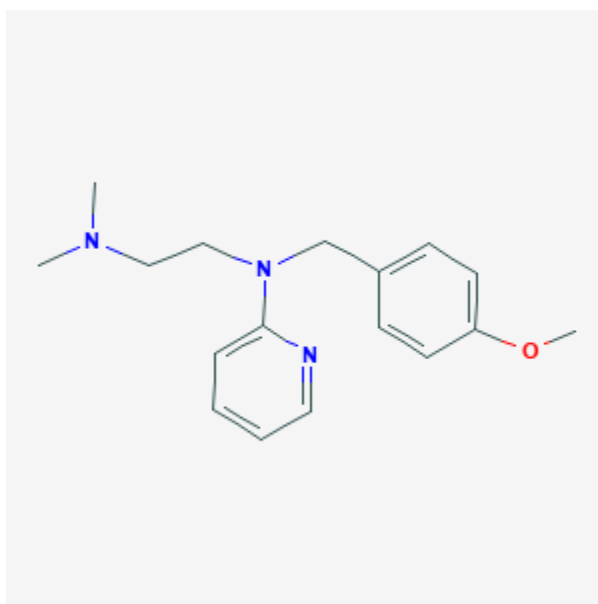




## Pyrilamine

Revised: October 31, 2018.

CASRN: 91-84-9



## Drug Levels and Effects

### Summary of Use during Lactation

Small, occasional doses of pyrilamine are probably acceptable during breast feeding. Larger doses or more prolonged use may cause effects in the infant or decrease the milk supply, particularly, in combination with a sympathomimetic such as pseudoephedrine or before lactation is well established. The nonsedating antihistamines are preferred alternatives.

### Drug Levels

*Maternal Levels.* One early study that used a biologic assay system reported that after a 100 mg intramuscular dose of diphenhydramine in 3 women, drug levels in milk ranged from 50 to 2.3 mg/L at 1 to 2 hours after the dose and 220 mcg/L to 4 mg/L 5 hours after the dose. Eight hours after the dose, levels were 200 mcg/L and 1.16

mg/L in two mothers, respectively, and not measured in the third.[1] No studies using modern assay methods have been reported.

*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

Relevant published information on pyrilamine was not found as of the revision date. In one telephone follow-up study, mothers reported irritability and colicky symptoms 10% of infants exposed to various antihistamines and drowsiness was reported in 1.6% of infants. None of the reactions required medical attention and none of the infants were exposed to pyrilamine.[2]

## Effects on Lactation and Breastmilk

Antihistamines in relatively high doses given by injection can decrease basal serum prolactin in nonlactating women and in early postpartum women.[3][4] However, suckling-induced prolactin secretion is not affected by antihistamine pretreatment of postpartum mothers.[3] Whether lower oral doses of antihistamines have the same effect on serum prolactin or whether the effects on prolactin have any consequences on breastfeeding success have not been studied.

## Alternate Drugs to Consider

Desloratadine, Fexofenadine, Loratadine

## References

1. Rindi V. La eliminazione degli antistaminici di sintesi con il latte e l'azione latto-goga de questi. Riv Ital Ginecol. 1951;34:147-57.
2. Ito S, Blajchman A, Stephenson M et al. Prospective follow-up of adverse reactions in breast-fed infants exposed to maternal medication. Am J Obstet Gynecol. 1993;168:1393-9. PubMed PMID: 8498418.
3. Messinis IE, Souvatzoglou A, Fais N et al. Histamine H1 receptor participation in the control of prolactin secretion in postpartum. J Endocrinol Invest. 1985;8:143-6. PubMed PMID: 3928731.
4. Pontiroli AE, De Castro e Silva E, Mazzoleni F et al. The effect of histamine and H1 and H2 receptors on prolactin and luteinizing hormone release in humans: sex differences and the role of stress. J Clin Endocrinol Metab. 1981;52:924-8. PubMed PMID: 7228996.

## Substance Identification

### Substance Name

Pyrilamine

### CAS Registry Number

91-84-9

### Drug Class

Breast Feeding

Lactation

Antihistamines