



SPMC
TRIFLUOPERAZINE TABLETS
BP 5mg

PRESENTATION:

SPMC Trifluoperazine Hydrochloride Tablets BP 5mg Bulk Pack of 1000 tablets, Each Blue color, circular biconvex coated tablets contain Trifluoperazine hydrochloride BP equivalent to Trifluoperazine 5 mg.

ACTION:

Trifluoperazine inhibits dopamine D₂ receptors in the brain. It has weak anticholinergic and sedative effects but strong extrapyramidal and antiemetic effects. It controls severely disturbed, agitated or violent behaviour but may also be used for nonpsychotic anxiety.

INDICATIONS AND DOSE

Schizophrenia and other psychoses | Short-term

adjunctive management of psychomotor agitation, excitement, and violent or dangerously impulsive behaviour

Adult: Initially 5 mg twice daily, increased by 5 mg daily after 1 week, then at intervals of 3 days, according to response

Elderly: Initially up to 2.5 mg twice daily, increased by 5 mg daily after 1 week, then at intervals of 3 days, according to response

Short-term adjunctive management of severe anxiety

Adult: 2–4 mg daily in divided doses, increased if necessary to 6 mg daily

Elderly: Up to 2 mg daily in divided doses, increased if necessary to 6 mg daily

Severe nausea and vomiting

Adult: 2–4 mg daily in divided doses; maximum 6 mg per day

HEPATIC IMPAIRMENT:

Can precipitate coma; phenothiazines are hepatotoxic.

BREAST-FEEDING:

Trifluoperazine crosses the placenta and passes into the milk of lactating dogs; breast feeding should only be allowed at the discretion of the physician.

PREGNANCY:

Drug treatment should be avoided in pregnancy unless considered essential, especially during the first trimester.

RENAL IMPAIRMENT:

Dose adjustments Start with small doses in severe renal impairment because of increased cerebral sensitivity.

MONITORING REQUIREMENTS:

Trifluoperazine does not affect blood pressure to the same extent as other antipsychotic drugs and so blood pressure monitoring is not mandatory for this drug.

CONTRA-INDICATIONS:

Preexisting CNS depression and coma; bone marrow depression, blood dyscrasias, liver disease, hypersensitivity to phenothiazines, prolactin dependent tumours. Pregnancy (1st trimester), lactation. CNS depression. comatose states. Phaeochromocytoma

DRUG INTERACTION:

Increased CNS depression with CNS depressants such as opiates or other analgesics, barbiturates or other sedatives, general anaesthetics, or alcohol. Increased

risk of side effects with drugs with antimuscarinic properties e.g. TCA, antiparkinsonian drugs. Antagonised effects of dopaminergic drugs such as levodopa. Increased risk of hypotension with antihypertensives, trazodone. Reverses antihypertensive effect of guanethidine. Increased risk of severe extrapyramidal side-effects or severe neurotoxicity with lithium. Possible decrease in absorption with antacids.

SPECIAL PRECAUTIONS:

Cardiovascular disease, epilepsy, angle-closure glaucoma, exposure to extreme temperatures, elderly, Parkinson's disease, myasthenia gravis, benign prostatic hyperplasia, DM, renal and hepatic impairment. Discontinue trifluoperazine at least 48 hr. before myelography and do not resume for at least 24 hr. after procedure. Do not use trifluoperazine in control of nausea and vomiting occurring either prior to myelography or post procedure with metrizamide. Pregnancy.

SIDE EFFECTS:

Alertness decreased. anxiety. appetite decreased. blood disorder. cardiac arrest. fatigue.

hyperpyrexia. jaundice cholestatic. lens opacity. Muscle weakness. oedema. pancytopenia. Photosensitivity reaction. postural hypotension (dose-related). Skin reactions. thrombocytopenia. urinary hesitation. Vision blurred. withdrawal syndrome

SIDE-EFFECTS, FURTHER INFORMATION

Extrapyramidal symptoms are more frequent at doses exceeding 6mg daily. Acute dystonias are more common with potent first-generation antipsychotics. The risk is increased in

men, young adults, children, antipsychotic-naïve patients, rapid dose escalation, and abrupt treatment discontinuation.

OVERDOSE:

Symptoms

Signs and symptoms will be predominantly extrapyramidal; hypotension may occur.

Management

Treatment consists of gastric lavage together with supportive and symptomatic measures. Do not induce vomiting. Extrapyramidal symptoms may be treated with an anticholinergic antiparkinsonism drug. Treat hypotension with fluid replacement; if severe or persistent, noradrenaline may be considered. Adrenaline is contra-indicated and dobutamine should be considered.

STORAGE:

Keep a cool & dry place. Store below 30°C in the original package in order to protect from moisture & Light. Keep all medicines away from children.

Manufactured by:

State Pharmaceuticals Manufacturing Corporation

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