SCHEDULING STATUS:

S0

PROPRIETARY NAME (AND DOSAGE FORM) :

CEPACOL MEDSIP GINGER (POWDER)

COMPOSITION:

Each 5 g sachet contains:

Paracetamol	800 mg
Caffeine	50 mg
Ascorbic acid	10 mg

Excipients: Menthol- spray dried, Trusil lemon juice J2424, Trusil ginger beer F1457, citric acid anhydrous, silicon dioxide (Aerosil 200)

Contains sugar:

Sucrose	3 169 mg
Lactose monohydrate	500 mg

Contains sweetener:

Sodium saccharin	25 mg
Sodium cyclamate	125 mg

Tartrazine free

PHARMACOLOGICAL CLASSIFICATION:

A:5.8 Preparations for the common cold, including nasal decongestants and antihistaminics

PHARMACOLOGICAL ACTION:

Paracetamol has analgesic and antipyretic activity mediated principally through its inhibition of prostaglandin synthesis in the central nervous system.

Ascorbic acid is an antioxidant.

Caffeine stimulates all levels of the CNS, although its cortical effects are milder and of shorter duration than those of amphetamines.

Pharmacokinetics:

Paracetamol:

Following oral administration, paracetamol is well absorbed, with peak plasma concentrations obtained after 0,5 to 1 hour.

The plasma half-life is about 2 hours.

Paracetamol is approximately 20 % to 50 % protein bound.

Paracetamol is metabolised in the liver primarily by conjugation with glucuronic acid (about 60 %), sulphuric acid (about 35 %) and cysteine (about 3 %).

Paracetamol is renally excreted primarily as conjugated metabolites.

Caffeine:

Caffeine is readily absorbed after oral or parenteral administration.

In adults, peak plasma concentrations are reached in 50 to 75 minutes after oral administration.

Protein binding is low (25 to 36 %).

In adults, about 80 % of a dose of caffeine is metabolized to paraxanthine (1,7-dimethylxanthine), about 10 % is metabolized to theobromine (3,7-dimethylxanthine), and about 4 % is metabolized to theophylline (1,3-dimethylxanthine).

Ascorbic acid:

Ascorbic acid is readily and completely absorbed from the intestines.

INDICATIONS:

CEPACOL MEDSIP GINGER is indicated for the relief of symptoms associated with the common cold or influenza, including fever, headache, sore throat, body aches and pains.

CONTRAINDICATIONS:

Hypersensitivity to any components of the formulation.

Hepatic or renal impairment.

WARNINGS AND SPECIAL PRECAUTIONS:

CONTAINS PARACETAMOL. DO NOT USE CONTINUOUSLY FOR MORE THAN 10 DAYS WITHOUT CONSULTING A MEDICAL PRACTITIONER.

Prolonged use, except on a medical practitioner's advice, may be harmful.

Use with caution in patients with:

- Impaired liver or kidney function and in patients with alcoholism or taking other medicines that affect the liver.

Consult a medical practitioner if there is no improvement in symptoms.

Do not take any other paracetamol-containing products.

Dosages in excess of the recommended daily dose may cause severe liver damage.

In event of overdosage or suspected overdosage, and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted immediately.

Caffeine:

Caffeine should be administered with caution to patients with peptic ulceration, hyperthyroidism, hypertension, cardiac arrhythmias or other cardiovascular disease, as these conditions may be exacerbated.

It should be used with caution in alcoholics, patients with cor pulmonale, elderly patients, patients with hypoxia, patients with acute pulmonary oedema, or any other lung disease, or in patients with impaired respiratory function.

Prolonged high intake of caffeine may lead to tolerance of some of the pharmacological actions and physical signs of withdrawal including irritability, lethargy and headache may occur if intake is discontinued abruptly.

Ascorbic acid:

Ascorbic acid should be given with care to patients with hyperoxaluria.

Contains sucrose. Patients with rare hereditary conditions such as fructose intolerance, glucose-galactose mal-absorption or sucrase-isomaltase insufficiency should not take **CEPACOL MEDSIP GINGER.**

Contains Sucrose which may have an effect on the glycaemic control of patients with diabetes mellitus.

INTERACTIONS:

Paracetamol:

CEPACOL MEDSIP GINGER taken with:

Chloramphenicol – May increase the half-life of chloramphenicol.

Coumarin anticoagulants – May potentiate the effects of the coumarin anticoagulants when using high doses of paracetamol. Anticoagulant dosage adjustment may be necessary when chronic, high-dose paracetamol therapy is initiated or discontinued.

This does not apply to occasional use, or to chronic use of doses below 2 g of paracetamol per day.

Other hepatotoxic medicines, hepatic enzyme inducers or alcohol (especially with chronic abuse of alcohol) – May increase the risk of hepatotoxicity.

Metoclopramide - Absorption of **CEPACOL MEDSIP GINGER** may be accelerated.

Cholestyramine - Absorption of **CEPACOL MEDSIP GINGER** is reduced if given within one hour of cholestyramine.

Prolonged concurrent use of **CEPACOL MEDSIP GINGER** with salicylates increases the risk of adverse renal effects.

Caffeine:

The use of **CEPACOL MEDSIP GINGER** in combination with caffeine-containing beverages and medicines that produce a CNS-stimulatory effect may result in excessive CNS stimulation, causing nervousness, irritability, insomnia, or possibly convulsions or cardiac arrhythmias.

Large amounts of caffeine may produce cardiac arrhythmias or severe hypertension in individuals using monoamine oxidase (MAO) inhibitors due to sympathomimetic effects of caffeine. Concurrent

use of MAO inhibitors with small amounts of caffeine may produce tachycardia and a mild blood pressure increase.

PREGNANCY AND LACTATION:

Safety and efficacy in pregnancy and lactation have not been established.

DOSAGE AND DIRECTIONS FOR USE:

Adults and children over 12 years: One sachet 3 times per day.

Do not exceed 4 doses in any 24 hours.

Empty the contents of a sachet into a tumbler and fill with very hot water. Stir to dissolve. Cold water may be added if necessary, but drink as hot as possible

Do not administer to children under 12 years of age.

Consult a doctor if symptoms persist.

DO NOT EXCEED THE RECOMMENDED DOSE.

SIDE EFFECTS

Side effects are usually mild and rare when paracetamol is used correctly.

Ascorbic acid is usually well tolerated.

Paracetamol:

Blood and lymphatic system disorders:

Less frequent: Agranulocytosis, thrombocytopenia, leucopenia, pancytopenia, neutropenia, and anaemia.

Gastrointestinal disorders:

Less frequent: Pancreatitis.

Hepatobiliary disorders:

Less frequent: Hepatitis

Renal and urinary disorders:

Less frequent: Renal colic, renal failure and sterile pyuria.

Skin and subcutaneous tissue disorders:

Less frequent: Dermatitis, skin rashes, and other allergic reactions. The rash is usually erythematous or urticarial but sometimes more serious and accompanied by fever and mucosal lesions.

Caffeine:

Cardiac disorders:

The following side effect has been reported and the frequency is unknown: Large doses may cause palpitations.

Gastrointestinal disorders:

Frequent: Nausea.

The following side effects have been reported and the frequency is unknown: Gastro irritation, vomiting, abdominal pain and gastrointestinal bleeding.

Nervous system disorders:

The following side effects have been reported and the frequency is unknown: Stimulation of the central nervous system is a commonly encountered side effect with the use of caffeine. Headache and vertigo have been reported.

Psychiatric disorders:

The following side effects have been reported and the frequency is unknown: Restlessness, insomnia and anxiety.

Ascorbic acid:

Ascorbic acid is usually well tolerated.

Large doses (at least 600 mg per day) may cause the following side effects:

Gastrointestinal disorders:

Frequent: Diarrhoea, nausea, vomiting, stomach cramps and other gastrointestinal disturbances.

Nervous system disorders:

Frequent: Headache.

Renal and urinary disorders:

Frequent: Hyperoxaluria and the formation of renal stones (calcium oxalate calculi). Mild increase in urination.

Skin and subcutaneous tissue disorders:

Frequent: Flushing or redness of the skin.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Paracetamol:

Prompt treatment is essential. In the event of an overdosage, consult a doctor immediately or take the person to a hospital directly. A delay in starting treatment may mean that the antidote is given too late to be effective.

Evidence of liver damage is often delayed until after the time for effective treatment has elapsed.

Ingestion of more than 7,5 g (more than 7 sachets) can cause liver damage in an adult.

Patients should be considered at risk of severe liver damage if they have ingested more than 150 mg/kg of paracetamol or 12 g or more in total.

Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 to 10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Symptoms of overdose 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 of overdose:

Although evidence is limited, it is recommended that an adult who has ingested 5 to 10 gram 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.

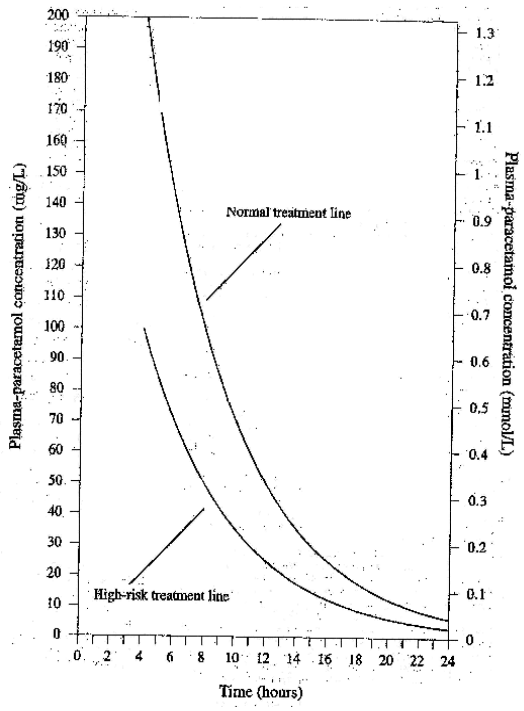
Ingestion of amounts of paracetamol smaller than this may require treatment in patients susceptible to paracetamol poisoning (see above). In patients who are stuperose or comatose, endotrachael intubation should precede gastric lavage in order to avoid aspiration.

N-acelylcysteine 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, unless high may be misleading. Patients at risk of liver damage and hence requiring continued treatment with N-acetylcysteine, can be identified according to the plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the treatment nomogram. Those, whose plasma paracetamol levels are above the "normal treatment line", should continue N-acelylcysteine treatment with 100 mg/kg IV over sixteen hours repeatedly until recovery.



*Reference: Martindale 35th edition, page 93.

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. Monitor all patients with significant ingestions for at least ninety-six hours.

Caffeine anhydrous:

Large doses may cause nausea, vomiting, abdominal pain, restlessness, anxiety, insomnia, gastrointestinal bleeding, vertigo, palpitations and stimulation of the central nervous system. Treatment is primarily symptomatic and supportive.

Ascorbic acid:

Large doses of ascorbic acid may cause diarrhoea and other gastrointestinal symptoms.

IDENTIFICATION:

An off-white to brownish-white powder with a characteristic ginger taste.

PRESENTATION:

Single dose sachets containing 5 g of powder and cartons containing 5 or 8 single dose sachets.

STORAGE INSTRUCTIONS:

Store in a cool, dry place at or below 25 °C. Protect from light.

KEEP OUT OF THE REACH OF CHILDREN.

REGISTRATION NUMBER:

Y/5.8/10

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

Adcock Ingram Limited

1 New Road

Erand Gardens

Midrand, 1685

Private Bag X69, Bryanston, 2021

www.adcock.com

DATE OF PUBLICATION OF THE PACKAGE INSERT:

14/08/2009