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cephalexin BP

Keflex combines real penetration<sup>1</sup> with excellent tolerance<sup>2</sup> and simplified dosage recommendations. That makes Keflex a convenient routine for all the family – from children's throat infections to bronchitis in the elderly.<sup>2</sup>

### Presentation

Tablets containing 500mg cephalexin BP-6/5096. PA 47/8/5.  
Tablets containing 250mg cephalexin BP-6/0073. Capsules containing 500mg cephalexin BP-6/0076. Capsules containing 250mg cephalexin BP-6/5103. PA 47/8/6. Suspension containing 125mg cephalexin BP per 5ml-6/5097. PA 47/8/3.  
Suspension containing 250mg cephalexin BP per 5ml-6/5098. PA 47/8/4.

### Uses

KEFLEX<sup>®</sup> is indicated in the treatment of respiratory tract infections due to susceptible micro-organisms.

### Dosage and Administration

KEFLEX<sup>®</sup> is administered orally.

**Adults:** The adult dosage ranges from 1-4g daily in divided doses.

For streptococcal pharyngitis the usual dosage is 250mg every 6 hours, or 500mg every 12 hours.

**Children:** The usual recommended daily dosage for children is 25-50mg/kg (10-20mg/lb) in divided doses.

For streptococcal pharyngitis the total daily dose may be divided and administered every 12 hours.

### Contra-indication

Allergy to the cephalosporins.

### Warnings

KEFLEX<sup>®</sup> should be given cautiously to patients who have shown hypersensitivity to other drugs. In penicillin-sensitive patients cephalosporins should be given with caution. The safety of cephalexin

for use during pregnancy has not been established.

### Precautions

If allergic reactions occur discontinue the drug. Prolonged use of KEFLEX<sup>®</sup> may result in the overgrowth of non-susceptible organisms. Evaluation of renal status is recommended as lower dosage may be required in patients with impaired renal function. A false positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions or with copper sulphate test tablets, but not with Tes-Tape<sup>®</sup> (urine sugar analysis paper, Lilly).

### Side-effects

Gastro-intestinal disturbances (diarrhoea, nausea, vomiting, dyspepsia, abdominal pain); allergies

(rash, urticaria, angio-oedema); anaphylaxis; genital and anal pruritus, genital moniliasis; eosinophilia, neutropenia, slight transient elevations in AST (SGOT) and ALT (SGPT); positive direct Coombs' tests.

### Legal Category

POM

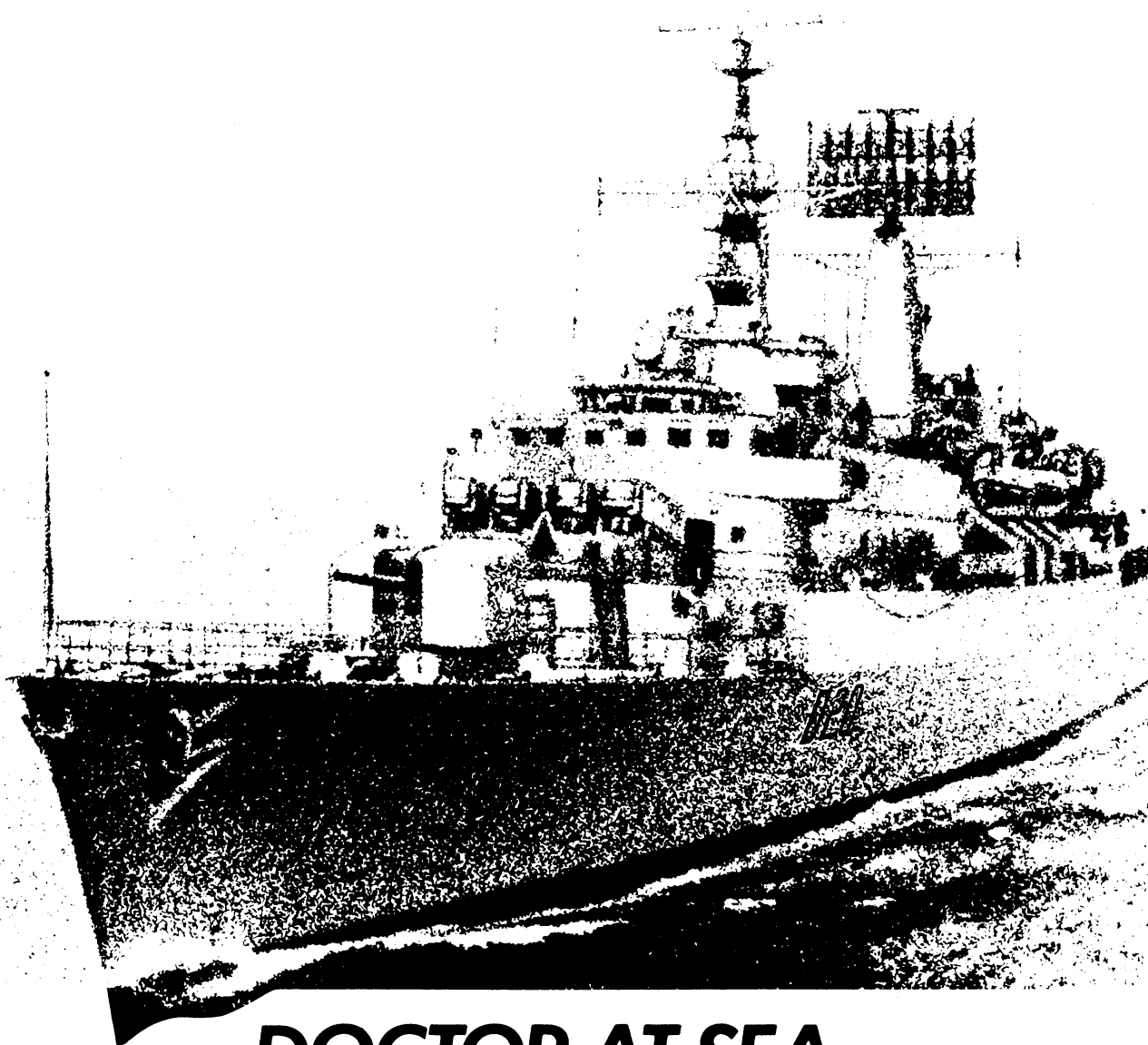
### Price

Suspensions.	125mg/5ml	£1.17
	250mg/5ml	£2.30
250mg Tablets.	20 ex 500 pack	£2.17
500mg Capsules.	20 ex 500 pack	£4.25

### References

1. Medical Clinics of North America, 1970, 54, 1229.
2. Data on file, Lilly Research Laboratories.

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cephalexin BP



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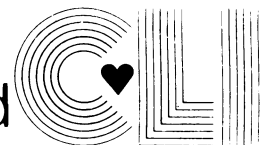
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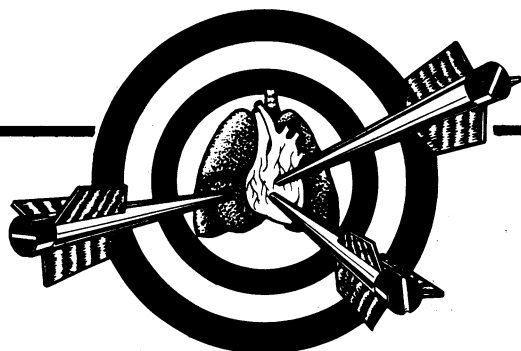
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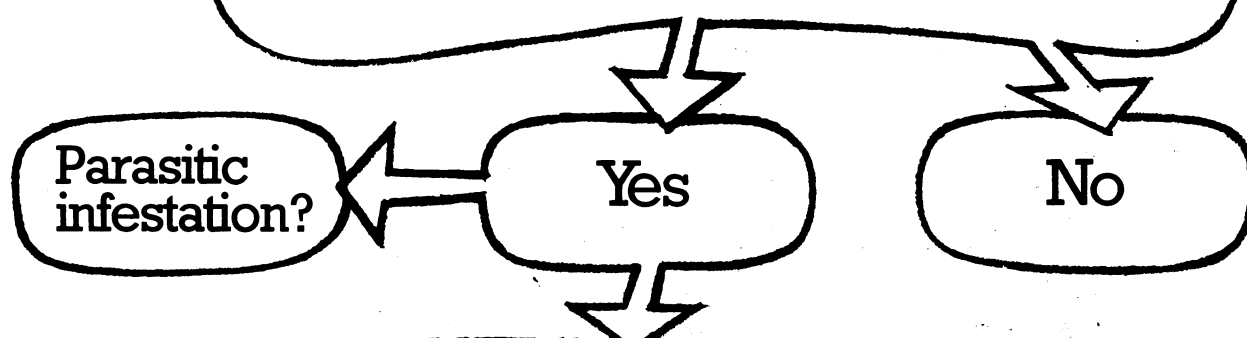
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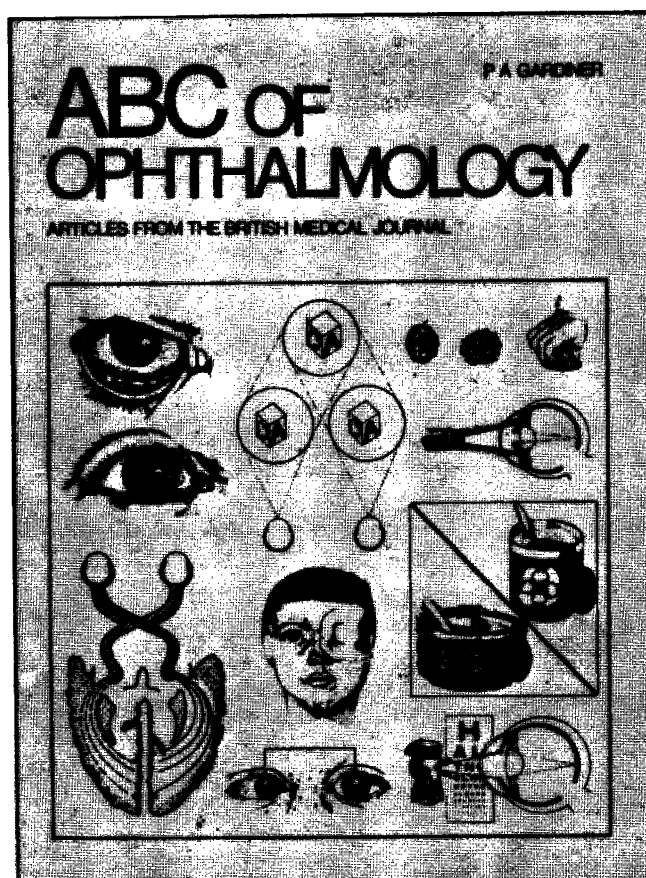
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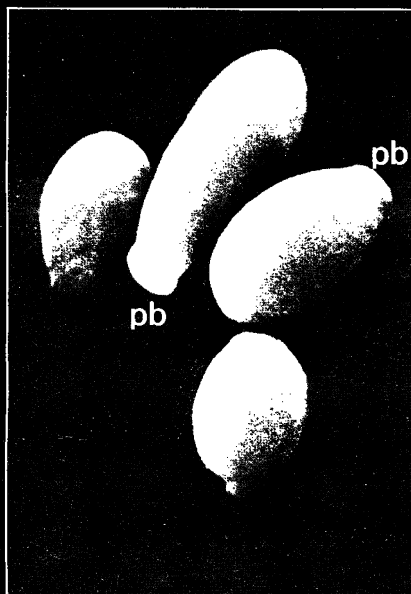
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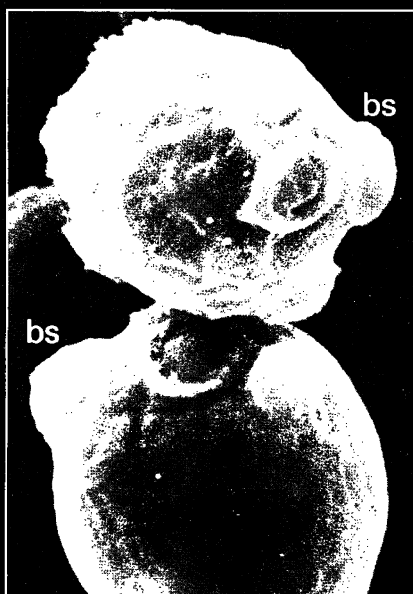


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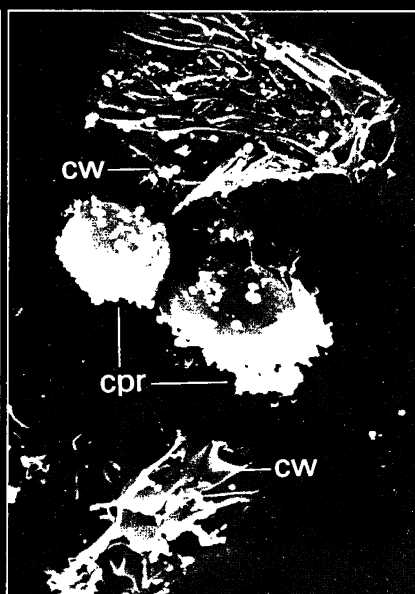
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#### Side-effects

The most common side-effects are dry mouth, sweating, difficulty with accommodation, constipation, disturbance of micturition and tachycardia. Tremor and ataxia,

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Anxiety, agitation, fatigue, drowsiness, confusion, insomnia and headache have rarely been reported. Epileptiform convulsions have been experienced in a small number of patients. Symptomless hypothermia may occur and allergic skin reactions, although extremely rare, have been encountered. Interference with sexual function, particularly ejaculation, may be encountered.

#### Contraindications and precautions

Anafranil is contraindicated in conjunction with or within 14 days of treatment with monoamine oxidase inhibitors; in patients with existing liver damage; in patients with cardiac or circulatory failure or recent myocardial infarction

and should be used with caution in patients with known ischaemic heart disease. Caution is necessary in conditions where an atropine-like drug is contraindicated e.g. glaucoma and retention of urine. Since convulsions have been reported in patients taking Anafranil, great caution should be exercised in treating epileptic patients. Patients with a known suicidal intent should, if possible, be treated in hospital. Otherwise they should be placed under the care of a responsible person who should also take charge of the keeping and administration of drugs. Care should be taken in administering Anafranil to patients already receiving treatment with debrisoquine, bethanidine, guanethidine, and methyl dopa since the anti-hypertensive effect of these agents may be antagonised. The administration of Anafranil during the first trimester of pregnancy, as with all other drugs, is advised only if there are compelling reasons. Anafranil

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