



MELGESIC CAPSULE 250mg

Description: Sz 1: light blue opaque/ivory opaque.

Content

Mefenamic Acid 250mg/capsule

Pharmacology

Mefenamic acid has analgesic, anti-inflammatory and antipyretic actions. By inhibiting the synthesis and activity of intrauterine prostaglandins, it decreases uterine contractility and relieves spasmodic pain in dysmenorrhoea. It is well absorbed orally and extensively bound to plasma proteins. It undergoes hepatic metabolism and renal excretion.

Indications

It is indicated for the relief of moderate pain when therapy will not exceed one week. It is also indicated for the treatment of primary dysmenorrhoea.

Adverse Effect

Gastrointestinal irritation, headache, drowsiness, dizziness, nausea or vomiting, visual disturbances, hypersensitive reactions, nervousness, and diarrhoea may occur in some patients.

Precautions

- Caution in patients with renal or liver function impairment, epilepsy and hypoprothrombinemia.
- Mefenamic acid may exacerbate asthma.
- Therapy should be discontinued if diarrhoea or skin rash occurs.
- Take with meals. Avoid alcoholic beverages.

“Pregnancy”

- Use of NSAIDs at about 20 weeks gestation or later in pregnancy may cause foetal renal dysfunction leading to oligohydramnios and in some cases, neonatal renal impairment. These adverse outcomes are seen, on average, after days to weeks of treatment, although oligohydramnios has been infrequently reported as soon as 48 hours after NSAID initiation. Oligohydramnios is often, but not always, reversible with treatment discontinuation.

Contraindication

- Avoid in patients with peptic ulceration or inflammatory bowel disease.
- Not recommended for children under 14 years of age, women during pregnancy and lactation, and patients known to be hypersensitive to the drug.

Drug Interactions

Mefenamic acid may enhance the effects of the coumarin anticoagulants.

Overdosage

Convulsions have been reported.

Treatment consists of emesis or gastric lavage, administering activated charcoal or the necessary symptomatic and supportive measures.

Dosage and Administration

Adults and children over 14 years - Oral, 500mg initially, followed by 250mg every 6 hours as needed.

Dysmenorrhoea - Oral, 500mg three times a day.

Note: It is recommended that mefenamic acid should not be used for more than 7 days at a time.

WARNINGS

RISK OF GI ULCERATION, BLEEDING AND PERFORATION WITH NSAID

Serious GI toxicity such as bleeding, ulceration and perforation can occur at any time, with or without warning symptoms, in patients treated with NSAID therapy. Although minor upper GI problems (e.g. dyspepsia) are common, usually developing early in therapy, prescribers should remain alert for ulceration and bleeding in patients treated with NSAIDs even in the absence of previous GI tract symptoms.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Patients with prior history of serious adverse events and other risk factors associated with peptic ulcer disease (e.g. alcoholism, smoking, and corticosteroid therapy) are at increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less than other individuals and account for most spontaneous reports for fatal GI events.

All NSA/Ds should be prescribed at the lowest effective dose and the duration of treatment should be periodically reviewed and kept as short as possible.

Non-selective NSAIDs may be associated with a small increase in the absolute risk of cardiovascular events (e.g. myocardial infarction and stroke), especially when used at high doses for long-term treatment.

All NSA/Ds should not be used perioperatively in patients who have recently undergone coronary artery bypass graft (CABG) surgery and revascularisation procedures.

Storage

Manufactured & Distributed by

Presentation/Packing

Shelf life

Singapore Registrant:

Keep container tightly closed. Store in a cool, dry place, below 30°C, away from light.

Capsule 250mg
10x100's, 1000's

3 years

JOYSON PTE LTD
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