Tensotin

Beta$_1$-Blocking Agent
Tablets

Composition

Tensotin 50mg
Each tablet contains:
Active ingredient: Atenolol 50mg
Excipients: Starch, cellulose, cross linked starch, magnesium carbonate, sodium lauryl sulphate, magnesium stearate, hypromellose, polyethylene glycol, talc, and titanium dioxide.

Tensotin 100mg
Each tablet contains:
Active ingredient: Atenolol 100mg
Excipients: Starch, cellulose, cross linked starch, magnesium carbonate, sodium lauryl sulphate, magnesium stearate, hypromellose, polyethylene glycol, talc, titanium dioxide, dispersed orange, and FD & C red no. 40.

Properties

Atenolol, the active ingredient of **Tensotin**, is a beta$_1$-adrenergic blocking agent that selectively blocks the beta$_1$ receptors in cardiac tissue. However, its selectivity decreases with increasing dose.
Atenolol is devoid from intrinsic sympathomimetic and membrane stabilizing activities and as with other beta-blockers has negative inotropic effects.
As with other beta-blockers, the mechanism of action of atenolol in the treatment of hypertension is not understood. But, it may possibly reduce cardiac output, alter baroceptor reflex sensitivity, and block peripheral adrenoceptors.
It is probably the action of atenolol in reducing cardiac rate and contractility which makes it effective in eliminating or reducing the symptoms of patients with angina.
Atenolol is a water-soluble beta-blocker; it is less likely to enter the brain, and may therefore cause less sleep disturbance and nightmares. It undergoes minimal hepatic metabolism and has a very low protein binding. Atenolol has an intrinsically longer duration of action and need to be given only once daily. It is excreted by the kidneys.

Indications

- Hypertension
- Angina pectoris
- Cardiac arrhythmias

Dosage

As the bioavailability of atenolol is not affected by food intake, **Tensotin** tablets can be taken either with food or on an empty stomach.
Hypertension: 50mg daily, given as a single dose. Higher doses are rarely considered necessary.
Angina pectoris: 100mg daily, given as a single dose or as 50mg given twice a day.
Arrhythmias: Maintenance dose is 50 - 100mg daily, given as a single dose.

If you miss a dose
- Take the missed dose as soon as possible.
- Do not take the missed dose if it is within 8 hours of next scheduled dose.
- Do not take two doses at the same time.

Contraindications

As with other beta-blockers, atenolol should not be used in patients having:
- history of asthma or bronchospasm. However, in rare cases where there is no alternative to the use of a beta-blocker, atenolol may be used with extreme caution under specialist supervision.
- uncontrolled heart failure, Prinzmetal's angina, marked bradycardia, hypotension, sick sinus syndrome, second- or third-degree AV block, cardiogenic shock, severe peripheral arterial disease, or metabolic acidosis.
- phaeochromocytoma, however, it can be used in combination with alpha-blockers to control the pulse rate in these patients.

Precautions

In patients with angina, abrupt withdrawal should be avoided. It is recommended to reduce the dosage of atenolol gradually over a period of approximately 2 weeks to minimize the risk of exacerbation of angina or development of myocardial infarction.
As with other beta-blockers, caution is recommended when atenolol is used in patients with first-degree AV block, diabetes, or myasthenia gravis.
As with other beta-blockers, atenolol should be used with caution in patients with a history of hypersensitivity as it may increase sensitivity to allergens and result in more serious hypersensitivity response. Moreover, atenolol may reduce the response to the usual doses of adrenaline (epinephrine) used to treat the allergic reactions.
Renal impairment: As with other beta-blockers, the excretion of atenolol may be impaired in patients with moderate to severe renal impairment, resulting in an increased plasma concentrations. Reduction of atenolol dosage is usually required in such patients.
Elderly: Beta-blockers have been used safely and efficaciously in elderly patients. However, these patients are more likely to have age-related vascular diseases, which may require caution in patients receiving beta-blockers.
Pregnancy: As with other beta-blockers, atenolol crosses the placenta. The safety of atenolol in pregnancy is not fully established. Intrauterine growth retardation has been reported rarely with atenolol in early pregnancy. Neonatal hypoglycaemia and bradycardia have been reported. These risks, however, are greater in patients with severe hypertension.
Lactation: As with most beta-blockers, atenolol is distributed into breast milk in a significant amount. Although the risk appears to be small, breast-fed infants should be monitored for signs of beta-adrenergic blockade, especially bradycardia, hypotension, respiratory distress, and hypoglycaemia.

Side Effects

Atenolol is usually well tolerated. Some adverse reactions have been reported including bradycardia, cardiac conduction disorders, heart failure, peripheral vasoconstriction (including exacerbation of intermittent claudication and Raynaud's phenomenon), and bronchospasm.
Gastrointestinal disturbances, fatigue, sleep disturbances, and exacerbation of psoriasis have rarely been reported. Rashes and dry eyes, which usually disappear upon withdrawal of treatment, have rarely been reported.

Overdosage

Upon accidental ingestion of high doses of atenolol, the most common signs and symptoms may include dizziness, bradycardia, hypotension, arrhythmia, and bronchospasm.
The use of gastric lavage and administration of activated charcoal are usually considered necessary to reduce the absorption of the drug if it is within the first few hours after ingestion.
Other specific measures may be instituted as necessary and according to the clinical condition of the patient.

Drug Interactions

As with other beta-blockers, drug interactions have been reported upon concomitant use of atenolol with certain medicaments. These interactions are as the following:
The hypotensive effect of atenolol may be enhanced upon concurrent administration with alcohol, ACE inhibitors, angiotensin-II antagonists, diuretics, anaesthetics, anxiolytics and hypnotics, aldesleukin, or alprostadil.
Concomitant use of atenolol with other antihypertensive agents may result in:
- enhanced hypotensive effect of atenolol.
- increased risk of withdrawal hypertension with clonidine. Therefore, atenolol should be withdrawn several days before the slow withdrawal of clonidine.
- increased risk of first-dose hypotensive effect with post-synaptic alpha-blockers such as prazosin.

The hypotensive effect of atenolol may be antagonized upon concurrent administration with NSAIDs, corticosteroids, or oestrogens and combined oral contraceptives.
Concomitant administration of atenolol with calcium-channel blockers may result in:
- increased risk of bradycardia and AV block with diltiazem.
- severe hypotension and heart failure occasionally reported with nifedipine and possibly other dihydropyridines.
- asystole, severe hypotension, and heart failure with verapamil.

Upon concurrent administration, atenolol may enhance the hypoglycaemic effect of antidiabetic agents and may mask the warning signs of hypoglycaemia such as tremor.
Concurrent administration of atenolol with antiarrhythmic agents especially amiodarone may increase the risk of myocardial depression, bradycardia, and AV block. This risk may also be increased upon concurrent administration with digoxin or mefloquine (antimalarial agent).
Concurrent administration of atenolol with ergotamine may increase peripheral vasoconstriction.
Severe postural hypotension may possibly be precipitated upon concurrent administration of atenolol with moxisylyte.
The hypotensive effect and bradycardia may possibly be enhanced upon concurrent administration of atenolol with tizanidine (muscle relaxant).
Concomitant use of atenolol with sympathomimetic agents (adrenaline and noradrenaline and possibly with dobutamine) may result in severe hypertension. However, this risk is especially reported with non-selective beta-blockers.
Risk of ventricular arrhythmias may possibly be increased upon concurrent administration of atenolol with pilocarpine (parasympathomimetic agent) or tropisetron; caution is advised.
The concurrent administration of atenolol (beta-blocker) with xamoterol (beta-agonist) has been reported to result in a reduction of beta-blockade and an antagonism of the effect of xamoterol.
Concurrent use of atenolol with theophylline may result in mutual inhibition of therapeutic effects; concurrent use should be avoided especially in patients with bronchospasm.

Presentation

Tensotin tablets: Pack of 30 tablets.

* *Store at a temperature of 15 - 25°C, in a dry place.*

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicines, their 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.
- Keep all medicaments out of the reach of children.

Council of Arab Health Ministers, Union of Arab Pharmacists.

Any information ? Call Our Toll Free No. **(971) 800-4994**

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