SOUTH AFRICAN PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS

S2

PROPRIETARY NAME AND DOSAGE FORM

DOLOROL FORTE (tablet)

COMPOSITION

Each tablet of DOLOROL FORTE contains 500 mg of paracetamol and 8 mg of codeine phosphate.

Excipients:

Gelatin, magnesium stearate, microcrystalline cellulose, Nipastat, starch maize, Sta-Rx, sterotex

Preservative:

Nipastat 0,19 % *m/m*

Sugar free

CATEGORY AND CLASS

A 2.8 Analgesic combinations

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

DOLOROL FORTE has antipyretic and analgesic actions.

INDICATIONS

DOLOROL FORTE is indicated for the relief of mild to moderate pain and fever.

CONTRAINDICATIONS

DOLOROL FORTE is contraindicated:

- In patients who are sensitive to any of the ingredients.
- In respiratory depression, especially in the presence of cyanosis and excessive bronchial secretion.
- After operations on the biliary tract.
- In the presence of acute alcoholism.
- In head injuries and conditions in which intracranial pressure is raised.
- During an attack of bronchial asthma.
- In heart failure secondary to lung disease.

WARNINGS AND SPECIAL PRECAUTIONS

Do not use continuously for more than 10 days without consulting your doctor. Dosages in excess of those recommended may cause severe liver damage.

Codeine phosphate

Codeine should be given with caution to patients with hypothyroidism, adrenocortical insufficiency, impaired kidney or liver function, prostatic hypertrophy or shock. It should be used with caution in patients with inflammatory or obstructive bowel disorders. The dosage should be reduced in elderly and debilitated patients and in renal function impairment. Codeine should be given with extreme caution to patients taking monoamine oxidase inhibitors or within 14 days of stopping such treatment. The administration of codeine during labour may cause respiratory depression in the new born infant.

DOLOROL FORTE should be used with caution in patients with myasthenia gravis. Larger doses of codeine produce respiratory depression and hypotension, with circulatory failure and deepening coma. Respiratory failure could result and in infants and children convulsions may occur.

The prolonged use of high doses of codeine has produced dependence. Consult your doctor if no relief is obtained with the recommended dosage.

Paracetamol

Patients suffering from liver or kidney disease should take paracetamol under medical supervision. The dose should be reduced in renal function impairment. Paracetamol, as contained in DOLOROL FORTE, should be given with care to patients taking other medicines that affect the liver. Dosage in excess of those recommended may cause sever liver damage.

INTERACTIONS

The depressant effects of codeine are enhanced by depressants of the central nervous system such as alcohol, anaesthetics, hypnotics and sedatives, and phenothiazines.

HUMAN REPRODUCTION

The safety of DOLOROL FORTE in pregnancy and lactation has not been established.

DOSAGE AND DIRECTIONS FOR USE

Adults and children over 12 years:

Take one to two tablets every four to six hours with a maximum of 8 tablets daily. Do not use continuously for more than 10 days without consulting your doctor.

SIDE EFFECTS

Paracetamol

Skin and subcutaneous tissue disorders

Allergic reactions, such as skin rashes, may occur. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by drug fever and mucosal lesions.

Blood and the lymphatic system disorders

The use of paracetamol has been associated with the occurrence of neutropenia, pancytopenia and leukopenia.

Codeine phosphate

Psychiatric disorders

Codeine may cause confusion, restlessness, changes of mood.

Nervous system disorders

Codeine may cause drowsiness. Raised intracranial pressure may occur.

Eye disorders

Codeine may cause miosis.

Ear and labyrinth disorders

Codeine may cause vertigo.

Cardiac disorders

Codeine may cause bradycardia and palpitations.

Vascular disorders

Codeine may facial flushing and orthostatic hypotension.

Gastrointestinal disorders

Codeine may cause nausea, vomiting, constipation, dry mouth.

Hepato-biliary disorders

There may be biliary spasm.

Renal and urinary disorders

Micturition may be difficult and there may be ureteric spasm. There is also an anti-diuretic effect.

Skin and subcutaneous tissue disorders

Reactions such as urticaria and pruritus may occur. Codeine may cause sweating.

General disorders and administrative site conditions

Codeine may cause hypothermia.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENTS

Symptoms

Paracetamol

The most serious adverse effect of acute overdosage of paracetamol is dose-dependent, potentially fatal hepatic necrosis. Renal tubular necrosis and hypoglycaemic coma may also occur as well as thrombocytopenia. Clinical symptoms during the first 2 days of acute poisoning do not reflect the potential seriousness of the intoxication. Nausea, vomiting, anorexia and abdominal pain occur during the initial 24 hours and may persist for a week or

more. Liver injury may become manifest the second day, initially by elevation of serum transaminase and lactic dehydrogenase activity, increased serum bilirubin and prolongation of prothrombin time.

The hepatotoxicity may progress to encephalopathy, coma and death. Both metabolic acidosis and metabolic alkalosis have been noted; cerebral oedema and non-specific myocardial depression have also occurred. In non-fatal cases hepatic lesions are reversible over a period of weeks or months.

Treatment

In the event of overdosage consult your doctor or take the patient to the nearest hospital immediately. Treatment of overdosage should be prompt, and vigorous supportive therapy is essential in severe intoxication. Since the hepatic injury is dose dependent and occurs early in the course of intoxication, procedures to limit continuing absorption of the medicine must be initiated promptly. Induction of vomiting or gastric lavage should be performed in all cases where the patient has ingested 7,5 g in the preceding 4 hours. Specific therapy with an antidote such as acetylcysteine or methionine is generally needed when the blood paracetamol concentration, lies above a line that is drawn between the 2 points, 200 mg/l at 4 hours, and 30 mg/l at 15 hours after the overdose is taken. Treatment is as follows:
Acetylcysteine: Can be given either intravenously, or by mouth.

IV: An initial dose of 150 mg/kg in 200 ml glucose injection, given intravenously over 15 minutes, followed by an intravenous infusion of 50 mg/kg in 500 ml of glucose injection over the next 4 hours, and then 100 mg/kg in 1 litre over the next 16 hours. The volume of intravenous fluids should be modified for children.

Orally: 140 mg/kg as a 5 % solution initially, followed by a 70 mg/kg solution every 4 hours for 17 doses. Acetylcysteine is very effective if administered within 8 hours of overdosage.

Methionine: The usual dose is 2,5 g by mouth every 4 hours for 4 doses, but must be started within 10 hours of the overdosage.

As little as 10 g paracetamol can lead to fatal liver necrosis in the adult, especially in the malnourished.

Codeine

Symptoms

The signs of codeine intoxication are central nervous system depression, restlessness, excitement, respiratory depression, miosis, slow breathing, hypotension with circulatory failure and coma. Administration should be stopped immediately in cases of overdosage.

Treatment

In acute poisoning by codeine taken by mouth, the stomach should be emptied by aspiration and lavage. A laxative may be given to aid peristalsis. Intensive supportive therapy may be required to correct respiratory failure and shock. In addition, the specific antagonist naloxone hydrochloride is used to counteract very rapidly the severe respiratory depression and coma produced by excessive doses of opioid analgesics. A dose of 0,4 to 2 mg is given intravenously repeated at intervals of 2 to 3 minutes if necessary, up to 10 mg.

In the event of overdosage consult your doctor or take the patient to the nearest hospital immediately.

Specialised treatment is essential as soon as possible. The latest information regarding the treatment of overdosage can be obtained from the nearest poison centre.

Further treatment is supportive and symptomatic.

IDENTIFICATION

A white, flat, bisected tablet with bevelled edges.

PRESENTATION

20 or 40 tablets are packed in a clear polyvinylchloride film sealed with an aluminium foil backing. The blister strips are packed into an outer cardboard carton.

20 or 40 tablets are packed in a white polypropylene container sealed with a white low density polyethylene tamper evident cap.

20 tablets are packed in opaque polyethylene minigrip bags for tender purposes.

Not all packs and pack sizes are necessarily marketed.

STORAGE INSTRUCTIONS

Store at or below 25 °C in airtight container.

Protect from light and moisture.

Keep in original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER

G/2.8/116

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

PHARMACARE LIMITED

Healthcare Park

Woodlands Drive

Woodmead 2191

DATE OF PUBLICATION OF THE PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

Date of registration: 23 June 1975

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