Atonium® Plus Tablets

Atenolol,Chlorthalidone

DESCRIPTION

Atonium® Plus (atenolol and chlorthalidone) is for the treatment of hypertension. It combines the activity of two agents : a $beta_1$-selective blocker (atenolol) and a monosulfonamyl diuretic (chlorthalidone).

COMPOSITION

Atonium® Plus is available as blue round scored tablets.
Each tablet contains :
Active ingredient : Atenolol 50 mg or 100 mg ; Chlorthalidone 25 mg
Excipients: Corn starch, Heavy Magnesium carbonate, Sodium lauryl sulfate, Gelatin, Talc and Magnesium stearate, FD&C Blue No. 2.

INDICATIONS

Atonium® Plus is indicated in the treatment of hypertension.

CONTRAINDICATIONS

Atonium® Plus is contraindicated in patients with : sinus bradycardia, heart block greater than first degree, cardiogenic shock, overt cardiac failure; anuria, hypersensitivity to this product or to sulfamide-derived drugs.

WARNINGS

Controlled Cardiac Failure : In patients who have congestive heart failure controlled by digitalis and/or diuretics, Atonium® Plus should be administered cautiously. Both digitalis and atenolol slow atrioventricular conduction.

In Patients Without a History of Cardiac Failure : Continued use can, in some cases, lead to cardiac failure. Patients should be fully digitalized and/or be given a diuretic. If cardiac failure continues Atonium® Plus should be withdrawn.

Bronchospastic Diseases : Patients with bronchospastic disease should in general, not receive beta-blockers, unless necessary. The lowest possible dose of Atonium® Plus should be used and a $beta_2$-stimulating agent (bronchodilator) should be made available. Dose should be divided in order to achieve lower peak blood levels.

Renal and hepatic disease : Use with caution. Thiazides may precipitate azotemia. If progressive renal impairment becomes evident, Atonium® Plus should be stopped.

Cessation of Therapy with Atonium® Plus : It should be achieved gradually. Even patients with no previous angina should be observed for angina and/or infarction and ventricular arrhythmias, and advised to limit physical activity.

Concomitant Use of Calcium Channel Blockers : Bradycardia and heart block can occur in case of pre-existing conduction abnormalities or left ventricular dysfunction.

Anesthesia and Major Surgery : It is not advisable to withdraw beta-adrenoreceptor blocking drugs prior to surgery. However, care should be taken when using anesthetic agents such as those which may depress the myocardium.

Metabolic and endocrine effects : Atonium® Plus may be used with caution in diabetics. Beta-blockers may mask tachycardia occurring with hypoglycemia, but not dizziness and sweating. Atenolol does not potentiate insulin induced hypoglycemia, nor delays recovery of glucose to normal. Insulin requirement in diabetics may be altered; latent diabetes may become manifest during chlorthalidone administration.

Beta-adrenergic blockade may mask certain clinical signs (e.g. tachycardia) of hyperthyroidism. Abrupt withdrawal of beta-blockade might precipitate a thyroid storm; therefore, patients suspected of developing thyrotoxicosis from whom Atonium® Plus therapy is to be withdrawn should be monitored closely.

Because calcium excretion is decreased by thiazides, Atonium® Plus should be discontinued before carrying out tests for parathyroid function. Hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. Hyperuricemia may occur, or acute gout may be precipitated by thiazides.

Pregnancy and Fetal Injury : Atonium® Plus was studied for teratogenic potential in the rat and rabbit. No teratogenic or embryotoxic effects were demonstrated. Administration of atenolol, starting in the second trimester of pregnancy, has been associated with the birth of infants that are small for gestational age. No studies have been performed on the use of atenolol in the first trimester and the possibility of fetal injury cannot be excluded. The use of chlorthalidone and related drugs in pregnant women requires the anticipated benefits be weighed against possible hazards to the fetus, such as fetal and neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that occur in adults. **Pregnancy category D**.

PRECAUTIONS

General : Atonium® Plus may aggravate peripheral arterial circulatory disorders.
Electrolyte and fluid balance status : Hyponatremia, hypochloremic alkalosis, and hypokalemia may occur. Warning signs include dry mouth, thirst, weakness, lethargy, restlessness, muscle pain, hypotension, oliguria, tachycardia, nausea and vomiting.

Elderly, digitalized patients, gastrointestinal sufferers and low potassium intake patients are more prone to develop hypokalemia, in addition to brisk diuresis, cirrhosis patients, and concomitant use of corticosteroids or ACTH. Hypokalemia may be corrected by potassium supplements or high potassium content food.

Dilutional hyponatremia may occur in edematous patients in hot weather. Water restriction rather than salt administration is advisable, except when hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is necessary.
Drug Interactions : Catecholamine-depleting drugs (e.g. reserpine) and calcium channel blockers may have an additive effect. Beta-blockers may exacerbate the rebound hypertension which can follow the withdrawal of clonidine. Thiazides may decrease arterial responsiveness to norepinephrine and increase responsiveness to tubocurarine. They may expose to lithium toxicity. While taking beta-blockers, patients may be unresponsive to the usual doses of epinephrine used to treat an allergic reaction or other conditions.

Nursing Mothers : Caution should be exercised. Premature infants, or infants with impaired renal function, may develop adverse effects, such as bradycardia.

Pediatric Use : Safety and effectiveness in pediatric patients are not established yet.

EFFECT ON ABILITY TO DRIVE OR OPERATE MACHINERY

Use is unlikely to impair the ability of patients to drive or operate machinery. However, dizziness and fatigue may occur.

ADVERSE REACTIONS

Adverse effects are mild and transient, the same seen with individual components.
Atenolol : Cardiovascular (bradycardia, heart failure deterioration, postural hypotension which may be associated with syncope, cold extremities. In susceptible patients: heart block, intermittent claudication, Raynaud's phenomenon), CNS (confusion, dizziness, headache, mood changes, nightmares, psychoses, fatigue, sleep disturbances), gastrointestinal (dry mouth), haematological (purpura, thrombocytopenia), integumentary (reversible alopecia, dry eyes, psoriasiform skin reactions, skin rashes), neurological (paresthesia, visual disturbances), respiratory (bronchospasm may occur in patients with bronchial asthma or a history of asthma). Others: elevated liver enzymes and/or bilirubin, impotence, Peyronie's disease, development of antinuclear antibodies (ANA) and lupus syndrome.
Chlorthalidone : Cardiovascular (orthostatic hypotension), gastrointestinal (anorexia, gastric irritation, vomiting, cramping, constipation, cholestatic jaundice, pancreatitis), CNS (vertigo, paresthesia, xanthopsia), hematologic (leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia, vasculitis, Lyell's syndrome), miscellaneous (hyperglycemia, glycosuria, muscle spasms, weakness, restlessness).

POTENTIAL ADVERSE EFFECTS

Some adverse effects have been reported with other beta-blockers: Agranulocytosis, allergy, central nervous system (reversible mental depression, short-term memory loss), gastrointestinal (mesenteric arterial thrombosis, ischemic colitis).
CLINICAL LAB TEST FINDINGS : Subclinical increases in uric acid and decreases in serum potassium can be seen.

OVERDOSAGE

No specific information is available with regard to overdosage with Atonium® Plus in humans. Treatment of overdose should be symptomatic and supportive, in addition to the removal of any unabsorbed drug by induced emesis, gastric lavage, or administration of activated charcoal. Atenolol can be removed by hemodialysis.
Overdosage with Atenolol has been reported with patients surviving acute doses as high as 5 g. One death was reported after 10 g acute ingestion. The predominant symptoms reported are lethargy, disorder of respiratory drive, wheezing, sinus pause and bradycardia. Additionally, other effects might also be expected such as congestive heart failure, hypotension, bronchospasm and/or hypoglycemia. Symptoms of chlorthalidone overdose include nausea, weakness, dizziness and electrolyte imbalance.

DOSAGE AND ADMINISTRATION

Chlorthalidone is usually given at a dose of 25mg daily; the usual initial dose of atenolol is 50mg daily. If an optimal response is not achieved, Atonium® Plus 100 mg can be given. When necessary, another antihypertensive agent may be added.
Elderly Patients or Patients with Renal Impairment : No accumulationoccurs if creatinine clearance is above 35 ml/min/1.73 m^2 .The following maximum oral dosages are recommended for elderly, and in renal impairment :

Creatinine Clearance (ml/min/1.73m²)	Atenolol Elimination Half-life (h)	Maximum Dosage
15-35	16-27	50 mg daily
<15	>27	25 mg daily

PRESENTATION

Tablet Atenolol 50 mg/Chlorthalidone 25 mg - blister pack of 30's
Tablet Atenolol 100 mg/Chlorthalidone 25 mg - blister pack of 30's

STORAGE CONDITIONS

Store in a dry place below 30°C, protected from light.
Do not refrigerate.
Do not use after expiry date.

This is a medicament

-A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow 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 medicine, its benefits and risks.
- Donot by yourself interrupt the period of treatment prescribed.
- Do not repeat the same prescription without consulting your doctor.

Keep medicament out of reach of children.

Manufactured in Zouk Mosbeh Lebanon by
ALGORITHM S.A.L.

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