

Benduric[®] (Tablets)

Bendroflumethiazide
Thiazide like diuretic

BENDURIC[®] TABLETS 2.5MG

BENDURIC[®] TABLETS 5MG

PRESENTATION:

Benduric[®] Tablets 2.5mg: White, circular, flat bevelled-edge tablet embossed BD 2.5 on one side and plain on the other side. Each tablet contains: Bendroflumethiazide (Bendrofluazide) 2.5mg, Lactose and other excipients.

Benduric[®] Tablets 5mg: White, circular, flat bevelled-edge tablet embossed BD 5 on one side and a breakline on the other side. Each tablet contains: Bendroflumethiazide (Bendrofluazide) 5mg, Lactose and other excipients.

CLINICAL PHARMACOLOGY:

Bendroflumethiazide is a thiazide diuretic. Thiazides are moderately potent diuretics and exert their diuretic effect by reducing the reabsorption of electrolytes from the renal tubules, thereby increasing the excretion of sodium and chloride ions, and consequently water. They act mainly at the beginning of the distal tubules. The excretion of other electrolytes, notably potassium and magnesium, is also increased. The excretion of calcium is reduced. Their hypotensive effect is probably partly due to a reduction in peripheral resistance; they also enhance the effects of other antihypertensives. Paradoxically, thiazides have an antidiuretic effect in patients with diabetes insipidus.

Pharmacokinetics:

Bendroflumethiazide has been reported to be completely absorbed from the gastro-intestinal tract and to have a plasma half-life of about 3 or 4 hours. It is highly bound to plasma proteins. There are indications that Bendroflumethiazide is fairly extensively metabolised; about 30% is excreted unchanged in the urine.

USES:

Benduric[®] is used in the treatment of oedema, including that associated with heart failure and for hypotension. Other indications have included the suppression of lactation. It is used for hypotension either alone or with other antihypertensives such as ACE inhibitors and beta blockers.

DOSAGE AND ADMINISTRATION:

Adults:

In the treatment of hypotension:

2.5mg daily, either alone or with other antihypertensives.

In the treatment of oedema:

The initial dose is 5 to 10mg by mouth daily or on alternate days; in some cases initial doses of up to 20mg may be necessary.

Children:

Initial dose for children is up to 400mcg per kg body weight, daily reduced to 50 to 100mcg per kg for maintenance.

CONTRA-INDICATIONS AND WARNINGS:

Precautions:

All diuretics produce changes in fluid and electrolyte balance. They should be used with caution in patients with existing fluid and electrolyte disturbances or who are at risk from changes in fluid and electrolyte balance, such as the elderly. They should be avoided in patients with severe hepatic impairment, in whom encephalopathy may be precipitated.



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Patients with hepatic cirrhosis are also more likely to develop hypokalaemia. All patients should be carefully observed for signs of fluid and electrolyte imbalance, especially in the presence of vomiting or during parenteral fluid therapy. Thiazide diuretics should not be given to patients with Addison's disease. Diuretics should also be given with caution in renal impairment.

Adverse Effects:

Bendroflumethiazide and other thiazides may cause a number of metabolic disturbances especially at high doses. They may provoke hyperglycaemia and glycosuria in diabetic and other susceptible patients. They may cause hyperuricaemia and precipitate attacks of gout in some patients. Other adverse effects include anorexia, gastric irritation, nausea, vomiting, constipation, diarrhoea, headache, dizziness, photosensitivity reactions, orthostatic hypotension, paraesthesia, impotence and yellow vision. Hypersensitivity reactions include skin rashes, fever, pulmonary oedema, and pneumonitis. Cholestatic jaundice, pancreatitis, and blood dyscrasias have been reported.

Interactions:

Diuretic-induced hypokalaemia may enhance the toxicity of digitalis glycosides and may also increase the risk of arrhythmias with drugs that prolong the QT interval, such as astemizole, terfenadine, halofantrine, pimozide, and sotalol. Diuretics may enhance the effect of other antihypertensives, particularly the first-dose hypotension that occurs with alpha blockers or ACE inhibitors. The antihypertensive effects of diuretics may be antagonised by drugs that cause fluid retention, such as corticosteroids, NSAIDs, or carbenoxolone. Thiazide diuretics should not usually be administered concomitantly with lithium since the association may lead to toxic blood concentrations of lithium. Other drugs for which increased toxicity has been reported when given concomitantly with thiazides include allopurinol and tetracyclines.

Pregnancy and Lactation:

Pregnancy: Bendroflumethiazide is best avoided for the management of oedema or hypertension in pregnancy as it crosses the placenta and its use may be associated with hypokalaemia, increased blood viscosity and reduced placental perfusion.

Lactation: Bendroflumethiazide suppresses lactation and, although the amounts passing into breast milk are small, it should be avoided in breast feeding mothers.

PHARMACEUTICAL PRECAUTIONS:

Store in a dry place below 30°C. Protect from light. Keep all medicines out of the reach of children.

LEGAL CATEGORY:

Prescription Only Medicine (POM)

®Regd. TM



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