c. Leaflet

GLUCODEX

Description :
Round, white tablet, flat bevelled edge surfaces, odorless, tasteless, printed a break-line on side I and "DEXA" on side II.

Composition :
Each tablet contains :Gliclazide.....80 mg

Action/pharmacology :
Gliclazide is a hypoglycaemic sulfonylurea which stimulates insulin secretion by the pancreas. Its action on insulin secretation is mainly due to the restoration of the early phase, resulting in a physiological release of insulin.Gliclazide has been reported to increase glucose metabolism at a peripheral level. This extrapancreatic action is not due to a modification in the number of insulin receptor, but may be due to the potentiation of the "post-receptor pathway". Therefore, gliclazide improves glycaemic control throughout 24 hours. This can normalize fasting and post-prandial blood sugar. In human, apart from having hypoglycaemic effect, gliclazide has been reported to reduce platelet hyperadhesiveness and hyperaggregation and to increase fibrinolytic activity. These factors are important in diabetes mellitus patients with vascular complications. Study in patients with diabetes retinopathy shows that gliclazide can slow down the progression of retinopathy.

Pharmacokinetics
Oral absorption of gliclazide is similar in patients and healthy volunteers, although intersubject variation in time to reach peak plasma concentrations (t_{max}) and age-related differences in peak plasma concentrations (C_{max}) and t_{max} have been observed. Single-dose oral administration of gliclazide 40 to 120 mg results in a C_{max} of 2.2 to 8 mg/L within 2 to 8 hours. C_{max} and t_{max} are increased after repeated gliclazide administration, although drug accumulation has not been observed. Steady-state concentrations are achieved after 2 days administration of gliclazide 40 to 120 mg. The volume of distribution of gliclazide in healthy volunteers and patients is low (13 to 24L) which may be partially explained by extensive protein binding (85 to 97%). The elimination half-life (t½) of gliclazide after single-dose and repeated oral administration of 40 to 120 mg to healthy volunteers and patients is 8.1 to 20.5 hours, although age- and gender-related differences in t½ have been reported. Plasma clearance is approximately 0.78 L/h (13 ml/min). Gliclazide is extensively metabolised to 7 metabolites which are predominantly excreted in the urine, the most abundant urinary metabolite being the carboxylic acid derivative. 60 to 70% of the dose is excreted in the urine and 10 to 20% in the faeces. While very litle of the dose recovered in the urine is unchanged parent compound, this represents over 90% of all drug-related material in the plasma. Renal insufficiency has little effect on the pharmacokinetic profile of gliclazide.

Indications :
Non-Insulin Dependent Diabetes Mellitus (NIDDM)

Contraindications :
Do not give to insulin-dependent diabetes, diabetic patients with acidosis and ketosis complications, pregnant women, patient hypersensitive to sulfonylurea and diabetes mellitus which occurred during childhood or growing period, diabetics undergoing surgery, diabetes coma, severe infection or trauma.

Dosage and administration :
Initial dose : ½ - 1 tablet a day before breakfast. Further dosage can be increase to 40-80 mg if necessary until daily dose reached 240 mg, especially in severe diabetes patients. In certain cases, daily dosage can be increase up to 320 mg given in divided doses (2 times a day).

Symptoms and treatment for overdosage :
Hypoglycaemia may also occur if the patients dietary intake is reduced or after accidental or deliberate overdose. In the case of overdose, gastric lavage should be performed and correction of hypoglycaemia attempted by intravenous administration of hypertonic glucose (10 to 30%) with continued monitoring of patient's blood glucose levels.

Side effects :
Mild side effects, eg. nausea, vomiting, gastric pain, headache, skin reaction, hypoglycamic symptoms may occur in the presence of overdose or irregular diet.

Precautions :
Regular haematological monitoring should be carried out if gliclazide is administered concomitantly with anticoagulants. Close monitoring should be done if given to patients with hepatic or renal impairment and small initial dose should be given.

Drug interactions :
Most of gliclazide are protein-bound and have relatively small volume of distribution, therefore drugs, eg. aspirin, phenylbutazone and sulfafurazol (sulfisoxazole), disopyramide, miconazole, tetracycline and its derivatives, monoamine oxidase inhibitor and cimetidine which can release the protein-bound gliclazide resulting in the increase of free gliclazide in the blood. Thus theoretically, can cause hypoglycaemia. Drugs, eg. chloramphenicol, sulfafenazol, phenylbutazone, oxyphenbutazone and clofibrate can inhibit gliclazide metabolism in the liver which may cause hypoglycaemia. Drugs which inhibit β-adrenoceptor (eg. propranolol) can mask hypoglycaemic symptoms. Oral contraception, corticosteroid, thiazide diuretic, phenothiazine and its derivatives, thyroid hormone can reduce the hypoglycaemic effect. Coumarin anticoagulants.

Shelflife : 4 years

Presentation and registration number:
Box, 10 strips @ 10 tablets Reg. No.DKL9505015510A1

ON MEDICAL PRESCRIPTION ONLY
KEEP IN A COOL AND DRY PLACE, AWAY FROM LIGHT

Manufactured by :
PharmaForte (Malaysia) Sdn Bhd,
2, Jalan PJU 3/49, Sunway Damansara,
47810 Petaling Jaya,
Malaysia

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