Hereditary Angioedema (HAE)

Emergency Treatment – Recommendations

Patient's name/cardholder	
Country of residence	Personal identity number
Name of physician	Physician's phone number
Hospital/clinic	
Date	Signature

SE/HG/FIR/13/0005

Information for Health Care Professionals

The cardholder is suffering from hereditary angioedema (HAE)

HAE (an autosomal dominant disease) is caused by an absence or dysfunction of C1-esterase inhibitor. HAE attacks are accompanied by an increased release of bradykinin, which is the key mediator in the development of the clinical symptoms.

HAE manifests as intermittent attacks of subcutaneous and/or submucosal oedema involving the upper respiratory tract, the skin and the gastrointestinal tract.

- This patient has been prescribed 30 mg icatibant solution for injection in a prefilled syringe, for symptomatic treatment of acute attacks of hereditary angioedema (HAE).
- This should be administered slowly, over at least 30 seconds, as a subcutaneous injection, preferably to the abdomen. Full instructions are included with each syringe.
- In case of insufficient relief or recurrence of symptoms, a second injection of icatibant may be administered after 6 hours, to a maximum of 3 syringes within a 24-hour period and 8 syringes per month.

Shire

SE/HG/FIR/13/0005