

METOP

Metoprolol 12.5/25/50

GENERIC NAME: Metoprolol.

PHARMACOLOGICAL CLASS: Cardio-selective beta-1 receptor blocker..

THERAPEUTIC CATEGORY: Antihypertensive

COMPOSITION AND PRESENTATION:

METOP 12.5

Composition:

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

Presentation:

30 tablets X 5 blisters

METOP 25:

Composition:

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

Presentation:

30 tablets X 5 blisters

METOP 50:

Composition:

Each film coated tablet contains: Metoprolol Tartrate BP 50 mg

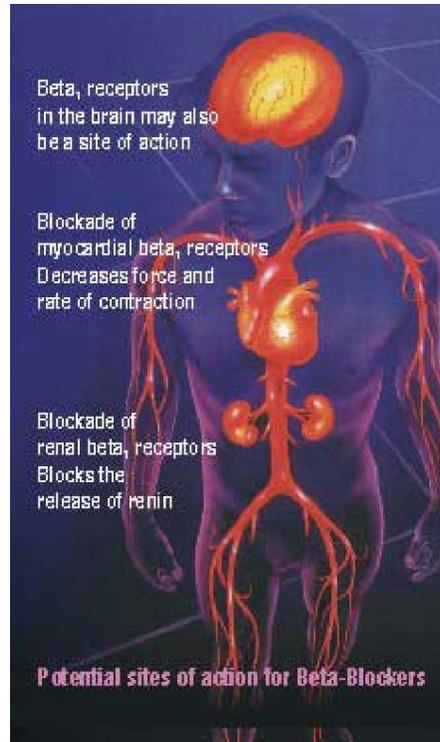
Presentation:

30 tablets X 5 blisters

MECHANISM OF ACTION:

Metoprolol is a beta-adrenergic blocking agent. Metoprolol blocks the action of the sympathetic nervous system, a portion of the involuntary nervous system. The sympathetic nervous system stimulates the pace of the heart beat. By blocking the action of these nerves, metoprolol reduces the heart rate and is useful in treating abnormally rapid heart rhythms. Metoprolol also reduces the force of heart muscle contraction and lowers blood pressure. By reducing the heart rate and the force of muscle contraction, metoprolol reduces heart muscle oxygen demand. Since angina occurs when oxygen demand of the heart exceeds supply, metoprolol is helpful in treating angina.

Metoprolol also blocks renal beta1 receptors and blocks the release of rennin.



INDICATION

- Hypertension
- Angina pectoris
- Cardiac arrhythmia
- Post myocardial infarction patients
- Adjunctive management of thyrotoxicosis
- Prophylaxis of migraine.

OTHER USES:

Metoprolol is also used sometimes to prevent migraine headaches and to treat irregular heartbeat and movement disorders caused by medications for mental illness and sometimes in anxiety.

DOSAGE

1. Hypertension: Metoprolol is usually used in conjunction with other antihypertensive agents, particularly a thiazide diuretic, but it can be used alone also. Metop is initiated with dose of 12.5 mg b.i.d. If an adequate response is not seen after 1week, the dosage may be increased at weekly (or longer) intervals until optimum blood pressure reduction is achieved. The dosage can be increased to 25mg-100mg b.i.d. The usual maintenance dose is within the range is 100-200mg per day.

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

PHARMACOKINETICS

Absorption:

Absorption is good and rapid. Ingestion with food may raise the systemic availability of an oral dose by approximately 20 to 40%.

Distribution:

Peak plasma concentrations are attained after approximately 1.5 to 2 hours of administration.

Metabolism:

It is metabolized extremely in body and shows first pass metabolism in liver. It has short plasma half life averages 3.5hrs (range is 1-9hrs).

Excretion:

Its elimination half life is 3-7hrs. Less than 5% of an oral dose of metoprolol is recovered unchanged in the urine; the rest is excreted by the kidneys as metabolites that appear to have no clinical significance.

ADVERSE EFFECT:

Bradycardia, lassitude, cold extremities, sleep disturbances, skin rashes, dry eyes, headache, dizziness, nausea, vomiting, diarrhea, hypotension and inhibition of lipolysis therefore gain in weight resulted

SPECIAL PRECAUTIONS

- Patients receiving diabetes treatment should use the drug with caution as it masks the early warning symptoms of hypoglycemia.
- Patients with history of congestive heart failure should use this drug with caution.
- Safe use of Metoprolol during pregnancy has not been established. So, it should be avoided during pregnancy.
- Metoprolol passes into breast milk in small amounts and may affect a nursing baby. So, it should be taken after consulting the doctors.
- In children Metoprolol is not recommended.

DRUG INTERACTIONS

- When administered with calcium channel blockers and digoxin, it causes lowering of blood pressure and heart rate to dangerous levels.
- In patients with coronary artery disease, abruptly stopping metoprolol can suddenly worsen angina, and occasionally precipitate heart attacks. If it is necessary to discontinue metoprolol, its dosage can be reduced gradually over several weeks.

For further information, please contact:

Market Planning Department



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