RANITIDINE

Presentation:
Histamine H2 - receptor Antogonist.

Composition:
Each tablet contains: Ranitidine (as hydrochloride) 150 mg.

Properties:
The active component of **Ranitidine** is a competitive antagonist of histamine - induced gastric acid secretion. **Ranitidine** inhibits both the volume and concentration of gastric acid secretion induced nocturnally & by food, and reduces pepsin output. **Ranitidine** is a rapidly acting H2 - blocker with a relatively long duration of action.

Indications:
Ranitidine is indicated in the:
- treatment of duodenal ulcer;
- treatment of benign gastric ulcer;
- treatment of gastro-esophageal reflux disease;
- relief of persistent dyspepsia with or without peptic ulceration;
- treatment of pathological hypersecretory conditions such as Zollinger-Ellison Syndrome.

Dosage and Administration:
Adults : The usual dosage is 150 mg tablet twice daily. Alternatively, patients with duodenal or gastric ulceration may be given one single bedtime dose of 300 mg tablets. Treatment should be continued for 4 weeks. If healing did not occur by then, another course of 4 weeks will be sufficient. Maintenance treatment with 150 mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer. Patients with hypersecretory conditions (Zollinger-Ellison syndrome) may be treated with a starting dose of 150 mg tablet 3 times daily, & this be increased as needed. Doses of up 6 gm ranitidine per day have been used and well tolerated.
In the management of gastro-esophageal reflux disease, a dose of 150 mg tablet twice daily is recommended, for up to 8 weeks.

Contraindications:
Ranitidine is contraindicated in patients known to be hypersensitive to the drug.

Precautions:
Symptomatic response to **Ranitidine** therapy should not preclude the presence of gastric malignancy. Since ranitidine is excreted primarily by the kidney, dosage should adjusted in patients with impaired renal function. A regimen of 150 mg at night for 4 - 8 weeks is recommended. Caution should be observed in patients with hepatic dysfunction since ranitidine is metabolized by the liver. Like other drugs, **Ranitidine** should only be used during pregnancy and nursing if considered essential.

Side effects:
Ranitidine is usually well tolerated. Minor adverse effects occur infrequently and include:
headache, malaise, nausea, constipation, dizziness & skin rashes that usually subside with continued therapy. Transient increases in serum transaminase and plasma creatinine levels have been reported. Hypersensitivity reactions have been rarely observed following the parenteral and oral administration of **Ranitidine.**

Drug Interactions:
Ranitidine may decrease the absorption of diazepam and reduce its plasma concentration.
The concurrent administration of antacids with high neutralizing capacity may decrease the bioavailability of **Ranitidine.** Anticholinergic drugs may delay the absorption of ranitidine and increase its bioavailability.

Presentation:
Tablets of 150 mg in blister packs of 30 tablets.

THIS IS A MEDICINE

- Medicines are products which affect your health, and failure to follow the instructions may be dangerous for you.
- Follow your doctor's advice carefully, the method of use, and the instructions of the pharmacist who sold you the medicine.
- Your doctor and pharmacist are expert in the use of medicines, and their benefits and risks.
- Do not stop your course of treatment early unless advised to do so by your doctor or pharmacist.
- Do not repeat the same prescription without consulting your doctor.

KEEP MEDICINES OUT OF THE REACH OF CHILDREN

Revised 01 / 2010

PHARMADEX S.A.L.
KAHALE - LEBANON