

dosage:

PREScribing INFORMATION

Not all indications are as yet approved in all countries.

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December 1981 Volume 1, Number 2

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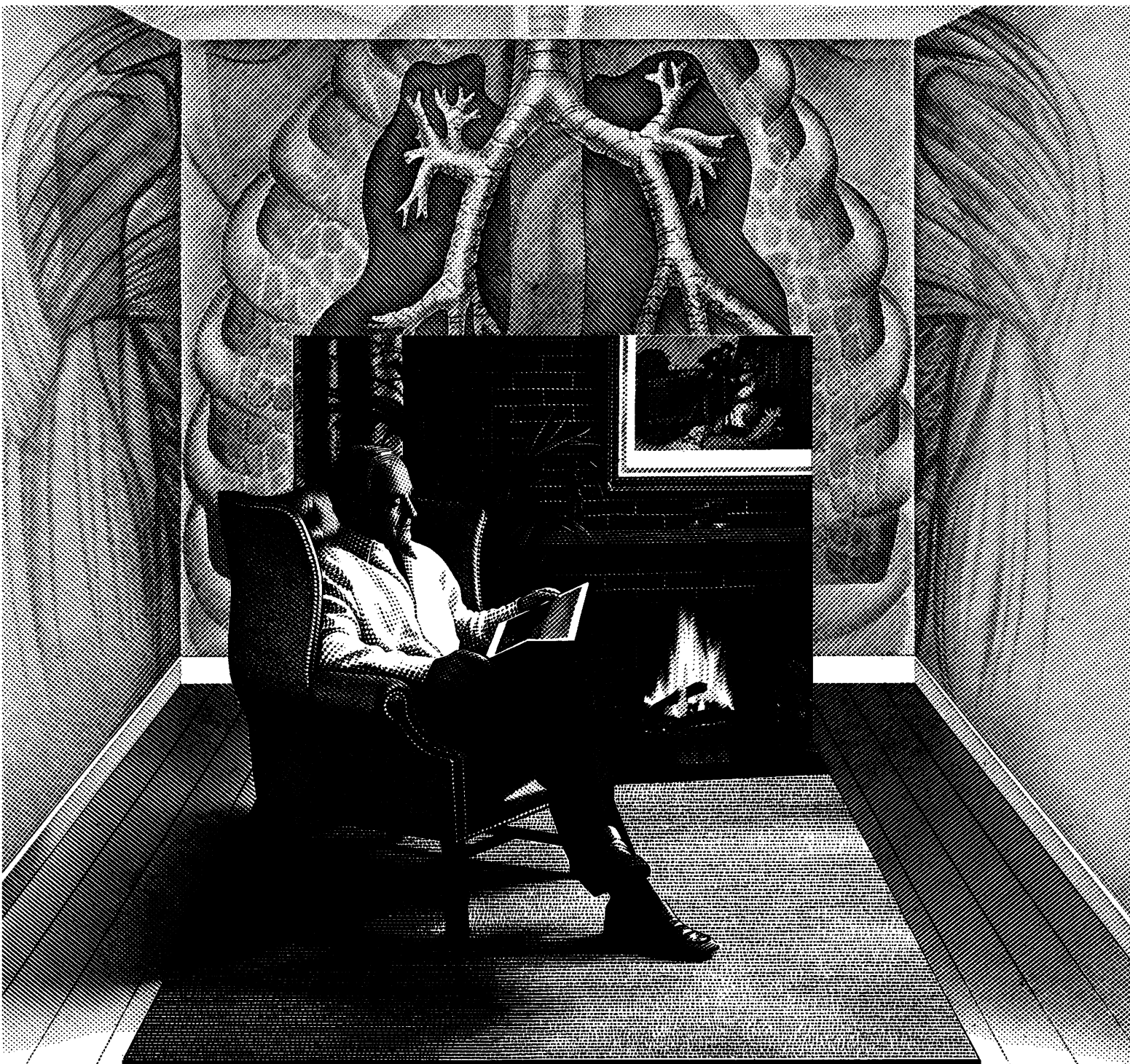
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Prescribing Information

Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage Septtrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septtrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications Septtrin is contra-indicated in

patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septtrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septtrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

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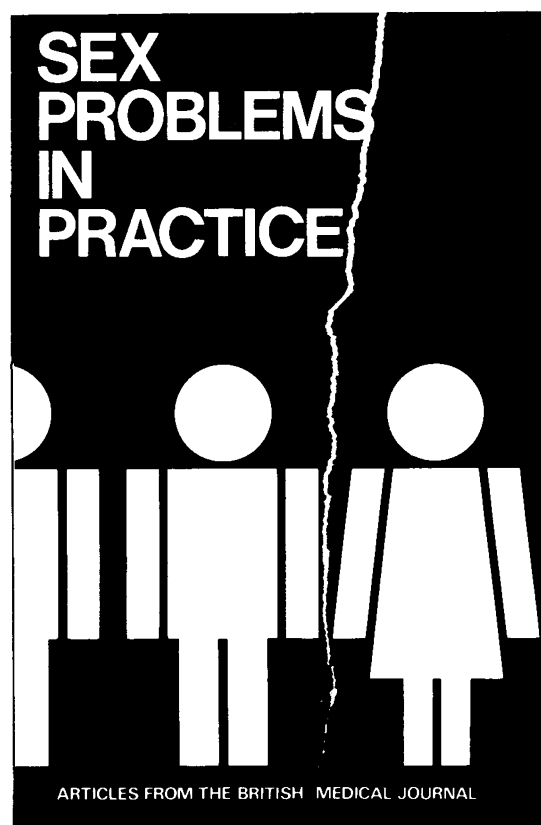
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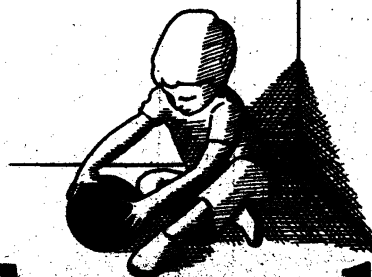
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Indications Epilepsy (grand mal and temporal lobe). **Dosage in epilepsy** Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily; in some cases 1,600mg daily may be necessary. Children: up to 1 year old, 100-200mg daily; aged 1-5 years, 200-400mg daily; aged 5-10 years, 400-600mg daily; aged 10-15 years, 600-1,000mg daily. It may be helpful to monitor plasma drug levels: optimum therapeutic range is 3-10 $\mu\text{g/ml}$ (13-42 $\mu\text{mol/l}$). **Side-effects** Dizziness and diplopia (usually dose-dependent), less frequently drowsiness, dry mouth, diarrhoea, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hyponatraemia, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic jaundice and acute renal failure. Blood count should be checked in early stages of treatment. **Precautions** Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum folic acid levels should be observed during anticonvulsant therapy. **Contra-indications** Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced. **Packs** Tablets of 100mg (PL0001/5027) basic NHS price £2.99 per 100, £14.40 per 500; tablets of 200mg (PL0001/5028) £5.56 per 100, £26.78 per 500; tablets of 400mg (PL0001/0088) £10.92 per 100; syrup 100mg/5ml (PL0001/0050) £5.34 per 300ml bottle. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

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