Cardisprin® (Tablets)

1119
Ref. No.:INS119/04.18

Aspirin
Cardioprotective / Analgesic / Antipyretic

CARDISPRIN® ENTERIC COATED TABLETS 75MG (ENTERIC COATED ASPIRIN)

PRESENTATION:
Cardisprin® Enteric Coated Tablets 75mg: Light brown, heart-shaped, biconvex enteric coated tablet plain on both sides. Each enteric coated tablet contains: Aspirin 75 mg.

CLINICAL PHARMACOLOGY:
Aspirin has analgesic, anti-inflammatory and antipyretic properties; it acts as an inhibitor of the enzyme cyclo-oxygenase which results in the direct inhibition of the biosynthesis of prostaglandins and thromboxanes from arachidonic acid. Aspirin also inhibits platelet aggregation.

Pharmacokinetics:
Aspirin and other Salicylates are absorbed rapidly from the gastrointestinal tract when taken orally but absorption following rectal administration is less reliable. Aspirin and other salicylates can also be absorbed through the skin. After oral doses, absorption of non-ionised Aspirin occurs in the stomach and intestine. Some Aspirin is hydrolysed to salicylate in the gut wall. Once absorbed, Aspirin is rapidly converted to salicylate but during the first 20 minutes following oral administration, Aspirin is the predominant form of the drug in the plasma. Aspirin is 80 to 90% bound to plasma proteins and is widely distributed; its volume of distribution is reported to be 170mL/ kg body weight in adults. Both Aspirin and Salicylates have pharmacological activity although only Aspirin has an anti-platelet effect. Salicylate is extensively bound to plasma proteins and is rapidly distributed to all body parts. Salicylate appears in breast milk and crosses the placenta. Following a 325mg Aspirin dose, elimination is a first order process and the plasma-salicylate half-life is about 2 to 3 hours; at high Aspirin doses, the half-life increases to 15 to 30 hours. Salicylate is also excreted unchanged in the urine.

USES:
Cardisprin® is used as a platelet anti-aggregatory (anti-platelet) agent for the prevention of secondary myocardial infarction. It is used in patients who have suffered from unstable angina, transcient ischaemia and prevention of vascular occlusion. It reduces the risk of pulmonary embolism and deep venous thrombosis. Although Cardisprin® is formulated for cardiovascular protection, Aspirin is known for its antipyretic, analgesic and anti-inflammatory properties.

DOSAGE AND ADMINISTRATION:
Prophylaxis after heart attack or stroke: 75-150mg (one to two tablets) daily with breakfast or as directed by the physician.
For the relief of aches, pain and fever: 300-900mg every 4 -6 hours, maximum 4g daily with food. Not recommended for children under 16 years.

CONTRA-INDICATIONS AND WARNINGS:
Cardisprin® should be cautiously employed in patients prone to dyspepsia or known to have a lesion of the gastric mucosa. It should not be administered to patients with haemophilia or other haemorrhagic disorders, to patients with gout or to those with an intolerance to Aspirin. Caution is necessary when renal or hepatic function is impaired. The use of Cardisprin® in children under the age of 16 is extremely limited because of the risk of Reye's syndrome. Pregnant or mothers who are breast feeding their infants should not take Cardisprin®. Cardisprin® should be discontinued several days before scheduled surgical procedures.

Cardisprin® and other salicylates should not be taken by patients with stomach disorders, and should be used with caution in patients suffering from asthma, allergic disorders, stomach ulcers, duodenal ulcers or peptic ulcers. Do not take indigestion remedies at the same time of day as this medicine. Cardisprin® should be used cautiously in dehydrated patients and in the presence of uncontrolled hypertension.

Cardisprin® (Tablets)

Adverse Effects:
The most common adverse effects occurring with therapeutic doses of Cardisprin® are gastro-intestinal disturbances such as nausea, dyspepsia and vomiting. Gastro-intestinal symptoms may be minimized by giving Cardisprin® with food. Irritation of the gastric mucosa with erosion, ulceration, haematemesis and melaena may occur. Some persons, especially those with asthma, chronic urticaria or chronic rhinitis exhibit notable hypersensitivity to Aspirin which may provoke various reactions including urticaria and other skin eruptions, angioedema, rhinitis and severe, even fatal, paroxysmal brochospasm and dyspnoea. It increases the bleeding time, decreases platelet adhesiveness and in large doses, may cause hypoprothrombinaemia. Cardisprin® may cause hepatotoxicity, particularly in patients with juvenile chronic arthritis or other connective tissue disorders.

Overdosage: In acute salicylate overdosage the stomach should be emptied by gastric lavage. Salicylate remaining in the stomach may be absorbed by activated charcoal. Fluid and electrolyte management is important in the correction of acidosis, hyperpyrexia, hypokalaemia, and dehydration. Salicylate are removed from plasma by alkaline diuresis and haemodialysis.

Interactions:
Some of the effects of Aspirin on the gastro-intestinal tract are enhanced by alcohol. Administration of drugs such as metoclopramide in patients with migraine headache results in earlier absorption of Aspirin and higher peak plasma-salicylate concentrations. Serum-salicylate concentrations may be reduced by concurrent administration of corticosteroids. Antacids and adsorbents may increase the excretion of Aspirin in alkaline urine. Aspirin may enhance the activity of coumarin anticoagulants, sulphonylurea- hypoglycaemic drugs, methotrexate, phenytoin, and valproic acid. Aspirin diminishes the effects of uricosurics such as probenecid and sulphinpyrazone

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

LEGAL CATEGORY:
Pharmacy (P)

®Regd. TM

COSMOS

Cosmos Limited,
Rangwe Rd; Off Lunga Lunga Rd,
Nairobi, Kenya