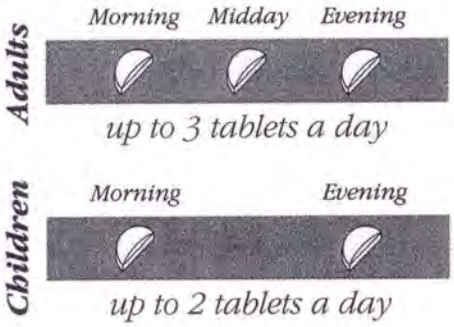
DRIPTANE

Oxybutinin chloride

Enuresis, urinary incontinence

Therapeutic indications:
Urinary impetuosity in women, with or without leak.
Enuresis.



1. NAME
DRIPTANE 5 mg, scored tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
Active principle
Oxybutynin (INN) hydrochloride 5.00 mg
quantity of corresponding oxybutynin base 4.54 mg
Excipients
Microcrystalline cellulose 17.80 mg
Calcium stearate 1.90 mg
Anhydrous lactose 153.30 mg
For one 178 mg scored tablet.

3. PHARMACEUTICAL FORM
Scored tablet

4. CLINICAL DATA
4.1 THERAPEUTIC INDICATION
- Urinary incontinence, urinary urgency and pollakiuria in cases of vesical instability which may result from idiopathic instability of the detrusor or neurogenic vesical impairment.

4.2 DOSAGE AND METHOD OF ADMINISTRATION
Oral administration
- Adults
The initial dose is 2.5 mg three times a day; it may be increased, if necessary, up to the minimum effective dosage enabling a satisfactory clinical response to be obtained.
The usual dose is 5 mg two or three times a day and the maximum dose 5 mg four times a day.
- Elderly patients
In elderly patients, the elimination half-life may be increased; consequently, the initial dose is 2.5 mg twice a day; it may be increased, if necessary, up to the minimum effective dosage enabling a satisfactory clinical response to be obtained.
A usual dosage of 10 mg in two doses is generally sufficient, particularly in slightly-built patients.
- Children (over 5 years)
The initial dosage of 2.5 mg twice a day should be increased on an individual basis up to the minimum effective dosage enabling a satisfactory clinical response to be obtained.
The recommended dosage is 0.3 to 0.4 mg/kg of body weight per day; the maximum dose is given in the table below:

Age	***Dosage***
5-9 years	*2.5 mg three times a day*
9-12 years	*5 mg twice a day*
12 years and over	*5 mg three times a day*

- Children (under 5 years)
The use of this medicine is not recommended.

4.3 CONTRAINDICATIONS
This medicine MUST NEVER be used in the event of:
- hypersensitivity to oxybutynin or one of the excipients
- risk of urinary retention related to urethro-prostatic disturbances
- intestinal occlusion
- toxic megacolon
- intestinal atony
- severe ulcerative colitis
- myasthenia
- known risk of closed angle glaucoma

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE
Treatment with oxybutynin should be assessed after 4 to 6 weeks since normal vesical function may be restored in some patients.
Oxybutynin hydrochloride must never be used for the treatment of stress urinary incontinence.
Oxybutynin hydrochloride must be used with caution in elderly patients who may be more sensitive to the effects of oxybutynin, as well as in patients suffering from vegetative neuropathy, hiatus hernia or other severe gastro-intestinal complaints, a hepatic or renal disorder, tachyarrhythmia, or cerebrovascular deficiency.
After administration of oxybutynin hydrochloride, the symptoms of hyperthyroidism, heart disease, congestive heart failure, prostatic hypertrophy, cardiac arrhythmia or tachycardia may be aggravated.
The prolonged administration of oxybutynin may cause discomfort due to salivary insufficiency, prompting the onset of tooth decay, periodontoclasia or buccal candidiasis.
In the event of a urinary tract infection, an appropriate antibacterial treatment should be given.
Due to the presence of lactose, this medicine is contraindicated in cases of congenital galactose intolerance, glucose and galactose malabsorption or lactase deficiency syndrome.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTION
Concomitant medication necessitating precautions for use
• Lisuride
Risk of onset of mental confusion. Regular clinical surveillance.

Concomitant medication to be given consideration
• Atropine and other atropinic substances
Imaprimine antidepressant drugs, sedative H1 antihistamines, atropinic antispasmodic drugs, other anticholinergic antiparkinsonian drugs, disopyramide, phenothiazine neuroleptics.
Additional atropinic undesirable effects of urinary retention type, constipation, dry mouth.

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4.6 PREGNANCY AND BREAST FEEDING

Pregnancy

- The safety of oxybutynin during pregnancy has not yet been established.
- Studies on animals have shown an embryotoxic effect at doses which cause maternal toxicity. Consequently, the use of oxybutynin should not be envisaged during pregnancy unless absolutely necessary.

Breastfeeding

In animals, oxybutynin has been found in mother's milk.

Consequently, this medicine should not be administered to women who are breast feeding.

4.7 EFFECTS ON THE ABILITY TO DRIVE VEHICLES AND OPERATE MACHINES

Since oxybutynin may cause drowsiness or blurred vision, patients' attention is drawn to this potential risk, particularly when driving vehicles or using machines.

4.8 ADVERSE EFFECTS

- The most frequently reported adverse effects are: dry mouth, constipation, blurred vision, mydriasis, tachycardia, nausea, abdominal discomfort, flushed face (more pronounced in children than in adults), agitation and difficulty in urinating. Reducing the dose diminishes the occurrence of these adverse effects.
- Less frequently reported adverse effects: headaches, urinary retention, dizziness, drowsiness, dry skin, diarrhoea and cardiac arrhythmia.
- Intra-ocular hypertension, onset of glaucoma (closed angle glaucoma), convulsions, hallucinations and nightmares have also been reported.

Cognitive effects (confusion, anxiety, paranoia) have been reported in elderly people.

- Rare cases of allergic skin reactions.

4.9 OVERDOSAGE

In the event of overdosage, the following may occur:

- intensification of adverse effects
- signs of atropinic intoxication (mydriasis, highly diminished secretions, paralysis of the smooth muscles).

In the event of overdosage, the following measures must be taken:

1) Immediate stomach pumping;
2) Slow i.v. injection of 1.0 to 2.0 mg of physostigmine, repeated if necessary up to a total quantity of 5 mg. The recommended dose of physostigmine in children is 30 µg/kg by slow intravenous injection, repeated if necessary up to a maximum total quantity of 2 mg.

Fever treatment.

If agitation or excitation is major, intravenous injection of 10 mg diazepam.

In the event of tachycardia, intravenous injection of propanolol.

Urinary retention should be controlled by catheterisation.

In the event of paralysis of the respiratory muscles, artificial ventilation is required.

5. PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

UROLOGICAL / URINARY ANTISPASMODIC MEDICINE

(G04BD04: Genitourinary system and sexual hormones)

Oxybutynin is an anticholinergic type antispasmodic medicine.

It reduces the contractility of the detrusor and thus reduces the extent and frequency of vesical contractions as well as intravesical pressure.

5.2 PHARMACOKINETIC PROPERTIES

After oral administration, oxybutynin is rapidly absorbed by the digestive tube (tmax, 0.5 to 1.4 hours).

Studies have shown a Cmax of 8 - 12 ng/ml after administration of a 5 to 10 mg dose in young healthy subjects. Major inter-individual variations in plasmatic rates have been observed.

Since oxybutynin undergoes a major first-pass effect, the result is absolute systemic bioavailability of 6.2%.

The main metabolite produced is pharmacologically active desethyloxybutynin. Several other metabolites are produced, including phenylcyclohexyglycolic acid, but these are inactive.

Less than 0.02% of the administered dose is eliminated in the urine.

Oxybutynin binding to plasma albumin is 83 - 85%.

Oxybutynin is eliminated bioexponentially. The elimination half-life is 2 hours.

Repeated administration leads to low accumulation of the product.

6. PHARMACEUTICAL DATA

6.2 SHELF LIFE

3 years.

6.4 TYPE AND CAPACITY OF CONTAINER

Box: cardboard.

Thermoformed blister strip: PVC/aluminium.

7. PRESENTATION AND ADMINISTRATIVE IDENTIFICATION NUMBER IN FRANCE

8. PRESCRIPTION AND ISSUING CONDITIONS

List II

9. HOLDER OF THE AUTHORISATION TO MARKET IN FRANCE

Laboratoires FOURNIER S.A.
9, rue Petitot
21000 DIJON

10. DATE APPROVED/REVISED IN FRANCE

05 JUNE 2003

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