Thiocard™

Chlorthalidone 15 & 25 mg tablet

Presentation
Thiocard™ 15: Each tablet contains Chlorthalidone BP 15 mg.
Thiocard™ 25: Each tablet contains Chlorthalidone BP 25 mg.

Description
Chlorthalidone is a long-acting oral diuretic with antihypertensive activity. Its diuretic action starts a mean of 2.6 hours after dosing and continues for up to 72 hours. The site of the action of Chlorthalidone is distal convoluted tubule of the nephron. It produces diuresis with increased excretion of sodium and chloride. The diuretic effects of chlorthalidone lead to decreased extracellular fluid volume, plasma volume, cardiac output, glomerular filtration rate, and renal plasma flow in patients with hypertension and edema.

Indications and Usage
- Management of hypertension either alone or in combination with other antihypertensive drugs
- Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, and corticosteroid and estrogen therapy
- Edema due to various forms of renal dysfunction such as nephrotic syndrome, acute glomerulonephritis, and chronic renal failure.

Dosage and Administration:
Therapy should be initiated with the lowest possible dose, then titrated according to individual patient response. A single dose given in the morning with food is recommended; divided doses are unnecessary.

Hypertension
The initial recommended dose is 15 mg once daily with food. After 2 weeks, the dosage may be increased to a single daily dose of 25 mg if additional blood pressure reduction is needed. Doses above 25 mg are not expected to result in increased blood pressure reduction.

Edema
The recommended initial dosage is 50 to 100 mg daily or 100 mg on alternate days. Depending on response, dosage can be decreased or increased up to a maximum of 200 mg daily.

Side Effects:
Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, dizziness, vertigo, headache, purpura, photosensitivity, rash, urticaria, Orthostatic hypotension aggravated by alcohol, barbiturates or narcotics, hyperglycemia, muscle spasm, weakness, restlessness.

Precautions:
Hypokalemia and other electrolyte abnormalities, including hyponatremia and hypochloremic alkalosis are common in patients receiving chlorthalidone. Serum electrolytes should be determined before initiating therapy and at periodic intervals during therapy. All patients taking chlorthalidone should be observed for clinical signs of electrolyte imbalance, including dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, palpitations and gastrointestinal disturbances, such as nausea and vomiting.

Contraindications:
Anuria. Known hypersensitivity to chlorthalidone or other sulfonamide-derived drugs.

Use in Pregnancy & Lactation:
Pregnancy:
Thiazides cross the placental barrier and appear in cord blood. There are no adequate and well-controlled studies of Chlorthadine in pregnant women so this drug should be used during pregnancy only if clearly needed.

Lactation:
Thiazides are excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from chlorthalidone, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Use in Children:
Safety and effectiveness in children have not been established.

Use in elderly people:
This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

Drug Interactions:
- Chlorthalidone may add to or potentiate the action of other antihypertensive drugs.
- Insulin requirements in diabetic patients may be increased, decreased or unchanged. Higher dosage of oral hypoglycemic agents may be required.
- Chlorthalidone and related drugs may increase the responsiveness to tubocurarine and may decrease arterial responsiveness to norepinephrine.
- Lithium renal clearance is reduced by chlorthalidone, increasing the risk of lithium toxicity.

Overdose:
Symptoms of acute overdose include nausea, weakness, dizziness and disturbances of electrolyte balance. There is no specific antidote but gastric lavage is recommended, followed by supportive treatment.

Storage:
Do not store above 30^0 C. Keep away from light and out of the reach of children.

Commercial Pack:
Thiocard™ 15: Each box contains 3 Alu-Alu blister strips of 10 tablets
Thiocard™ 25: Each box contains 3 Alu-Alu blister strips of 10 tablets

Manufactured by
Incepta Pharmaceuticals Ltd
Savar, Dhaka, Bangladesh
™ Trademark