

Pharmacological Properties

Gab apentin is a lipophilic analogue retaled in structure to the neurotransmitter GABA, but it is not biotransformed into GABA, not a GABA agonist or antagonist, and doesn't altercellular uptake of dopamine, nor adrenaline, or serotonin.

Although its precise mechanism of action is not yet known, gabapentin is known to bind with high affinity to binding sites in the brain which are associated with a pha2 delesabunitis of voltage sensitive ca cium channels. In vitro, gabapentin modu ates the act why of GABA symbersizing enzyme GAD as well as the activity of gulamate synthesizing enzyme. In various animal models, gabapentin thowed anticonvisive, analgesic, anxiolytic and neuroprotective properties.

Indications

Epilepsy

- Monotherapy (including patients with newly d agnosed seizures) or add-on therapy in adults and children over 12 years of age with simple and complexpart al seizures with and without secondary generalization.
- Add-on therapy in adults and children aged 3 years and above with partial seizures with and without secondary generalization

Neuropathic painin adults

For the treatment of Neuropathic pain in diabetic polyneuropathy and posther peticneuralgia in adults.

Dosage & Administration

- Nurona® Capsules should be sw allowed whole with sufficient fluid regardless of meals.

- Theinterval between 2 singledoses should not exceed 12 hous.
- Nuron a[®] dose is determined depending on individual tolerance and effect,
- Duration of treatment in epilepsy is determined according to physician judgment and usu aly long term therapy isprequired.
- In neuropathic pain no clin cal studies were conducted for more than 5 months.
- Discontinuation (f c inically required) shoud be gradual over a period of one week
- Dose should be increased in 100mg steps in patients with poor condition, low BW or after transplantation
- Thedose may be titrated according to the followingdose scheme;

Epitepsy	Day 1	Day Z	Day 3	
Manashesipy & Advisor therapy in Patients program yours of age	30 0mg x 1	300mg X 2		300 mg TJ,D can be given initially, then can be increased to (200mg/disy A doase of 2400mg should not be extreded, as insufficient efficacy and safety data are available
Add-on therapy in Patients 3.12 years of	10mg	20mg	30mg	Dime may be immeded to \$0
	∕kg B₩	/kg BW	∕kg BW	50mg/kg IW//day if required and the manipuratice dose a divided into three doses.
Neuropathic pain in adulls	300mg X 1	300mg X 2	300mg X 3	300mg tid can be given Ini tialy then increased to 1800mg tid (according to pain Intensity), but a daily dose of 3600mg should not be exceeded.

Use in renal impairment

NuronaÒ dos age should be adjusted according to the following table:

(ml/min)	Gabapentin Total da ly dose range (mg/day)	
		Three times daily
		100mg x 3 every other day
Hemodialysis patients (Not previously treated with gabapentin)	Londing Base 300-400 Management 200-309	Dasehs given following each 4 hours of hemodiallysis (No treatment in dialysis free days)

Use in pediatrics

No sufficient experience for monother apy in children <12 years or for add-on therapy in children <3 years.

Use in pregnancy & lactation

- Pregnancy Category C, There are no adequate and well-controlled studies in pregnant women. Animal experiments have not shown evidence of teratogeniceffeck (matigrmations) so gabapentin should be used during pregnancy only if the potential riskto the infant.
- Gabapentin is secreted into human milk, so an assessment should be done concerning its potential to cause serious side effects in the tetus and
 its importance as anliepieptic treatment for the mother.

Side effects

Usualy mild to moderate in intensity. Most frequently, dizziness, headache, fatigue, sonnolence, anoreia, nausea vontifou, veght increase, nervoursness, isocamina, lataia, nyntegwise, and paretiseisi. Occasionaly asthema, trenco, back pan, myajda, fracture, edema in face, externities or the whole body, puritus, visual disturbances (amb/opia and diplopia), thinitis, phanynglia, coughing, dental abnormalites, gingivilis, thinking ahnormal, dysafritna, annesia, depression, emotional lability, increased appelle, dysepsia, dry mouth, constipation. Adormania pain, leukopena, utifray, inonthinerae, molence, vasoditation and hypefretiono coursed. Rarely homothago panceditis and allergic reactions (Stevena-Johnson syndrome, explinem anultiforme) have been reported Aggressive behaviour and hypefritonisa were reported in pediatinc patients less than 12 years.

Driving and operating machines

The ability to work in exposed places, drive and operate complex machines is impared since gabagentin may slow down reactions through its action on the CNS causing sedation and dizziness, especially upon treatment initiation, dose thration, changing medication, also in conjunction with alcohol.

Precautions

- Blood glucose should be monitored in patients with diabetes mellitus since fluctuations in blood glucose were detected in clinical trials
- False positive results maybe obtained in the detennination of total urine prokein by dipsticktests, so it is advised to verify results or to use alternativemethods.
- Since hemorrhagic pancreatitis was reported, clinical examination should proceed to ensure early diagnosis (persisting abdominal pain, nausea and repeated vorniting), and accordingly therapy with gabapentin is to be stopped immediately
- Aswith other Antiepileptics, gabapentin should notbe abruptly discontinued because of the possibility of increasing seizure frequency.
- Neuropsychiatric manifestations occurred in pediatrics aged 3-12 years, these events were mild by moderate and included, emotional lability (behavioral problems), hostility (aggressive behaviors), thought disorder (concentration problems and change in school performance), and hypericinesia (primarily reallessness and/hyperachivity).

Drug interactions

- Gabapentin is not appreciably metabolized nor does it interfere with the metabolism of commonly coadministered antiepileptics such as carbamazepine, phenytoin, valproicacid, or Phenobarbital
- Gabapentin doesn't impair the effect of oral contraceptives containing norethindrone &/or ethinyl estradiol, but coadministration with other antiepileptics known to have that effect may lead to contraceptive failure
- Antacids containing magnesium or aluminum may reduce gabapentin bioavailability therefore it stiguld be administered at least 2 hours after the antacidintake.
- Cimetidine slightly decreases renal elimination of gabapentin when it is coadministered with
- Alcohol or centrally acting drugs of abuse may exaggerate some gabapentin CNS side effects (e.g. somnolence and ataxia)

Contraindications

- Known hypersensitivity to any of the ingredients
- Galactosemia (galactose intolerance) due to capsules contentof lactose,
- Acute pancreatitis
- Not effective againstpnmarily generalized seizures, such as absences

Overdose

Dizziness, dipipoia, dysarthria, sedation, and mild diarrhea are among the symptoms of overdose, but acute, life-threatening toxicity has not been observed with doses up to 49 gm/day. Gabapentin is removable by hemodialysis, but experience indicates that this is unecessary except in renal impairment.

Presentations

NuronaÒ 100mg capsules: Gabapentin 100mg (available in different pack sizes). Nurona[®] 300mg capsules: Gabapentin 300mg (available in different pack sizes). Nurona[®] 400mg capsules: Gabapentin 400mg (available in different pack sizes)

(This is a medicament - keep medicaments out of reach of children)

- Medicament is a product which affects your health, and its consumption contrary to instruction sis dangerous for you.
- Follow strictly the doctor's proscription, method for use and the instructions of the pharmacist who sold themedicament.
- The doctor and the pharmacist are experts in medicine, its 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.

Pharma International