1.4 PRODUCT INFORMATION.
1.4.1 Prescribing information (Summary of Product Characteristics).
1. NAME OF THE MEDICINAL PRODUCT.
Aspirin 300mg Tablets.

1.1 Strength:
Aspirin 300mg.

1.2 Pharmaceutical Form:
Tablets.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains: Aspirin BP 300mg.

3. PHARMACEUTICAL FORM
Tablets.
White circular biconvex tablets scored on one side and plain on reverse. Packed in blisters of 20 x10's and contained in a unit box and in 1000's in HDPE container with literature insert.

4. CLINICAL PARTICULARS
4.1 Therapeutic Indications:
Aspirin has analgesic, antipyretic and anti-inflammatory actions. It is indicated for:
1) The relief of headache, toothache, migraine, neuralgia, sore throat, dysmenorrhea.
2) The symptomatic relief of influenza, feverishness, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, muscular aches and pains.
3) It also has an antithrombotic action, medicated through inhibition of platelet activation, which has been shown to be useful in secondary prophylaxis following myocardial infarction, and in patients with unstable angina and cerebral transient ischaemic attacks.

4.2 Posology and method of administration:
Route of administration: Oral.
Posology
Adults including elderly: 1-2 tablets (300-600mg) every 3-4 hours as required, to a maximum of 12 tablets (3.6g) daily in divided doses.
Children: Do not give to children aged under 16 years, unless specifically indicated (e.g., for Kawasaki disease).
Antithrombotic action: For its antithrombotic effect following myocardial infarction, transient ischaemic attach, or patient with unstable angina, the recommended dose is 300mg daily.

4.3 Method of administration:
Aspirin 300mg Tablets are administered orally.

4.4 Contraindications:
Aspirin should not be taken by patients with the following conditions:
Known hypersensitivity to aspirin, other ingredients in the product, other salicylates or non-steroidal anti-inflammatory drugs (a patient may have developed anaphylaxis, angioedema, asthma, rhinitis or urticarial induced by aspirin or other NSAIDS)
Nasal polyps associated with asthma (high risk of severe sensitivity reactions).
Active peptic ulceration or a past history of ulceration or dyspepsia).
Haemophilia or other haemorrhagic disorder (including thrombocytopenia) as there is an increased risk of bleeding.
Concurrent anticoagulant therapy should be avoided.
Severe hepatic impairment
Severe renal impairment
Severe renal impairment
Severe cardiac failure
Third trimester of pregnancy
Children under 16 years old, unless specifically indicated (e.g., Kawasaki's disease).

4.5 Special Warnings and Precautions for Use:
There is a possible association between aspirin and Reyes's syndrome when given to children. Reyes's syndrome is a very rare disease, which affects the brain and liver, and can be fatal. For this reason, aspirin should not be given to children under 16years, unless on the advice of a doctor e.g., Kawasaki's Syndrome.
Aspirin should be used with caution in patients with:

Acetylsalicylic acid may promote bronchospasm and asthma attacks or other hypersensitivity reactions. Risk factors are existing asthma, hay fever, nasal polyps or chronic respiratory diseases. The same applies for patients who also for patients who also show allergic reaction to other substances (e.g., with skin reaction, itching or urticarial).

Dehydration

Glucose-6 phosphate dihydrogen deficiency (aspirin rarely causes haemolytic anaemia)

Gout (serum urate may be increased)

There is an increased risk of haemorrhage particularly during or after operative procedures (even in cases of minor procedures, e.g., tooth extraction). Use with caution before surgery, including tooth extraction. Temporary discontinuation of treatment may be necessary.

Elderly patients are particularly susceptible to the adverse effects of NSAIDS, including acetylsalicylic acid especially gastro-intestinal bleeding and perforation which may be fatal. Where prolonged therapy is required, patients should be reviewed regularly.

Before commencing long-term aspirin therapy for the management of cardiovascular or cerebrovascular disease patients should consult their doctor who can advise on the relative benefits versus the risks for the individual patient.

Vaccine recipient should avoid use of salicylates for 6 weeks after varicella vaccination.

Acetylsalicylic acid is not recommended during menorrhagia where it may increase menstrual bleeding.

Acetylsalicylic acid is to be used with caution in cases of hypertension and when patients have a past history of gastric or duodenal ulcer or haemorrhagic episodes or are undergoing therapy with anticoagulants.

Patient should report any unusual bleeding symptoms to their physician. If gastrointestinal bleeding or ulceration occurs the treatment should be withdrawn.

Serious skin reactions, include Steven-Johnson's syndrome, have rarely been reported in association with the use of acetylsalicylic acid. Acetylsalicylic acid. Acetylsalicylic acid. Should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

The following warnings are on the OTC product labelling:

Do not take if you have a stomach ulcer

If symptoms persist for more than 3 days, consult your doctor

Keep this medicine out of the sight and reach of children

Do not give children aged under 16 years, unless on the advice of a doctor.

4.6 Paediatric population:

Aspirin 300mg Tablets are not indicated in children and young people aged 0 to 16 years (see 'Special Warning and Precautions for Use').

4.7 Interaction with other medicinal products and other forms of Interaction:

The following drug interactions should be considered when prescribing aspirin:

Analgesics-avoid concomitant administration of other salicylates or other NSAIDS (including topical formulations) as increased risk of side effects.

Alkalizers of urine (e.g., antacid, citrates)-increase excretion of aspirin.

Metoclopramide and domperidone-increased rate of absorption of aspirin.

Mifepristone-avoid aspirin until 8-12 days after mifepristone.

Contraindicated combinations.

Methotrexate (used at doses > 15mg/week):

The combined drugs, methotrexate and acetylsalicylic acid enhance haemotological toxicity of methotrexate due to the decreased renal clearance of methotrexate by acetylsalicylic acid. Therefore, the concomitant use of methotrexate (at doses>15ng/week) with acetylsalicylic acid is contraindicated.

Not recommended combinations.

Uricosuric agents e.g., probenecid

Salicylates reverse the effect of probenecid. The combination should be avoided.

Alcohol: Concomitant administration of alcohol and acetylsalicylic acid increases the risk of gastrointestinal bleeding.

Ibuprofen: Ibuprofen may inhibit the effect of low dose acetylsalicylic acid on platelet aggregation when they are dosed concomitantly. However, the limitations of these data and the uncertainties regarding extrapolation of ex vivo data to the clinical situation imply that no firm conclusions can be made for regular ibuprofen use and no clinically relevant effect is considered to be likely for occasional ibuprofen use.

4.8 Additional information on special populations:

No information on this section has been provided.

4.9 Paediatric Population:

Aspirin 300mg Tablet is not indicated in children and young people aged 0 to 16 years (see 'Special Warning and Precautions for Use').

4.10 Fertility, Pregnancy and Lactation:

Pregnancy

Regular or high dose use of salicylates late in pregnancy may result in:

Kernicterus in jaundiced neonates. During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose the foetus to:

Cardiopulmonary toxicity (with premature closure of the ductus arteriosus and pulmonary hypertension);

Renal dysfunction, which may progress to renal failure with oligo-hydroamniosis; the mother and the neonate, at the end of pregnancy to:

Possible prolongation of bleeding time, an anti-aggregating effect which may occur even at very low doses.

Inhibition of uterine contraction resulting in delayed or prolonged labour.

Consequently, acetylsalicylic acid at doses of 100mg/day and higher is contraindicated during the third trimester of pregnancy.

Lactation

Low quantities of salicylates and their metabolites are excreted into breast milk. Adverse effects for the infant have not been reported up to now. However, aspirin should be avoided during lactation because of possible risk of Reyes syndrome. In cases of long-term use and/or administration of higher doses, breastfeeding should be discontinued.

Regular use high doses of Aspirin could impair platelet's function and produce hypoprothrombinaemia in the infant neonatal vitamin K stores are low.

4.11 Effects on Ability to Drive and Use Machines:

No studies on the effects on the ability to drive and use machines have been performed with Acetylsalicylic acid.

Based on the pharmacodynamic properties and the side effects of acetylsalicylic acid, no influence on the reactivity and the ability to drive or use machines is expected.

4.12 Undesirable Effects:

Adverse effects of aspirin treatment which have been reported include:

Blood and lymphatic system disorders:

Anaemia may occur following chronic gastrointestinal blood loss or acute haemorrhage. Aspirin prolongs bleeding time, and bleeding disorders, such as epistaxis, purpura and intracranial haemorrhage have occasionally been reported.

Nervous system disorders: Mental confusion, Dizziness, Ear and labyrinth disorders: hearing disturbances (such as tinnitus), vertigo. Respiratory, thoracic and mediastinal disorders;

Aspirin may precipitate bronchospasm and induce asthma in susceptible patients. Dyspnoea also have been reported.

Gastrointestinal disorders; gastric irritation, dyspepsia, nausea, vomiting, gastrointestinal erosions, ulcerations, gastritis. In some cases of intensive use may induce gastrointestinal haemorrhage, occasionally major, which may manifest as melaena or haematemesis. General disorders and administration site conditions: Hypersensitivity reactions include skin rashes, urticaria and angioedema

4.13 Overdose:

Symptoms

Common features include; vomiting, dehydration, tinnitus, vertigo, deafness, sweating, warm extremities with bounding pulses, increased respiratory rate and hyperventilation. Some degree of acid-base disturbance is present in most cases.

A mixed respiratory alkalosis and metabolic acidosis with normal or high arterial pH (normal or reduced hydrogen ion concentration) is usual in adults and children over age of four years. In children aged four years or less, a dominant metabolic acidosis with low arterial pH (raised hydrogen ion concentration) is common. Acidosis may increase salicylate transfer across the blood brain barrier.

Uncommon features include haematemisis, hyperpyrexia, hypoglycaemia, hypokalaemia, thrombocytopaenia, increased INR/PTR, intravascular coagulation, renal failure and non-cardiac pulmonary oedema.

Central nervous system features including confusion, restlessness, hallucinations, disorientation, comma, cardiovascular collapse, respiratory arrest and convulsions are less common adults than in children.

Management: Give activated charcoal if an adult presents within one hour of ingestion of more than 250mg/kg. The plasma salicylate concentration should be measured, although the severity of poisoning cannot be determined from this alone and the clinical and biochemical features must be taken into account. Elimination is increased by urinary alkalinisation, which is achieved by the administration of 1.26% sodium bicarbonate. The urine pH should be monitored. Correct metabolic acidosis with intravenous 8.4% sodium bicarbonate (first check serum potassium). Forced diuresis should not be used since it does not enhance salicylate excretion and may cause pulmonary oedema.

Haemodialysis is the treatment of choice for severe poisoning and should be considered in patients with plasma salicylate concentrations >700mg/L (5.1mmol/L), or lower concentrations associated with severe clinical or metabolic features. Patients under ten years or over 70 have an increased risk of salicylate toxicity and may require dialysis at an earlier stage. Other symptoms to be treated symptomatically.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties:

Pharmacotherapeutic Group: Nervous System, Analgesics, Other Analgesics and Antipyretics, Salicylic acid and derivatives.

ATC Code: N02BA01.

Aspirin is an anti-inflammatory, antipyretic

Aspirin is analgesic, anti-inflammatory, antipyretic and an inhibitor of platelet aggregation. It prolongs the bleeding time. It inhibits fatty acid cyclo-oxygenase by acetylation of the active site of the enzyme, and most of its pharmacological effects are due to inhibition of the formation of cyclo-oxygenase products including thromoxanes, prostaglandins and prostacyclin. The effect on platelets is cumulative over their 8-day life span because they have no capacity to resynthesize the cyclo oxygenase enzyme. Aspirin has an active metabolite (salicylate) which, in addition to possessing some anti-inflammatory properties in its own right, also has important oxidative phosphorylation in muscle, increasing oxygen consumption and carbon dioxide production. Hyperventilation causes respiratory alkalosis which is compensated and renal function is impaired, resulting in metabolic acidosis. Salicylates have a direct irritant effect on gastric mucosa and further predispose to ulceration by inhibiting synthesis of vasodilator synthesis of vasodilator and cytoprotective prostaglandins.

Experimental data suggest that ibuprofen may inhibit the effect of low dose acetylsalicylic acid on platelet aggregation when they are dosed concomitantly. In one study, when a single dose of ibuprofen 400mg was taken within 8hours before or within 30minutes after immediate release acetylsalicylic acid dosing (81mg), a decreased effect of ASA on the formation of thromboxane or platelet aggregation occurred .However, the limitations of these data and the uncertainties regarding extrapolation of ex vivo data to the clinical situation imply that no firm conclusion can be made for regular ibuprofen use, and no clinically relevant effect is considered to be likely for occasional ibuprofen use.

5.2 Pharmacokinetic properties:

Following oral administration, absorption of non-ionized aspirin occurs in the stomach and intestine. Some aspirin is hydrolyzed salicylate in the gut wall. After absorption aspirin is rapidly converted to salicylate but during the first twenty minutes following oral administration, aspirin is the predominant form of the drug in the plasma. Aspirin is bound to plasma proteins and is widely distributed. Plasma-aspirin concentration decline rapidly (half-life 15-20 minutes) as plasma salicylate concentration increase. Salicylate are extensively bound to plasma proteins and are rapidly distributed to all body parts. Salicylate appear in breast milk and across the acid, gentisuric acid. Following a 325mg aspirin dose, elimination is a first order process and the serum-salicylate half-life is about two to three hours; at high aspirin doses, the half-life increases to fifteen to thirty hours. Salicylate is also excreted unchanged in the amoutexcreted by this route increases with increases with increasing dose and also depends on urinary pH, about 30% of a dose being excreted in alkaline urine compared with 2% of a dose in acidic urine. Renal excretion involves glomerular filtration, active renal tubular secretion, and passive tubular reabsorption, Salicylates are removed by haemodialysis.

5.3 Preclinical safety data:

There is no pre-clinical data of relevance to a prescriber, which is additional to that included in other sections of the SPC.

6. PHARMACEUTICAL PARTICULARS

6.1 List of Excipients:

- Dummy Lactose Granules.
- Croscarmellose Sodium
- Stearic Acid Microfined
- Colloidal Silicon Dioxide (Fumed)
- Purified Talc

6.2 Incompatibilities:

None Known.

6.3 Shelf Life:

24 months.

6.4 Special Precautions for Storage:

Store in a dry place, below 30°C.

Protect from light.

Keep all medicines out of reach of children.

6.5 Nature and Contents of Container:

Blister Packs: Blisters of 20 x 10 tablets packed in a unit carton with a literature insert.

Bulk Packs: 1000’s packed in polythene bags contained in HDPE containers with a literature insert.

6.6 Special precaution for disposal and other handling:
Any unused medicinal product or waste material should be disposed off in accordance with local requirements.

7. MARKETING AUTHORIZATION HOLDER AND MANUFACTURING SITE ADDRESSES
Marketing Authorization Holder:
Company Name: LABORATORY & ALLIED LTD.
Address: Plot No. 209/10349, Opposite Sameer Business Park, Next to Libra House, Mombasa Road, P.O. Box 42875 GPO 00100, Nairobi-Kenya.
Country : Kenya
Telephone : +254 20 8040306
Telefax : +254 20 8040309
E-Mail : info@laballied.com.

Manufacturing Site Address:
Company Name: LABORATORY & ALLIED LTD.
Address: Plot No. 209/10349, Opposite Sameer Business Park, Next to Libra House, Mombasa Road, P.O. Box 42875 GPO 00100, Nairobi-Kenya.
Country : Kenya
Telephone : +254 20 8040306
Telefax : +254 20 8040309
E-Mail : info@laballied.com

8. MARKETING AUTHORIZATION NUMBER:
Kenya Reg No.: H99/256.

9. DATE OF FIRST REGISTRATION/ RENEWAL OF THE REGISTRATION:
Registration Date: 15/10/1999.
Renewal Date: To be retained annually.

10. DATE OF REVISION OF THE TEXT:
March, 2024.

11. DOSIMETRY (IF APPLICABLE)
Not Applicable.

12. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS (IF APPLICABLE)
Not Applicable.