

**NIZOLE TABLET**

VINIZxx-0

**DESCRIPTION**

Round, creamy white uncoated tablet, bevel-edged, flat faces, break-bar, embossed on one face.

**COMPOSITION**

Each tablet contains:  
Metronidazole 200 mg

**PHARMACODYNAMICS**

Metronidazole, a bactericidal antibiotic, is active against most obligate anaerobes by undergoing intracellular chemical reduction, thus interacting with DNA to cause a loss of helical structure, strand breakage and resultant inhibition of nucleic acid synthesis and cell death.

**PHARMACOKINETICS**

It is well absorbed orally, metabolised in the liver and excreted mainly via the kidneys.

**INDICATIONS**

For treatment of:

- Anaerobic infections including septicaemia, brain abscesses, necrotising pneumonia, puerperal sepsis, pelvic abscesses and cellulitis.
- Amoebic dysentery and amoebic liver abscess.
- Trichomoniasis of the genito-urinary tract.

**CONTRAINDICATIONS**

Use is not recommended in nursing mothers. However, for amoebiasis or trichomoniasis, a short course of treatment may be used; whereby the breast milk should be expressed and discarded. Breast-feeding may be resumed 24 to 48 hours after treatment is completed.

**PRECAUTIONS**

- Caution in patients with active organic disease of the CNS, including epilepsy; history of blood dyscrasias and severe hepatic function impairment.
- Patients on prolonged therapy should be closely observed.

**MAIN SIDE/ADVERSE EFFECTS**

Diarrhoea, anorexia, abdominal pain, nausea, vomiting, fungal overgrowth or changes in neurological signs may also occur.

**PREGNANCY AND LACTATION**

Its use should be avoided during pregnancy and is not recommended in nursing mothers since it may cause adverse effects in the infant.

**DRUG INTERACTIONS**

- Co-administration of alcohol is not recommended since it may result in disulfiram-like effects.
- Metronidazole may potentiate effects of oral anticoagulants; periodic prothrombin-time determinations should be conducted.
- Concurrent use with disulfiram should be avoided since this may result in mental confusion and psychotic reactions because of combined toxicity.

**OVERDOSE**

Clinical features: Gastrointestinal disturbances, dry mouth, metallic taste in mouth, headache, drowsiness, ataxia, vertigo, leucopenia, dark urine, flushing, pruritus, paraesthesia, convulsions.

Treat overdose by emesis or gastric lavage, if appropriate; with the necessary symptomatic and supportive measures, if required.

**DOSAGE AND ADMINISTRATION**

Adults : Oral, 400 to 800 mg three times a day for 5 to 10 days; or as directed.

Children : Oral, 5 to 15 mg per kg body weight three times a day for 5 to 10 days; or as directed.

Note : The information given here is limited. For further information consult your doctor or pharmacist.

Storage : Store below 30°C. Protect from light.

Presentation/Packing : Tablet 200 mg x 100's, 1000's, Blisters of 10 x 10's.

Product Registration holder: HOVID Bhd.  
121, Jalan Tunku Abdul Rahman (Jalan Kuala Kangsar), 30010 Ipoh, Malaysia.

Manufactured by: HOVID Bhd.  
Lot 56442, 7 1/2 Miles, Jalan Ipoh/Chemor, 31200 Chemor, Malaysia.

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