

Bislock[®]

Bisoprolol fumarate

Pharmacological properties

Bislock[®] is a synthetic β_1 selective adrenoceptor blocking agent.

Indications

- Hypertension.
- Angina pectoris.

Dosage and administration

-**Bislock[®]** tablets should be swallowed whole with liquid in the morning on empty stomach or during breakfast.

-Dose is designed individually according to pulse rate and treatment success.

-The usual starting dose is 5mg once daily. If the effect is inadequate, it may be increased to 10mg and then only if necessary to 20mg once daily.

-Renal and hepatic insufficiency: dosage adjustment is generally not required in mild to moderate impairment, but a dose of 10mg should not be exceeded in patients with severe renal impairment (creatinine clearance < 20ml/min) or severe hepatic insufficiency.

Pregnancy and lactation

-Bisoprolol should not be used during pregnancy, but if it is exceptionally used in pregnancy, it should be discontinued 3 days before delivery to avoid bradycardia, hypotension, and hypoglycemia in the neonate, and if this is not possible, careful monitoring of the neonate should be done for 48-72 hours after delivery.

-It is not known whether bisoprolol is excreted in human milk, so it should not be used during lactation.

Side effects

Bislock[®] is generally well tolerated. Dizziness, tiredness, mild headache, perspiration, sleep disturbances, vivid dreams, and depressive moods may appear especially at the beginning of treatment but usually subsides within 1-2 weeks. Other side effects might be encountered rarely such as: GIT disturbances (abdominal pain, nausea, diarrhea, constipation), skin reactions (erythema, pruritus), marked decrease in blood pressure, slow pulse rate, disturbance of AV conduction, tingling and coldness of extremities, muscle cramps and weakness, reduced lacrimation, increased airway resistance, and impaired glucose tolerance in elderly diabetics.

Precautions

-Glucose tolerance may be impaired in diabetics with fluctuations in blood glucose, during prolonged fasting periods and in patients with acidosis.

-As other β -blockers, bisoprolol might mask symptoms of hypoglycemia in diabetic patients (e.g. rapid heart rate).

-Possible impairment in the ability to drive or operate machines, especially at the start of therapy, change of medication or upon use with alcohol, this is mainly due to individual variation in the responses to drug.

- β -Blockers including bisoprolol should not be discontinued abruptly but rather gradually.

-Patients wearing contact lenses should be informed of the possibility of decreased lacrimation while on bisoprolol.

-In patients suffering from intermittent claudication and Raynaud's phenomenon, complaints might become aggravated and myocardial insufficiency might intensify.

Drug interactions

-Effect of antihypertensives may be potentiated by concomitant use of bisoprolol.

-Nifedipine concurrent use may potentiate antihypertensive effect of bisoprolol.

-Concomitant use with calcium blockers of verapamil and diltiazem type or other antiarrhythmics can cause hypotension, bradycardia and other arrhythmias, so careful monitoring is needed and their iv administration is therefore not recommended.

-Concomitant use of rifampicin may slightly shorten bisoprolol half life, but dosage adjustment is generally not needed.

-Like other β -blockers, bisoprolol may potentiate the effect of insulin or other oral hypoglycemic agents when given concomitantly so blood levels should be monitored regularly since symptoms of hypoglycemia might be masked by bisoprolol.

-Patients treated with bisoprolol might experience impairment of cardiac output under anesthesia, so anesthetist should be informed preoperatively.

-Patients taking bisoprolol with reserpine, α -methyldopa, clonidine, or guanfacine might experience excessive bradycardia.

-Upon concurrent use with clonidine, the later should only be discontinued few days after termination of bisoprolol.

Contraindications

Decompensated heart failure, recent myocardial infarction, shock, AV-block grade II and III, sinoatrial block, severe bradycardia, hypotension, bronchial asthma, severe peripheral circulatory disorders, sick sinus syndrome, pregnancy, lactation and in children, bisoprolol might be used in cases of phaeochromocytoma only after α -blockade.

Overdosage

Treatment should be discontinued and if necessary the following antidotes should be given alone or consecutively: atropine i.v 0.5 - 2mg, slow i.v of orciprenaline until it takes effect, also 1-5 or 10mg glucagon may be given.

Presentations:

Bislock[®] 5mg film coated tablet: Bisoprolol fumarate 5mg/tab
(Available in different pack sizes)

Bislock[®] 10mg film coated tablet: Bisoprolol fumarate 10mg/tab
(Available in different pack sizes)

(This is a medicament - keep medicaments out of reach of children)



- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, method for use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.