Jingle Tablets

جِنگل ٹیبلٹس

COMPOSITION: *Each tablet contains:* Atenolol ……..... 25, 50 & 100 mg, respectively.

DESCRIPTION: Atenolol, a synthetic, beta$_1$-selective (cardioselective) adrenoreceptor blocking agent, may be chemically described as benzeneacetamide, 4 -[2'-hydroxy-3'-[(1- methylethyl) amino] propoxy]-. It has a molecular weight of 266 and its chemical formula is $C_{14}H_{22}N_2O_3$.

PHARMACOLOGY: After oral administration, about 50% is rapidly but incompletely absorbed from gastrointestinal tract. The unabsorbed drug is excreted unchanged in the feces. Peak plasma levels are attained within 2 to 4 hours. The absorbed drug is excreted mainly through kidneys. It undergoes little or no metabolism in the liver. Unlike propranolol, a very little percentage is bound to the plasma proteins. Half-life of orally administered drug is 6 to 7 hours.

INDICATIONS:

- Hypertension
- Angina pectoris due to coronary atherosclerosis
- Acute myocardial infarction

CONTRAINDICATIONS: Atenolol is contraindicated in patients with sinus bradycardia, heart block greater than 1st degree, cardiogenic shock, cardiac failure and having known hypersensitivity to Atenolol or any content of the medicine.

POSSIBLE ADVERSE EFFECTS: These are mostly mild and temporary. Bradycardia and postural hypotension have been reported in the patients being treated with acute myocardial infarction. Diarrhea and nausea have been seen in some cases apart from dizziness, vertigo and lethargy.

DRUG INTERACTIONS: Catecholamine depleting drugs and calcium channel blockers may have an additive effect when given with Atenolol. Dihydropyridines (e.g., nifedipine), clonidine disopyramide, sympathomimetic agents (e.g., adrenaline), prostaglandin synthetase inhibiting drugs (e.g., ibuprofen, indomethacin), anaesthetic drugs and digitalis glycosides can interact with Atenolol.

WARNINGS: *Cardiac Failure:* In patients who have congestive heart failure controlled by digitalis and/or diuretics, atenolol should be administered cautiously. Both digitalis and atenolol slow AV conduction. *Cessation of Therapy with Atenolol:* Patients with coronary artery disease, who are being treated with atenolol, should be advised against abrupt discontinuation of therapy. Severe exacerbation of angina and the occurrence of myocardial infarction & ventricular arrhythmias have been reported in angina patients following the abrupt discontinuation of therapy with beta blockers. *Concomitant Use of Calcium Channel Blockers:* Bradycardia and heart block can occur and the left ventricular end diastolic pressure can rise when beta-blockers are administered with verapamil or diltiazem. *Bronchospastic Diseases:* Patients with bronchospastic disease should in general not receive beta blockers. *Diabetes & Hypoglycemia:* Atenolol should be used with caution in diabetic patients if a beta-blocking agent is required. Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. *Thyrotoxicosis:* Beta-adrenergic blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Abrupt withdrawal of beta blockade might precipitate a thyroid storm; therefore, patients suspected of developing thyrotoxicosis from whom atenolol therapy is to be withdrawn should be monitored closely. *Untreated Pheochromocytoma:* Atenolol should not be given to patients with untreated pheochromocytoma. *General:* Patients already on a beta blocker must be evaluated carefully before atenolol is administered. Atenolol may aggravate peripheral arterial circulatory disorders. *Impaired Renal Function:* The drug should be used with caution in patients with impaired renal function. *Pregnancy & Fetal Injury:* Atenolol crosses the placental barrier and appears in cord blood. Administration of atenolol, starting in the second trimester of pregnancy, has been associated with the birth of infants that are small for gestational age. *Lactation:* Since atenolol is excreted in breast milk, caution should be exercised when it is administered to a nursing woman. *Pediatric Use:* Safety and effectiveness in pediatric patients

have not been established. *Geriatric Use:* In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

DOSAGE & ADMINISTRATION: *Hypertension:* The initial dose of JINGLE tablets is 50 mg given as 1 tablet a day either alone or added to diuretic therapy. The full effect of this dose will usually be seen within 1 to 2 weeks. The dosage should be increased to JINGLE tablets 100 mg given as 1 tablet a day if optimal response is not achieved. JINGLE tablets may be used alone or concomitantly with other antihypertensive agents including thiazide-type diuretics, hydralazine, prazosin, and alpha-methyldopa. *Angina Pectoris:* The initial dose of JINGLE tablets is 50 mg given as 1 tablet a day. If an optimal response is not achieved within one week, the dosage should be increased to JINGLE tablets 100 mg given as 1 tablet a day. Some patients may require a dosage of 200 mg once a day for optimal effect. *Acute Myocardial Infarction:* As soon as the patient reports to the hospital and after eligibility is established, treatment should begin with the intravenous administration of 5 mg atenolol over 5 minutes followed by another 5 mg intravenous injection 10 minutes later. In patients who tolerate the full intravenous dose (10 mg), JINGLE tablets 50 mg should be initiated 10 minutes after the last intravenous dose followed by another 50 mg oral dose 12 hours later. Thereafter, JINGLE tablets can be given orally either 100 mg once-daily or 50 mg twice-daily for further 6-9 days or until discharge from the hospital. If bradycardia or hypotension requiring treatment or any other untoward effect occurs, JINGLE tablets should be discontinued. The drug should strictly be used under strict medical advice/supervision.

SPECIAL INSTRUCTIONS TO THE PHYSICIAN: *Overdosage:* Overdosage has been reported in some patients taking doses up to 5 grams. Treatment includes inducing emesis, gastric lavage or administration of activated charcoal and hemodialysis. Other treatments include atropine to treat bradycardia, digitalization for cardiac failure and vasopressin to counteract hypotension.

STORAGE/PRECAUTIONS: Store in a cool, dry and dark place between 15-30 °C. Keep all medicines out of the children's reach.

PRESENTATION: JINGLE 25, 50 & 100 mg Tablets are available in packing containing 20 tablets, respectively.

عمومی خوراک: بلند فشارِ خون (ہائی بلڈ پریشر): جنگل 50 ملی گرام 1 ٹیبلٹ روزانہ سے جنگل 50 ملی گرام 2 ٹیبلٹس یا جنگل 100 ملی گرام 1 ٹیبلٹ روزانہ تک بڑھایا جا سکتا ہے۔ جنگل ٹیبلٹس دوسری دافع بلند فشارِ خون (Anti-hypertensives) یا تھایازائڈ ڈائی یوریٹک ادویات کے ساتھ ملا کر بھی دی جا سکتی ہیں۔ انجائنا: ابتدائی خوراک: جنگل 50 ملی گرام 1 ٹیبلٹ روزانہ سے جنگل 50 ملی گرام 2 ٹیبلٹس یا جنگل 100 ملی گرام 1 ٹیبلٹ روزانہ تک بڑھایا جا سکتا ہے۔ شدید مائیوکارڈیل انفارکشن: جونہی مریض ہسپتال میں آئے تو 5 ملی گرام اٹینولول انٹراوینس (I.V.) انجکشن سے علاج شروع کرنا چاہیے۔ پھر 10 منٹ بعد مزید 5 ملی گرام اٹینولول انٹراوینس (I.V.) انجکشن لگانا چاہیے۔ جو مریض 10 ملی گرام اٹینولول انٹراوینس (I.V.) انجکشن کی پوری خوراک برداشت کر سکتے ہوں اُن میں آخری خوراک کے 10 منٹ بعد جنگل 50 ملی گرام ٹیبلٹ شروع کرانی چاہیے جسے 12 گھنٹوں بعد دہرانا چاہیے۔ اُس کے بعد مزید 6 تا 9 دنوں کے لیے یا ہسپتال سے ڈسچارج ہونے تک جنگل 100 ملی گرام ٹیبلٹ روزانہ یا جنگل 50 ملی گرام ٹیبلٹ 2 مرتبہ روزانہ دی جا سکتی ہے یا ڈاکٹر کی ہدایت کے مطابق۔

احتیاط: ☆ دوا صرف مستند ڈاکٹر کے زیرِ ہدایت استعمال کریں۔ ☆ روشنی، نمی اور گرمی سے بچائیں۔ ☆ 15 سے 30 ڈگری سینٹی گریڈ کے درمیان محفوظ کریں۔ ☆ تمام ادویات بچوں کی پہنچ سے دور رکھیں۔

Complete medical information available only for doctors on request.

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