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BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 38. No. 12

LICE

People often scratch their heads about how to manage head lice.

Point out that no product prevents lice. Reinforce to avoid head-to-head contact...or sharing hats, combs, pillows, etc.

Recommend only treating patients who have live lice...or close household contacts who share the same bed.

<u>Continue to start with OTCs</u>. Explain that permethrin (*Nix Creme Rinse*, etc) or pyrethrins (*Rid Shampoo*, etc) are still first-line...have a long track record...and cost about \$20/2 applications.

Lean toward permethrin. RE-treatment is only needed if live lice are still seen in 9 to 10 days...pyrethrin re-treatment is always needed.

Or go with ivermectin lotion...it's a single dose, and resistance seems unlikely. But it costs about \$35.

Explain that side effects are rare with any of these meds.

Advise reading labels closely. Many med failures may be from improper use or reinfestation...not necessarily resistance.

Recommend an Rx topical if needed. Consider one if properly used OTCs don't work after a couple tries.

Generally suggest spinosad (Natroba). Malathion (Ovide) needs to be left on for 8 to 12 HOURS. All other Rx or OTC meds can be rinsed off after 10 minutes. Plus malathion is highly flammable.

Advise a repeat application with either Rx topical if live lice persist. Keep in mind, these Rxs cost at least \$220/bottle.

Clarify nondrug options. Methods to suffocate lice (Cetaphil, mayonnaise, etc) may be desired to avoid pesticides.

But explain that these have little evidence they work...can be messy...and usually require multiple applications.

Steer people away from homeopathics (Vamousse, etc) or products with essential oils (eucalyptus, tea tree, etc). These have little data...and essential oils may cause skin reactions.

Recommend nit combing after ANY type of treatment...since none kill 100% of eggs. Don't feel compelled to suggest electronic combs (RobiComb, etc)...there's no proof they work better.

Some people may try wet combing alone. Emphasize to repeat every 2 to 3 days for several weeks until no lice or nits are seen.

"Lice salons" do this manual removal...or use hot-air devices (AirAllé, etc) to dry out lice. But these can be very expensive.

Explore our resource, Management of Head Lice, for specifics...including preferred products by age or during pregnancy.

(For more on this topic, see Clinical Resource #381208 at PharmacistsLetter.com.)

Primary Reference:

Nolt D, Moore S, Yan AC, et al. Head Lice. Pediatrics. 2022 Oct 1;150(4):e2022059282.





DISCUSSION QUESTIONS OVERVIEW OF CURRENT THERAPY

OVERVIEW OF CURRENT THERAPY
What is the new guidance for management of head lice?
ANALYSIS OF NEW GUIDELINE
2. What are the criteria for development or evaluation of practice guidance?
3. Is the new guidance evidence based? Is evidence linked to recommendations with a strength of recommendation grading system?
4. Is the guidance unbiased?
5. Is the guidance based on outcomes important to patients?



JOURNAL CLUB December 2022

6. Are the interventions proposed in the guidance feasible in all practice settings? Is the guidance representative of a wide range of clinicians	
7. Has this guidance been prospectively validated?	
8. What are the major recommendations for management of head lice from this guidance?	
9. Is this guidance expressed in terms we care about and can use?	
HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?	
10. Do the guidelines change your practice? How?	



JOURNAL CLUB

December 2022

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

CH is a 5-year-old boy who presents to you with his mother because of head lice.



You confirm that CH does have head lice and discuss OTC treatment options.

12. What are OTC treatments for head lice?

CH's mother has heard that lice have become resistant to some treatments and questions the effectiveness of OTC options. She asks if a prescription treatment would be more effective.

13. How do you counsel CH's mother about prescription lice treatments?



JOURNAL CLUB

December 2022

REFERENCES

Centers for Disease Control and Prevention. Head Lice. Available: https://www.cdc.gov/parasites/lice/head/index.html. (Accessed Nov 3, 2022).

Cummings C, Finlay JC, MacDonald NE. Head lice infestations: A clinical update. Paediatr Child Health. 2018 Feb;23(1):e18-e24.

Mumcuoglu KY, Pollack RJ, Reed DL, et al. International recommendations for an effective control of head louse infestations. Int J Dermatol. 2021 Mar;60(3):272-280.

Nolt D, Moore S, Yan AC, et al. Head Lice. Pediatrics. 2022 Oct 1;150(4):e2022059282.

Additional Pharmacist's Letter Resources available at PharmacistsLetter.com

Management of Head Lice. Pharmacist's Letter/Prescriber's Letter. December 2022. Scabies FAQs. Pharmacist's Letter/Prescriber's Letter. September 2019. Identifying Bug Bites and Stings. Pharmacist's Letter/Prescriber's Letter. August 2020. Potentially Harmful Drugs in Children. Pharmacist's Letter/Prescriber's Letter. August 2020. Managing Eczema. Pharmacist's Letter/Prescriber's Letter. June 2022. Diaper Rash: FAQs. Pharmacist's Letter/Prescriber's Letter. October 2018. Keeping Pediatric Patients Safe. Pharmacist's Letter/Prescriber's Letter. March 2018. Analgesics in Kids: FAQs. Pharmacist's Letter/Prescriber's Letter. March 2018.

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