

Cinnarizine Tablets

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Uses

Cinnarizine is for the control of vestibular disorders such as vertigo, tinnitus, nausea and vomiting such as is seen in Meniere's Disease. Cinnarizine is also effective in the control of motion sickness.

Dose and method of administration

Route of administration Oral: The tablets may be chewed, sucked or swallowed whole. Cinnarizine should preferably be taken after meals.

Dosage

Vestibular symptoms: Adults, elderly and children over 12 years: 2 tablets three times a day.

Children 5 to 12 years: One half the adult dose. These doses should not be exceeded.

Motion sickness Adults: elderly and children over 12 years: 2 tablets 2 hours before you travel and 1 tablet every 8 hours during your journey.

Children 5 to 12 years: One half the adult dose.

Contraindications

Cinnarizine should not be given to patients with known hypersensitivity to cinnarizine.

Special warnings and precautions for use

As with other antihistamines, cinnarizine may cause epigastric discomfort; taking it after meals may diminish the gastric irritation. In patients with Parkinson's Disease, cinnarizine should only be given if the advantages outweigh the possible risk of aggravating this disease. Because of its antihistamine effect, cinnarizine may prevent an otherwise positive reaction to dermal reactivity indicators if used within 4 days prior to testing. Use of cinnarizine should be avoided in porphyria. There have been no specific studies in hepatic or renal dysfunction. Cinnarizine should be used with care in patients with hepatic or renal insufficiency. Patients with rare hereditary problems of fructose or galactose intolerance, Lapp lactase deficiency, glucose-galactose malabsorption or sucrase-isomaltase insufficiency, should not take this medicine because it contains lactose and sucrose.

Interactions

Concurrent use of alcohol, CNS depressants or tricyclic antidepressants may potentiate the sedative effects of either these drugs or of cinnarizine.

Undesirable side effects

Dyskinesia; Extrapyrimal disorder; Parkinsonism; Tremor; Vomiting; Upper abdominal pain; Nausea; Dyspepsia; Somnolence; Lethargy; Hyperhydrosis; Lichenoid keratosis including lichen planus; Subacute cutaneous lupus erythematosus; Muscle rigidity; Fatigue; Weight increased.

Cases of hypersensitivity, headache and dry mouth have been reported.

Effects on ability to drive and use machines

Cinnarizine may cause drowsiness, especially at the start of treatment; patients affected in this way should not drive or operate machinery.

Pregnancy and lactation

The safety of cinnarizine in human pregnancy has not been established although studies in animals have not demonstrated teratogenic effects. As with other drugs it is not advisable to administer cinnarizine in pregnancy.

There are no data on the excretion of cinnarizine in human breast milk. Use of cinnarizine is not recommended in nursing mothers.

Overdose

Symptoms: The signs and symptoms are mainly due to the anticholinergic (atropine-like) activity of cinnarizine. Acute cinnarizine overdoses have been reported with doses ranging from 90 to 2,250 mg. The most commonly reported signs and symptoms associated with overdose of cinnarizine include: alterations in consciousness ranging from somnolence to stupor and coma, vomiting, extrapyramidal symptoms, and hypotonia. In a small number of young children, seizures developed. Clinical consequences were not severe in most cases, but deaths have been reported after single and polydrug overdoses involving cinnarizine.

Treatment: There is no specific antidote. For any overdose, the treatment is symptomatic and supportive care. Within the first hour after ingestion, gastric lavage may be performed provided that the airway is protected. However, the benefit of gastric lavage is uncertain. Activated charcoal should only be considered in patients presenting within one hour of taking a potentially toxic overdose (ie more than 15mg/kg).

How to store

Store below 25 C and out of reach of children.

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