Important information. Please read carefully.

Hydrochlorzide-50™

Tablets

COMPOSITION
Each tablet contains Hydrochlorothiazide 50mg.

PHARMACODYNAMICS
Hydrochlorothiazide is a diuretic which acts by reducing resorption of electrolytes from renal tubules, thereby increasing excretion of sodium and chloride ions and consequently of water. It also reduces carbonic-anhydrase activity, to increase the excretion of bicarbonate, without significant change in urinary pH.
Non-melanoma skin cancer: Based on available data from epidemiological studies, cumulative dose-dependent association between hydrochlorothiazide and NMSC has been observed. One study included a population comprised of 71,533 cases of BCC and of 8,629 cases of SCC matched to 1,430,833 and 172,462 population controls, respectively. High hydrochlorothiazide use (>50,000 mg cumulative) was associated with an adjusted OR of 1.29 (95% CI: 1.23-1.35) for BCC and 3.98 (95% CI: 3.68-4.31) for SCC. A clear cumulative dose response relationship was observed for both BCC and SCC. Another study showed a possible association between lip cancer (SCC) and exposure to hydrochlorothiazide: 633 cases of lip-cancer were matched with 63,067 population controls, using a risk-set sampling strategy. A cumulative dose-response relationship was demonstrated with an adjusted OR 2.1 (95% CI: 1.7-2.6) increasing to OR 3.9 (3.0-4.9) for high use (~25,000 mg) and OR 7.7 (5.7-10.5) for the highest cumulative dose (~100,000 mg).

PHARMACOKINETICS
Hydrochlorothiazide is fairly rapidly absorbed from the gastrointestinal tract. It is reported to have a bioavailability of 65 to 70%. It has been estimated to have a plasma half-life of between about 5 and 15 hours and appears to be preferentially bound to red blood cells. It is excreted mainly unchanged in the urine. Hydrochlorothiazide crosses the placental barrier and is distributed into breast milk.

INDICATIONS
Hydrochlorzide is indicated for the treatment of oedema and hypertension.

DOSAGE AND ADMINISTRATION
To be administered orally.
ADULTS :
Oedema : Usually, 25mg to 100mg once or twice daily or intermittently to a maximum of 200mg daily.
Hypertension : 25mg to 50mg daily; either alone or in conjunction with other antihypertensive agents, to a maximum of 100mg daily.

CHILDREN
Usually 2.5mg per kg body weight a day, given in two doses.

CONTRAINDICATIONS
Anuria, known hypersensitivity to this product or to other sulphonamides -derived drugs.

WARNING AND PRECAUTIONS
Patients should be carefully monitored for signs of fluid and electrolyte imbalance (hyponatraemia; hypochloraemic alkalosis; hypokalaemia and hypomagnesaemia).
Use with caution in impaired renal or hepatic function and diabetes mellitus. It may precipitate attacks of gout in susceptible patients. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.
Use in pregnancy: use of Thiazides when pregnancy is present or suspected requires that the benefits of the drug be weighed against possible hazards to the foetus.
Use in breast-feeding mothers: Thiazides appear in breast milk. If use of the drug is deemed essential, the patients should stop breast feeding.
An increased risk of non-melanoma skin cancer (NMSC) [basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)] with increasing cumulative dose of hydrochlorothiazide exposure has been observed in two epidemiological studies based on the Danish National Cancer Registry. Photosensitizing actions of hydrochlorothiazide could act as a possible mechanism for NMSC.
Patients taking hydrochlorothiazide should be informed of the risk of NMSC and advised to regularly check their skin for any new lesions and promptly report any suspicious skin lesions. Possible preventive measures such as limited exposure to sunlight and UV rays and, in case of exposure, adequate protection should be advised to the patients in order to minimize the risk of skin cancer. Suspicious skin lesions should be promptly examined potentially including histological examinations of biopsies. The use of hydrochlorothiazide may also need to be reconsidered in patients who have experienced previous NMSC.

DRUG INTERACTIONS
Hydrochlorothiazide when given concurrently with alcohol, barbiturates or narcotics may cause potentiation of orthostatic hypotension. Dosage adjustment may be required if antidiabetic drug (oral agents and insulin) is given concurrently with thiazide diuretics.
Potentiation may occur with other antihypertensive drugs.
With corticosteroids and ACTH, intensified electrolyte depletion, particularly hypokalaemia may occur. Lithium should generally not be given with diuretics as they may provoke lithium toxicity because of reduced renal clearance. Concurrent use of Methenamine and thiazides diuretics is not recommended because of the possibility that the urine will become alkaline, thereby reducing the effectiveness of methenamine by inhibiting its conversion to formaldehyde.

Incompatibilities
Concurrent use of thiazide diuretics with food containing large dose of calcium or other calcium containing medication may cause hypercalcaemia because of reduced calcium excretion. Caution is recommended when topical or systemic photosensitizing medication is used concurrent with thiazide diuretics because of possible active photosensitive effects.

SIDE EFFECTS
Side effects of the gastrointestinal system are anorexia, gastric irritation, nausea, vomiting, cramps, diarrhoea, constipation, jaundice, pancreatitis, salivary gland inflammation and dryness of mouth or increased thirst. Effects on central nervous system include dizziness, vertigo, paraesthesiae, headache, yellow vision and mood or mental changes.
Other side effects include hypotension, impotence, hyperglycaemia, glycosuria, hyperuricaemia, electrolye imbalance, leucopenia, agranulocytosis, thrombocytopenia, aplastic and haemolytic anaemia, hypersensitivity, purpura, photosensitivity, rash, urticaria, sore throat and fever.
Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

Neoplasms benign, malignant and unspecified (incl cysts and polyps)
Frequency 'not known' : Non-melanoma skin cancer (Basal cell carcinoma and Squamous cell carcinoma).
Non-melanoma skin cancer : Based on available data from epidemiological studies, cumulative dose-dependent association between hydrochlorothiazide and non-melanoma skin cancer has been observed.

Respiratory distress including pneumonitis and pulmonary oedema

OVERDOSAGE AND TREATMENT
In cases of overdosage and poisoning, hospital admission is strongly advised. Symptoms include severe forms of side effects.Treatment is symptomatic.

SHELF-LIFE
The expiry date is indicated on the packaging.

PRESENTATION
Not all presentations may be available locally.
The tablet can be divided into equal halves.

Light orange, round, flat beveled edge tablet with breakline and embossed 'XS' on one side, 7.9mm in diameter. Available in blister pack of 30's, 100's and 1000's. Not all pack sizes are available.

LIST OF EXCIPIENTS
Cellactose, Microcrystalline Cellulose, Maize Starch, Pregelatinized Maize Starch, Colloidal Silicon Dioxide, Magnesium Stearate, Ponceau 4R Lake Colour, FDC Yellow #6 Lake Colour.

STORAGE
Store below 30°C.

KEEP OUT OF REACH OF CHILDREN
JAUHI DARI KANAK-KANAK

For further information, please consult your pharmacist or physician.

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Manufactured and Marketed by
Xepa-Soul Pattinson (Malaysia) Sdn Bhd
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