

DEXCHLORMINE TABLET

MAL20014499AZ

DESCRIPTION:

TABLET

Colour : White

Shape : Round, Flat and Scored

EACH TABLET CONTAINS:

Dexchlorpheniramine Maleate..... 2 mg

PHARMACODYNAMICS:

Dexchlorpheniramine Maleate is an antihistamine that acts by competing with histamine for H₁-receptor sites on effector cells. It thereby prevents, but does not reverse responses mediated by histamine alone. The antimuscarinic action provides a drying effect on the nasal mucosa.

PHARMACOKINETICS:

Dexchlorpheniramine Maleate is readily absorbed after oral administration. It is widely distributed in the body. It is metabolised in the liver and excreted in the urine.

INDICATION:

Allergic rhinitis (hay fever) i.e. seasonal allergic rhinitis & conjunctivitis.

Allergic dermatoses (i) acute & chronic urticaria (ii) contact dermatitis, ectopic dermatitis (iii) pruritus including pruritus ani & pruritus vulvae.

Drug reactions attributable to allergic phenomena particularly those characterised by itch, urticaria & angioedema.

RECOMMENDED DOSE:

Adults : 1 mg (½ tablet) - 2 mg (1 tablet) every 4 - 6 hourly as needed (maximum of 12 mg daily).

Children 6 - 12 years : 1 mg (½ tablet) every 4 - 6 hourly (maximum of 6 mg daily).

CONTRAINDICATION:

Contraindicated in new-born or premature infants and patients with acute attack of asthma.

WARNING AND PRECAUTIONS:

It may cause drowsiness and dulling of mental alertness. Patients undergoing treatment with these drugs should not take charge of vehicles or machinery. Patients should abstain from alcohol.

It should be used with care in conditions such as narrow angle glaucoma, pregnancy, prostatic hypertrophy, urinary retention, cardiovascular disease, increased intraocular pressure & hyperthyroidism.

DRUG INTERACTIONS:

Avoid concomitant administration with monoamine oxidase inhibitors (MAOI), tricyclic antidepressants, barbiturates, other central nervous system depressants, and oral anticoagulants.

PREGNANCY AND LACTATION:

Safety during pregnancy has not been established. It is not known whether Dexchlorpheniramine is excreted in human milk, and therefore caution should be exercised when administered to nursing mothers.

SIDE EFFECTS/ADVERSE REACTIONS:

Drowsiness, dizziness, gastrointestinal disturbances, muscular weakness, incoordination, headache, blurred vision, tinnitus, anaphylactic shock, photosensitivity, excessive perspiration, chills, dry mouth, nose and throat, hypotension, insomnia, tremor, nervousness, convulsions and euphoria.

SYMPTOMS AND TREATMENT OF OVERDOSE:

Antihistamine overdose may cause, from depression to stimulation of the central nervous system, to death. Other symptoms may include dizziness, tinnitus, ataxia, blurred vision and hypotension.

In severe overdose, the stomach should be emptied by aspiration and lavage. Emetics may be tried if the patient is alert and there are no symptoms of toxicity, but may be ineffective due to the anti-emetic activity of the antihistamine. Activated Charcoal has been given, as have saline laxatives, especially if sustained-release preparations were involved. Convulsions may be controlled with intravenous Diazepam, although it has been suggested that sedatives should be avoided.

Other treatment is supportive and symptomatic and may include artificial respiration, external cooling for hyperpyrexia, and intravenous fluids. Vasopressors such as Noradrenaline or Phenylephrine may be used, but Adrenaline must not be given as it can lower the blood pressure further. The use of physostigmine is considered to be controversial, although it may have some diagnostic value. Forced diuresis is of little value since antihistamines are rapidly metabolised and only traces are recovered in the urine.

PACKING/PACK SIZE(S):

Blister pack of 100x10's.

JAUHI UBAT DARIPADA KANAK-KANAK

KEEP OUT OF REACH OF CHILDREN

MANUFACTURER/PRODUCT REGISTRATION HOLDER:

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