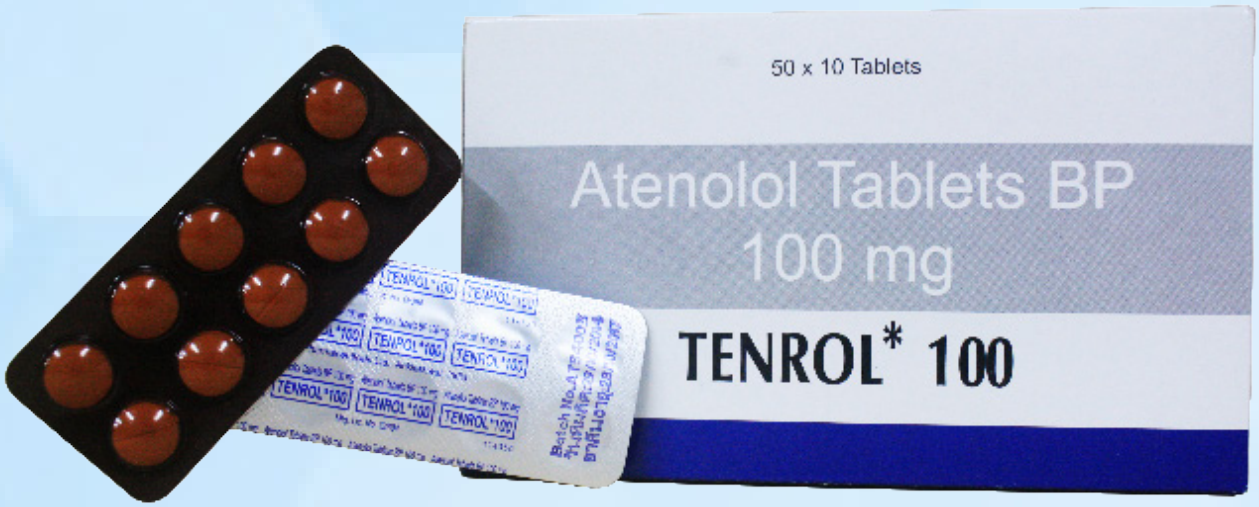
GIS Pharma Part. Ltd.
ห้างหุ้นส่วนจำกัด จีไอเอส ฟาร์มา

TENROL-100

ATENOLOL TABLETS B.P. 100 MG



1.1 cm.

โปรดอ่านรายละเอียดเพิ่มเติมในเอกสารกำกับยา

ฆศ.842/2561

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COMPOSITION :

Each film coated tablet contains Atenolol B.P. 100 mg.

DESCRIPTION :

TENROL is a synthetic, beta-1 selective (cardio selective) adrenoreceptor blocking agent.

PHARMACOLOGY :

Absorption/ Distribution

Absorption of oral Atenolol is rapid and consistent but incomplete. Approximately 50% of an oral dose is absorbed. Peak blood levels are reached between two and four hours after ingestion. Only a small amount (6%-16%) is bound to proteins in the plasma.

Metabolism/ Excretion

TENROL undergoes little or no metabolism in the liver, and is primarily eliminated by renal excretion. Elimination half-life is 6 to 7 hours and duration of action is 24 hours. Accumulation of the drug occurs in renal impairment.

MECHANISM OF ACTION :

By blocking the positive chronotropic and inotropic effects of catecholamines and by decreasing blood pressure, **TENROL** generally reduces the oxygen requirements of the heart at any given level of effort, making it useful for many patient in the long-term management of angina pectoris.

INDICATIONS :

Management of hypertension, angina pectoris due to coronary atherosclerosis.

USUAL DOSAGE :

The initial dose of **TENROL** is 50 mg tablet a day. The full effect of this dose will usually be seen within one to two weeks. If an optimal response is not achieved the dosage should be increased to **TENROL** 100 mg one tablet a day.

OVERDOSAGE :

The predominant symptoms following **TENROL** overdose are lethargy, disorder of respiratory drive, wheezing, sinus pause and bradycardia.

In case of overdose symptomatic and supportive therapy should br given as appropriate.

The drug may be removed from the plasma by haemodialysis.

ADVERSE REACTIONS :

TENROL is well tolerated. In clinical studies, the undesired events reported are usually attributable to the pharmacological actions of atenolol.

The following undesired events, listed by body system, have been reported.

Cardiovascular : Bradycardia (isolate cases); heart failure deterioration; postural hypotension which may be associated with syncope; cold extremities. In Susceptible Patients: Precipitation of heart block; intermittent claudication may be increase if already present, Raynaud's phenomenon.

CNS : Confusion; dizziness; headache; mood changes; nightmares; phychoses and hallucinations; sleep disturbances of the type noted with other ß-blockers.

Gastrointestinal : Dry mouth, gastrointestinal disturbance, elevations of transaminase levels have been seen infrequently, rare cases of hepatic toxicity including intrahepatic cholestasis have been reported.

Haemotological : Purpura; thrombocytopenia.

Integumentary : Alopecia; dry eyes; psoriasiform skin reaction; exacerbation of psoriasis; skin rashes.

Neurological : Paraesthesia.

Respiratory : Bronchospasm may occur in patients with bronchial asthma or a history of asthmatic complaints.

Special Senses : Visual disturbances.

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Other: Fatigue; an increase in ANA (antinuclear antibodies) has been observed; however, the clinical relevance of this is not clear.

CONTRAINDICATION :

Patient with second degree or third degree heart block, sinus bradycardia, cardiogenic shock and overt cardiac failure.

PRECAUTION :

Special care should be taken with patients, whose cardiac reserve is poor. Myocardial contractility must be maintained and signs of failure controlled with digitalis and diuretics. In patient suffering from ischaemic heart disease as with other beta-blocking agents, treatment should not be discontinued abruptly.

Care should be taken in prescribing beta adrenoreceptor blocking drug with class I antiarrhythmic agents such as disopyramide and with Verapamil. Caution should be excersied when transferring patients from Clonidine to beta adreno receptor blocking agents.

Renal failure : Since TENROL is excreted via the kidneys. Dosage should be adjusted in cases of severe impairment of renal function.

Pregnancy : There is no scientific study reporting safety, therefore, this medicine should be used under close supervision for the treatment of pregnancy associated hypertension. However, the anticipated benefits be weighed against possible risk.

Children : There is no scientific study support safety for the use in children.

STORAGE :

Protect from Light.

PRESENTATION :

A strip of 10 tablets packed in Blister aluminium foil. (50 x 10's).

MANUFACTURED IN INDIA BY :

J.B. CHEMICALS & PHARMACEUTICALS LTD.

Plot No. 128/1, G.I.D.C., Ankleshwar 393 002, Gujarat State.

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