SCHEDULING STATUS: S2

PROPRIETARY NAME AND DOSAGE FORM : GRIPPON CAPSULES

COMPOSITION:

Each capsule contains:

Phenylephrine hydrochloride	5 mg
Chlorpheniramine maleate	2 mg
Paracetamol	300 mg
Ascorbic acid	75 mg
Caffeine	30 mg

Sugar free

List of Excipients: Dibasic calcium phosphate, liquid paraffin, magnesium stearate

PHARMACOLOGICAL CLASSIFICATION:

A 5.8. Medicines affecting autonomic functions - Preparations for the common cold including nasal decongestants and antihistaminics

PHARMACOLOGICAL ACTION:

Paracetamol has analgesic and antipyretic actions.

Phenylephrine hydrochloride is a sympathomimetic agent.

Chlorpheniramine maleate is an antihistamine.

Ascorbic acid is vitamin C.

INDICATIONS:

For the symptomatic treatment and relief of colds and influenza.

CONTRAINDICATIONS:

Hypersensitivity to either paracetamol or any other component. Patients with prostatic enlargement, paralytic ileus or pyloric stenosis, closed angle glaucoma or with a narrow angle between the iris and the cornea. Epilepsy. Coronary disease, severe hypertension, cardiovascular disease or hyperthyroidism and pregnancy. Patients being treated with monoamine oxidase inhibitors or within 10 days of stopping such treatment.

Do not use in children under 6 years of age

WARNING AND SPECIAL PRECAUTIONS:

Dosages in excess of those recommended may cause severe liver damage

This product contains paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted

This medicine may lead to drowsiness and impaired concentration that may be aggravated by the simultaneous intake of alcohol or other central nervous system depressants. Patients should be advised, particularly at the initiation of therapy, against taking charge of vehicles or machinery or performing potentially hazardous tasks where loss of concentration could lead to accidents.

Special precautions:

Consult your doctor if no relief is obtained with the recommended dosage. Store in a safe place out of the reach of children.

Patients suffering from liver or kidney disease should take paracetamol under medical supervision.

Use with caution in conditions characterised by tachycardia such as thyrotoxicosis, cardiac insufficiency or failure and in cardiac surgery.

Caffeine should be given with care to patients with a history of peptic ulceration.

Effects on ability to drive and use machines

Persons operating machinery or driving cars should therefore exercise caution after taking the

medicine.

INTERACTIONS:

The effects of phenylephrine are enhanced by guanethidine and to a lesser extent by reserpine, methyldopa and tricyclic antidepressants.

The antihistamine, chlorpheniramine maleate may enhance the sedative effect of central nervous system depressants including alcohol, barbiturates, hypnotics, narcotic analgesics, sedatives and tranquillizers and may produce a soothing effect in certain individuals.

PREGNANACY AND LACTATION:

The safety of this medicine in pregnancy and lactation has not been established.

DOSAGE AND DIRECTIONS FOR USE:

Adults: 2 capsules 3 times daily.

Children 6 to 12 years : 1 capsules 3 times daily

Do not use continuously for longer than ten days without consulting your doctor. Not recommended for children under the age of 6 years.

DO NOT EXCEED THE RECOMMENDED DOSE.

SIDE EFFECTS :

Side effects :

Paracetamol : Sensitivity reactions resulting in reversible skin rash or blood disorders may occur, but these are rare.

Phenylephrine hydrochloride: May produce an undesirably high blood pressure with headache, palpitations and vomiting.

Chlorpheniramine maleate : Sedation varying from slight drowsiness to deep sleep and including inability to concentrate, lassitude, dizziness, hypotension, muscular weakness and inco-ordination. Gastrointestinal disturbances such as nausea, vomiting, diarrhoea or constipation, colic and epigastric pain. Headache, blurred vision, tinnitus, elation or depression, irritability,

nightmares, anorexia, difficulty in micturition, dryness of the mouth, tightness of the chest, and tingling, heaviness and weakness of the hands. Symptoms of stimulation such as insomnia, nervousness, tachycardia, tremors, muscle twitching and convulsions can arise.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Caffeine : Overdosage symptoms include restlessness, excitement, muscle tremor, tinnitus, scintillating scotoma, tachycardia and extrasystoles.

Phenylephrine hydrochloride : Tachycardia may occur with an overdose sufficient to stimulate the heart.

Paracetamol :

Prompt treatment is essential. In the event of an overdosage, consult a doctor immediately, or take the person directly to a hospital. A delay in starting treatment may mean that antidote is given too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed. Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 -10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of medicine that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine. Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia and possibly abdominal pain. Mild symptoms during the first two days of acute poisoning, do not reflect the potential seriousness of the overdosage. Liver damage may become apparent 12 to 48 hours, or later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of the prothrombin time. Liver damage may lead to encephalopathy, coma and death.

Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac arrhythmias have been reported.

Treatment for paracetamol overdosage: Although evidence is limited it is recommended that any adult person who has ingested 5 - 10 grams or more of paracetamol (or a child who has had

more than 140 mg/kg) within the preceding four hours, should have the stomach emptied by lavage (emesis may be adequate for children) and a single dose of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this may require treatment in patients susceptible to paracetamol poisoning (see above). In patients who are stuperose or comatose endotracheal intubation should precede gastric lavage in order to avoid aspiration. **N-acetylcysteine** should be administered to all cases of suspected overdose as soon as possible preferably within eight hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken. An initial dose of 150 mg/kg N-acetylcysteine in 200 ml dextrose injection given **intravenously** over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml dextrose injection over the next four hours, and then 100 mg/kg in 1 000 ml dextrose injection over the next sixteen hours. **The volume of intravenous fluid should be modified for children**. Although the oral formulation is not the treatment of choice, 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg every four hours for seventeen doses. A plasma paracetamol level should be determined four hours after ingestion in all cases of suspected overdosage. Levels done before four hours may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to their 4-hour plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the nomogram below.

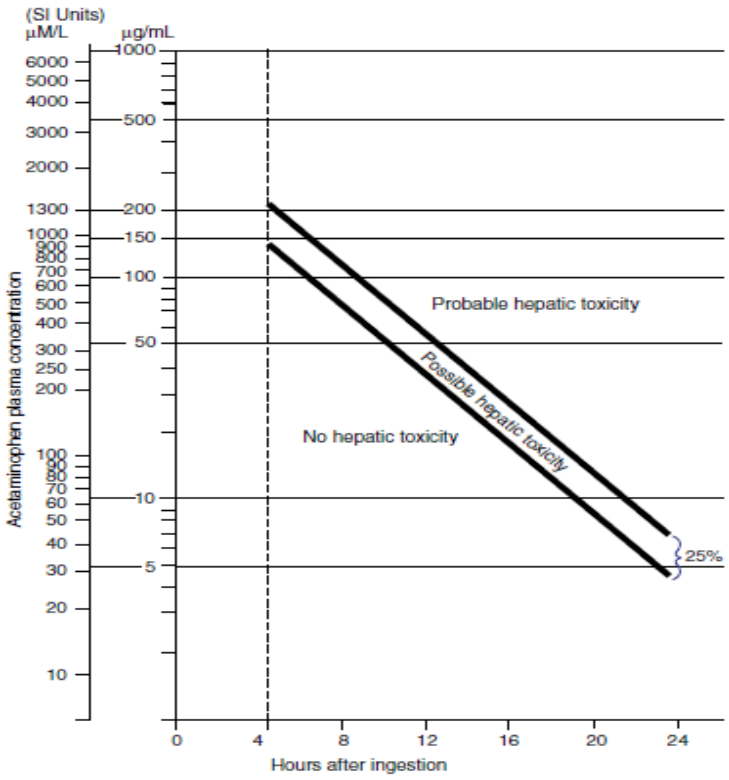


Figure 1: Nomogram for prediction of acetaminophen hepatotoxicity after acute overdose. The upper line defines serum acetaminophen concentrations likely to be associated with hepatotoxicity; the lower line defines serum levels 25 % below those expected to cause hepatotoxicity.

The nomogram should be used only in relation to a single acute ingestion. Those whose plasma paracetamol levels are above the “normal treatment line”, should continue N-acetylcysteine treatment with 100 mg/kg IV over sixteen hours repeatedly until recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the “high risk treatment line”. Prothrombin index correlates best with survival. For overdose with an extended/modified release preparation the value of the nomogram is unknown. As there is no information on the plasma levels of paracetamol after an overdose of extended/modified release paracetamol preparations, all patients with suspected or known overdose with such preparations should receive N-acetylcysteine. Because of lack of data for extended/modified release formulations, a level below the “treatment line” of the nomogram may not exclude the possibility of toxicity. Monitor all patients with significant ingestions for at least ninety six hours.

IDENTIFICATION:

Size 0, pale green, opaque gelatin capsule with "**GRIPPON**" imprinted on body and cap.

PRESENTATION:

Blister packs of 24 and 48 capsules.

White Round 90 ml High density polyethylene bottle with white polypropylene child resistant with heat induction liner containing 24 capsules.

White polypropylene securitainers with white LDPE (low-density polyethylene) closures containing 48 and 100 capsules.

White HDPE (high-density polyethylene) containers with white HDPE screw-on closures containing 24, 48 and 100 capsules.

STORAGE INSTRUCTIONS:

Store at or below 30 °C and protect from light.

KEEP OUT OF THE REACH OF CHILDREN.

APPLICATION NUMBER:

C 802 (Act 101/1965).

NAME AND BUSINESS ADDRESS OF THE APPLICANT:

Adcock Ingram Limited

3011 William Nicol Drive

Bryanston

Private Bag X69, Bryanston, 2021

www.adcock.co.za

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

September 1970

Namibia: NS1 14/5.8/0291

Botswana: B9316160 S3