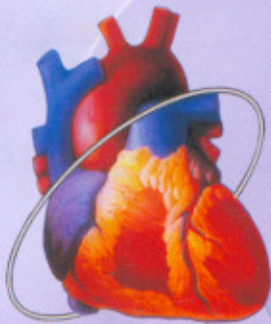


Cardio ( $\beta$ 1) Selectivity

# METOP

Metoprolol 12.5/25/50 mg Tablets

*in a complete range*



**The strongly  
supported  
 $\beta$ -blocker**

सुस्वास्थ्य

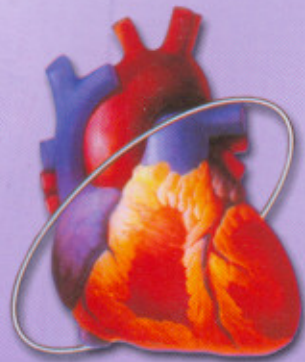
SUSWASTHYA



A Systemic Care Division of DJPL

# Beta blocker in its top class

- ◆ Selectively blocks beta(1)-adrenergic receptors
- ◆ Controls blood pressure effectively
- ◆ Prevents myocardial infarction
- ◆ Well tolerated & effective in diabetics



These results explain the pronounced cardioprotective effect of Metoprolol treatment in diabetic patients with cardiovascular disease.

Diabetologia. 2004 Jun;47(6):1009-15

Metoprolol further reduces Mortality rate by an additional 35% to 65%

Am J Med Sci. 2004 Aug;328(2):100-11

Metoprolol substantially improves survival in patients with Congestive Heart Failure (CHF) with left ventricular systolic dysfunction.

Arch Intern Med.

2004 Jul 12;164(13):1389-94

## ***METOP***

*For the Safe Control of*

- ◆ Hypertension
- ◆ Angina Pectoris
- ◆ Cardiac Arrhythmias
- ◆ Definite or suspected Acute Myocardial Infarction
- ◆ Ischemic Heart diseases

# **METOP**

The top class beta blocker

from



## THERAPEUTIC CLASSIFICATION

Beta-Adrenergic Receptor Blocking Agent

## DESCRIPTION

Metoprolol is a  $\beta$ -adrenergic receptor-blocking agent. It is used in the treatment of hypertension, angina pectoris and to reduce mortality in patients with myocardial infarction. The absorption of Metoprolol is rapid and complete.

## MECHANISM OF ACTION

The complete mechanism of the antihypertensive effect has not been established. Among the factors that may be involved are: a) competitive ability to antagonize catecholamine-induced tachycardia at the  $\beta$ -receptor sites in the heart, thus decreasing heart rate, cardiac contractility and cardiac output; b) inhibition of renin release by the kidneys; c) inhibition of the vasomotor centres.

METOP reduces the oxygen requirements of the heart at any given level of effort, thus making it useful in the long-term management of angina pectoris.

## INDICATIONS

- Hypertension, alone or with diuretics
- Prevention of reinfarction in MI patients who are hemodynamically stable or within 3-10 days of the acute MI
- Treatment of angina pectoris

## DOSAGE AND ADMINISTRATION

**Hypertension:** Metoprolol is usually used in conjunction with other antihypertensive agents, particularly a thiazide diuretic, but may be used alone.

METOP is initiated with dose of 12.5 mg b.i.d. If an adequate response is not seen after 1 week, dosage should be increased to 25-100 mg b.i.d. The usual maintenance dose is within the range of 100 to 200 mg daily.

**Angina Pectoris:** The recommended dosage is 100 to 400 mg/day in divided doses. Initially METOP 50 should be given b.i.d. for the first week. If response is not adequate, the daily dosage should be increased by 100 mg for the next week. The usual maintenance dose is 200 mg/day. The need for further increases should be closely monitored at weekly intervals with the dosage increased in 100 mg increments to a maximum of 400 mg/day in 2 or 3 divided doses. A Metoprolol dose of 400 mg/day should not be exceeded.

## SIDE EFFECT/ ADVERSE REACTIONS

The most common adverse events reported are exceptional tiredness, gastrointestinal disorders, and disturbances of sleep patterns.

## PRESENTATION

METOP 12.5: Each film coated tablet contains: Metoprolol Tartrate BP 12.5mg

METOP 25: Each film coated tablet contains: Metoprolol Tartrate BP 25mg

METOP 50: Each film coated tablet contains: Metoprolol Tartrate BP 50mg

Packed in: 30 Tablets x 5 Blisters.

# METOP

## Metoprolol 12.5/25/50 mg Tablets



### Deurali-Janta Pharmaceuticals Pvt. Ltd.

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