Strategy and Sustainability Division  
Ministry for Health, the Elderly and Community Care**

**DH CIRCULAR No. 61/2010**

**DH 1076/2010**

8<sup>th</sup> March 2010

**Attention all** Consultants  
Medical Officers  
Pharmacists  
Pharmacy Technicians  
Nurses

**Re: Lactulose syrup**

Lactulose is an osmotic laxative indicated mainly for constipation and hepatic encephalopathy. Following constant updating of the Government Formulary List (GFL) the protocol (no. 109) governing the use of Lactulose syrup, will be changed as specified below:

**Prescriber Criteria:** Consultants

**Clinical Indications**

1. Chronic constipation
2. Chronic portal systemic encephalopathy

**Conditions qualifying patients for drug**

Patients with:

- Malignant Diseases
- Chronic renal failure
- Hepatic cirrhosis associated with ascites or neurological symptoms
- Incapacitating Parkinson's Disease
- Multiple sclerosis
- Motor neurone disease
- Spinal Cord Pathologies

**Objective indicators of efficacy:** Resolution of symptoms

**Duration of Approval:** 2 years

In order to evaluate the requests for Lactulose use, Consultants are kindly being asked to apply, by forwarding new requests to the Medicines Approval Section (MAS) and kindly refrain from sending applications for renewals.

For your attention please.

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