

Lintre Tablets

(Sertraline Hydrochloride)

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(سرترالین ہائیڈروکلورائیڈ) ٹیبلٹس

COMPOSITION:

Lintre 50mg Tablet

Each film coated tablet contains:

Sertraline 50mg

(As Sertraline Hydrochloride)

U.S.P. Specification.

Lintre 100mg Tablet

Each film coated tablet contains:

Sertraline 100mg

(As Sertraline Hydrochloride)

U.S.P. Specification.

DRUG DESCRIPTION:

Sertraline hydrochloride is a selective serotonin reuptake inhibitor (SSRI) for oral administration.

PHARMACOLOGICAL PROPERTIES:

Pharmacodynamic properties

Sertraline is a potent and specific inhibitor of neuronal serotonin (5 HT) uptake in-vitro, which results in the potentiation of the effects of 5-HT in animals. It has only very weak effects on norepinephrine and dopamine neuronal reuptake. At clinical doses, sertraline blocks the uptake of serotonin into human platelets. It is devoid of stimulant, sedative or anticholinergic activity or cardiotoxicity in animals. Sertraline does not cause sedation or interfere with psychomotor performance & does not enhance catecholaminergic activity. Sertraline has no affinity for muscarinic (cholinergic), serotonergic, dopaminergic, adrenergic, histaminergic, GABA or benzodiazepine receptors. Chronic administration of sertraline in animals was associated with down-regulation of brain norepinephrine receptors as observed with other clinically effective antidepressants and antiobsessional drugs. Sertraline has not demonstrated potential for abuse.

Pharmacokinetic properties

Absorption: The pharmacokinetic profile of sertraline is proportional to dose over the range 50 - 200mg.

After single oral daily administration of 50 - 200mg sertraline for 14 days, peak plasma concentrations were reached after 4.5 - 8.4 hours.

Concomitant consumption of food does not significantly influence the bioavailability of Sertraline tablets.

Distribution: Plasma protein binding of sertraline is approximately 98 %.

Biotransformation: Sertraline undergoes extensive first-pass hepatic metabolism.

Based on clinical and in-vitro data, it can be concluded that sertraline is metabolized by multiple pathways including CYP3A4, CYP2C19 and CYP2B6.

Sertraline and its major metabolite desmethylsertraline are also substrate of P-glycoprotein in-vitro.

Elimination: The mean half-life of sertraline is approximately 26 hours (range 22 - 36 hours). Consistent with the terminal elimination half-life, there is an approximately two-fold accumulation up to steady state concentrations, which are achieved after one week of once-daily dosing. The half-life of N-desmethylsertraline is in the range of 62 to 104 hours. Sertraline and N-desmethylsertraline are both extensively metabolized in man and the resultant metabolites excreted in faeces and urine in equal amounts. Only a small amount (<0.2%) of unchanged sertraline is excreted in the urine.

INDICATIONS:

Sertraline is indicated for the treatment of:

1. Major depressive episodes. Prevention of recurrence of major depressive episodes.
2. Panic disorder, with or without agoraphobia.
3. Obsessive compulsive disorder (OCD) in adults and paediatric patients aged 6-17 years.
4. Social anxiety disorder.
5. Post-traumatic stress disorder (PTSD).
6. Premenstrual dysmorphic disorder (PDD).

DOSAGE & ADMINISTRATION:

Sertraline should be administered once daily, either in the morning or evening with or without food.

Initial Treatment

Depression, OCD and PDD

Sertraline treatment should be started at a dose of 50mg/day. Panic Disorder, PTSD, and Social Anxiety Disorder Therapy should be initiated at 25mg/day. After one week, the dose should be increased to 50mg once daily.

Titration

Depression, OCD, Panic Disorder, Social Anxiety Disorder and PTSD

Patients not responding to a 50mg dose may benefit from dose increases. Dose changes should be made in steps of 50mg at intervals of at least one week, up to a maximum of 200mg/day. Changes in dose should not be made more frequently than once per week given the 24-hour elimination half-life of sertraline. The onset of therapeutic effect may be seen within 7 days. However, longer periods are usually necessary to demonstrate therapeutic response, especially in OCD.

Maintenance

Dosage during long-term therapy should be kept at the lowest effective level, with subsequent adjustment depending on therapeutic response.

Depression

Longer-term treatment may also be appropriate for prevention of recurrence of major depressive episodes (MDE). In most of the cases, the recommended dose in prevention of recurrence of MDE is the same as the one used during current episode. Patients with depression should be treated for a sufficient period of time of at least 6 months to ensure they are free from symptoms.

Panic disorder and OCD

Continued treatment in panic disorder and OCD should be evaluated regularly, as relapse prevention has not been shown for these disorders.

Use in elderly patients

Elderly should be dosed carefully, as elderly may be more at risk for hyponatraemia.

Use in hepatic insufficiency

A lower or less frequent dose should be used in patients with hepatic impairment. Sertraline should not be used in cases of severe hepatic impairment

Use in renal insufficiency

No dosage adjustment is necessary in patients with renal insufficiency.

Withdrawal symptoms seen on discontinuation of sertraline

Abrupt discontinuation should be avoided. When stopping treatment with sertraline the dose should be gradually reduced over a period of at least one to two weeks in order to reduce the risk of withdrawal reactions.

CONTRAINDICATIONS:

- Hypersensitivity to the active substance or any of the excipients.
- Concomitant treatment with irreversible monoamine oxidase inhibitors (MAOIs).
- Sertraline must not be initiated for at least 14 days after discontinuation of treatment with an irreversible MAOI. Sertraline must be discontinued for at least 7 days before starting treatment with an irreversible MAOI.
- Concomitant intake of pimozone is contraindicated.

DRUG INTERACTIONS:

CNS depressants and alcohol: Consumption of alcohol in conjunction with sertraline treatment is not recommended.

Other serotonergic drugs: Co-administration of sertraline with tryptophan or fenfluramine or 5-HT₂ agonists, or St. John's Wort (*hypericum perforatum*), should be undertaken with caution and avoided whenever possible due to the potential for a pharmacodynamic interaction. Drugs affecting platelet function: The risk of bleeding may be increased.

Lithium: When co-administering sertraline with lithium, patients should be appropriately monitored.

Phenytoin: Co-administration of phenytoin may cause a reduction of sertraline plasma levels.

Triptans: If concomitant treatment is clinically warranted, appropriate observation of the patient is advised.

Warfarin: Prothrombin time should be carefully monitored when sertraline therapy is initiated or stopped.

Digoxin, atenolol, cimetidine: Co-administration with cimetidine caused a substantial decrease in sertraline clearance. Sertraline had no effect on the beta-adrenergic blocking ability of atenolol. No interaction of sertraline 200mg daily was observed with digoxin.

Drugs metabolised by cytochrome P450: Sertraline may act as a mild-moderate inhibitor of CYP 2D6. Clinically relevant interactions may occur with other CYP 2D6 substrates with a narrow therapeutic index like class 1C antiarrhythmics such as propafenone and flecainide, TCAs and typical antipsychotics, especially at higher sertraline dose levels. Sertraline does not act as an inhibitor of CYP 3A4, CYP 2C9, CYP 2C19 and CYP 1A2 to a clinically significant degree. The intake of grapefruit juice should be avoided during treatment with sertraline.

PREGNANCY AND LACTATION:

Sertraline is not recommended in pregnancy and lactation.

SIDE-EFFECTS:

The side-effects that have been reported with the use of sertraline include:

Gastro-intestinal: Nausea, diarrhoea, dyspepsia.

Central nervous system: Dizziness, insomnia, somnolence.

Body as a whole: Tremor, increased sweating, dry mouth.

Others: Male sexual dysfunction (primary ejaculation delay).

Other adverse effects that have been observed in patients treated with a frequency equal to or greater than that with placebo include:

Cardiovascular: Palpitation.

Nervous system: Headache, paresthesia, hypoesthesia, twitching, hypertonia.

Skin: Rash.

Gastro-intestinal: Constipation, vomiting, flatulence, anorexia, abdominal pain, increased appetite.

Body as a whole: Fatigue, fever, hot flushes, back pain, thirst, myalgia.

Psychiatric: Agitation, nervousness, anxiety, yawning, female sexual dysfunction, impaired concentration

Genito-urinary: Micturition frequency, micturition disorder, menstrual disorder.

Respiratory: Rhinitis, pharyngitis.

Special senses: Abnormal vision, tinnitus, taste perversion.

Laboratory abnormalities such as elevation in serum levels of transaminases (AST, ALT) (diminishing upon drug discontinuation) and reversible hyponatraemia have been reported with sertraline use. Most of the reports of hyponatraemia were associated with elderly patients and those taking diuretics or other medicines concomitantly.

OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Treatment is essentially symptomatic and supportive.

- Establish and monitor airway.
- Ensure adequate oxygenation and ventilation.
- Monitor cardiac function and vital signs.
- Administering activated charcoal, which may be used with sorbitol, may be as or more effective than emesis or gastric lavage.

STORAGE CONDITIONS:

- Store below 30°C.
- Protect from heat, light and moisture.

AVAILABILITY:

Lintre 50mg Tablets : Pack of 30 Tablets.

Lintre 100mg Tablets : Pack of 20 Tablets.

Keep all medicines out of the reach of children.



Manufactured by :

Indus Pharma (Pvt.) Ltd.
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