Gopten® 2 mg

Capsules

Active ingredient: Trandolapril

ACE inhibitor in the treatment of essential hypertension

Composition
One 2 mg Gopten capsule contains 2 mg trandolapril

Indications
Essential hypertension

Dosage and administration
Dose as prescribed by the physician.
The usual daily dose is one 2 mg Gopten capsule once daily. If necessary, the dose may be doubled after two to four weeks of treatment. In some patients, in particular patients at risk (see below) an initial daily dose of 1 mg (Gopten 1 mg) may be recommendable.
Adjustment of the dose is not necessary in elderly patients with normal kidney function.
It is not usually necessary to reduce the dose in patients with creatinine clearance > 30 ml min. However, the relevant laboratory parameters should be monitored closely in patients with impaired renal function.
In patients with moderate liver function impairment the initial dose is 0.5 mg (Gopten 0.5 mg) in the mornings. The dose is then increased in small increments depending on the patient's response. The maximum daily dose of 2 mg should not be exceeded.
In patients with salt and/or fluid depletion (dialysis, vomiting/diarrhoea, diuretic therapy), treatment should begin with 0.5 mg (Gopten 0.5 mg) in the mornings. Salt and/or fluid depletion should if possible be rectified before beginning treatment with Gopten 0.5 mg, and/or existing diuretic therapy should be reduced or even discontinued.
Patients with malignant phase hypertension or severe heart failure should be stabilized on Gopten while hospitalized.

Contraindications
Gopten should not be used in:
– patients hypersensitive to trandolapril, the active ingredient
– patients with a tendency towards angioedema, especially during previous treatment with ACE-inhibitors
– patients with renal artery stenosis
– patients with recent kidney transplantation
– patients with aortal or mitral valve stenosis, hypertrophic cardiomyopathy
– patients with primary elevated blood aldosterone concentrations
– pregnancy
– lactation

Warnings
For want of adequate clinical experience Gopten should not be used in:
– patients with severe liver function impairment/cirrhosis of the liver with ascites
– patients on dialysis
– patients with a creatinine clearance of < 30 ml/min
– patients with untreated congestive heart failure
– children
Gopten should be used only after careful weighing up of the risks versus benefits and with careful monitoring of the relevant clinical and laboratory parameters in patients with
– proteinuria > 1 g/day
– severe electrolyte imbalance
– immune disorders or collagen vascular diseases (eg systemic lupus erythematosus, scleroderma)
– concomitant treatment with immunosuppressives (eg corticoids, cytostatics, antimetabolites). allopurinol, procainamide or lithium.
Before prescribing Gopten renal function should be examined and blood pressure and/or relevant laboratory parameters closely monitored in patients:
– with salt or fluid depletion
– with impaired renal function
– with severe hypertension
– with intercurrent heart failure
– over 65 years of age.
During treatment with Gopten, dialysis and haemofiltration through high-flux polyacrylonitrile methallyl sulphate membranes must be avoided, since this would put the patient at risk of anaphylactoid reactions or indeed life-threatening anaphylactic shock in such cases, the patient should be switched to an alternative antihypertensive agent – not an ACE-inhibitor – or to another dialysis membrane. In addition, Gopten should not be used in conjunction with certain lipid apheresis techniques (eg those involving dextran sulphate) because of the risk of provoking reactions similar to those described above.
Simultaneous desensitization therapy against insect venoms (bee stings, wasp stings) and treatment with ACE-inhibitors may lead to hypersensitivity reactions which in some patients may be life-threatening (e.g. fall of blood pressure, respiratory distress, vomiting, allergic skin reactions). If desensitization therapy is necessary, the ACE-inhibitor should temporarily be discontinued and replaced by another antihypertensive agent.

Interactions
The following interactions have been reported for Gopten and other ACE-inhibitors when used concomitantly with

– salt	attenuation of Gopten's antihypertensive effect
– antihypertensive agents	potentiation of Gopten's antihypertensive effect, especially through diuretics
– analgesics (eg ASA, indometacin)	possible attenuation of Gopten's antihypertensive effect
– potassium, potassium-sparing diuretics (eg spironolactone, amiloride, triamterene)	marked elevation of serum potassium levels
– lithium	elevation of serum lithium concentrations
– alcohol	potentiation of the effect of alcohol
– hypnotics, anaesthetics	marked drop in blood pressure (check with anaesthetist!)
– allopurinol, immunosuppressives (cytostatics, systemic corticoids), procainamide	leukopenia

However, no pharmacokinetic interaction has been observed with food nor with the following drugs: furosemide, digoxin, nifedipine and warfarin.

Special precautions
Animal testing disclosed evidence that Gopten could be toxic to the foetus or the mother. Therefore, Gopten should not be given to pregnant women.
Animal studies suggest that the active ingredient of Gopten may be excreted in human milk. In the absence of data in humans, Gopten should therefore not be given to nursing mothers.
The individual patient's response differs, and in some patients Gopten will impair the ability to drive a motor vehicle or operate machinery. This applies particularly at the beginning of treatment, when changing products, and in conjunction with alcohol.

Adverse reactions
Cardiovascular
Occasionally, especially at the beginning of treatment with Gopten and in patients with salt and/or fluid depletion, eg following diuretic treatment, in patients with diminished cardiac output, severe hypertension, and also if the dose of diuretics and/or Gopten is increased, excessive lowering of blood pressure may occur with symptoms such as dizziness, faintness, disturbed vision, and, rarely, syncope.
There are isolated reports of the following side effects in ACE-inhibitor induced hypotension: tachycardia, palpitations, arrhythmia, angina, heart attack, transient ischaemic attack (TIA), stroke.
Kidneys
Occasionally, impairment of kidney function may occur or be aggravated, leading in isolated cases to acute renal failure. There are rare reports of proteinuria, in some cases accompanied by deterioration of kidney function.
Airways
The following symptoms and signs have been reported: occasionally, dry irritable cough and bronchitis; rarely, dyspnoea, sinusitis, rhinitis; in isolated cases, bronchospasm, glossitis and dry mouth.
In isolated cases, ACE-inhibitors induced tissue swelling (angioneurotic oedema) with involvement of the larynx, pharynx and/or tongue. If these signs occur, 0.3–0.5 mg subcutaneous adrenaline should be given, or 0.1 mg adrenaline slowly by the intravenous route while monitoring ECG and blood pressure, followed by glucocorticoid administration. Intravenous administration of antihistamines and H-receptor antagonists is also recommended.
In addition to adrenaline, administration of C_1-inactivator may be considered for patients with known C_1-inactivator deficiency.
Gastrointestinal tract
There are occasional reports of nausea, epigastric symptoms and indigestion. Rarely, vomiting, diarrhoea, constipation and lack of appetite have occured.
There are isolated reports of pancreatitis, ileus, cholestatic jaundice, liver function impairment, and hepatitis – in some cases severe – in patients on ACE-inhibitor therapy.
Skin blood vessels
Allergic skin reactions have been observed such as exanthema, pruritis, and, rarely, urticaria. Erythema multiforme and angioedema involving the lips, face and/or extremities have occurred. In isolated cases the rash may be accompanied by fever, aches and pains in the muscles and joints (myalgia, arthralgia), vasculitis, and changes in certain laboratory values (eosinophilis and/or elevated ANA titers).
If serious rash is suspected the attending physician must be consulted without delay and Gopten discontinued, if appropriate.
Psoriasis, photosensitivity, alopecia, onycholysis and exacerbation of vasospasm in Raynaud's disease have been observed in isolated cases in patients on ACE-inhibitors.
Nervous system
Headache and fatigue may occur; rarely, dizziness, depression, sleep disturbances, erectile dysfunction, tingling sensation, paraesthesias, loss of balance, confusion, tinnitis, blurred vision, taste impairment or transient loss of taste perception have been observed.
Laboratory values
Decline in haemoglobin concentration, haematocrit, white cells and platelets has occured. Rarely, a reduction below normal in the number of blood cells (anaemia, thrombocytopenia, neutropenia), and in isolated cases a total loss of certain or all cell elements in the blood (agranulocytosis or pancytopenia) have been reported with ACE-inhibitors, especially in patients with kidney function impairment, collagen vascular diseases or on concomitant therapy with allopurinol, procainamide or immunosuppressive drugs. There are extremely rare reports of haemolysis/haemolytic anaemia, also in association with G-6-PDH depletion, where however the causal relationship with ACE-inhibitor treatment was not definitively established.
Rarely, especially in patients with renal function impairment, increases in BUN, serum creatinine and potassium have been observed, as has hyponatraemia. Poteinuria may occur.
Elevations of liver aminotransferase activity and bilirubin have occured in isolated cases.
These laboratory values should be regularly monitored before and during Gopten treatment. Monitoring of serum electrolytes and creatinine and haematology parameters should be performed, especially at the beginning of treatment and in at-risk patients (ie patients with impaired renal function, collagen vascular disease, or on immunosuppressives, allopurinol or procainamide). If symptoms and signs such as fever, lymph node enlargement and/or sore throat occur during Gopten treatment, the attending physician should conduct a differential white cell count without delay.

Overdosage
The maximum dose tested in clinical trials was 16 mg. No intolerability reactions were observed. In the event of severe hypotension saline should be administered by intravenous infusion to restore normal blood pressure.

Mode and duration of administration
Gopten capsules should be taken before, during or after meals with plenty of liquid. The duration of administration should be decided upon by the physician.

Expiry date
The drug should not be used after the expiry date stated on the package.

Storage instructions
Do not store above 25° C. Keep out of the reach of children.

How supplied
28 capsules

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