

# PANADOL<sup>®</sup> SINUS TABLETS

## PRODUCT INFORMATION

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### Product description

PANADOL SINUS is a white, capsule-shaped tablet with flat edges, one face marked with SINUS, PANADOL on the other.

### Ingredients

#### Active Ingredients:

- Paracetamol - 500 mg
- Pseudoephedrine Hydrochloride - 30 mg

#### Excipients:

- Talc - purified
- Starch - Maize
- Starch – pregelatinised maize
- Stearic acid
- Povidone
- Sodium benzoate

### Pharmacology

#### **Pharmacokinetics:**

Paracetamol is readily absorbed from the gastrointestinal tract with peak plasma concentrations occurring about 10 to 60 minutes after oral administration. Paracetamol is distributed into most body tissues. Plasma protein binding is negligible at usual therapeutic doses but increases with increasing doses. The elimination half-life varies from about 1 to 3 hours.

Paracetamol is metabolised extensively in the liver and excreted in the urine mainly as inactive glucuronide and sulfate conjugates. Less than 5% is excreted unchanged. The metabolites of paracetamol include a minor hydroxylated intermediate which has hepatotoxic activity. This intermediate metabolite is detoxified by conjugation with glutathione, however, it can accumulate following paracetamol overdose (more than 150mg/kg or 10g total paracetamol ingested) and if left untreated can cause irreversible liver damage.

Paracetamol is metabolised differently by premature infants, newborns, infants and young children compared to adults, the sulfate conjugate being predominant.

Pseudoephedrine is readily absorbed from the gastrointestinal tract. It is largely excreted unchanged in the urine together with small amounts of its hepatic metabolite. It has a half-life of about 5-8 hours; elimination is enhanced and half-life reduced accordingly in acid urine. Small amounts are distributed into breast milk.

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### **Pharmacodynamics/Mechanism of action:**

Paracetamol is a p-aminophenol derivative that exhibits analgesic and antipyretic activity. It does not possess anti-inflammatory activity. Paracetamol is thought to produce analgesia through a central inhibition of prostaglandin synthesis.

Pseudoephedrine has direct- and indirect- sympathomimetic activity and is an effective decongestant in the upper respiratory tract. It is a stereoisomer of ephedrine and has a similar action, but has been found to have less pressor activity and fewer central nervous system (CNS) effects.

Sympathomimetic agents are used as nasal decongestants to provide symptomatic relief. They act by causing vasoconstriction resulting in redistribution of local blood flow to reduce oedema of the nasal mucosa, thus improving ventilation, drainage and nasal stuffiness.

### **Indications**

PANADOL SINUS is used for the temporary relief of sinus congestion and pain, nasal congestion and runny nose.

### **Contraindications**

Paracetamol is contraindicated for use in patients with known hypersensitivity or idiosyncratic reaction to paracetamol (or any of the other ingredients in the product);

Pseudoephedrine is contraindicated for use in patients:

- with known hypersensitivity or idiosyncratic reaction to pseudoephedrine (or any of the other ingredients in the product);
- with severe hypertension or coronary artery disease;
- taking monoamine oxidase inhibitors (MAOIs) or who have taken MAOIs within the previous 14 days.

Refer to 'Interactions with other medicines' for additional information

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### Precautions

Paracetamol should be used with caution in patients with:

- impaired hepatic function
- impaired renal function

Pseudoephedrine should be used with caution in patients with:

- hypertension
- hyperthyroidism
- diabetes mellitus
- coronary heart disease
- ischaemic heart disease
- glaucoma
- prostatic hypertrophy
- severe hepatic or renal dysfunction.

Refer to 'Interactions with other medicines' for additional information

### Use in pregnancy

Category A: Paracetamol has been taken by a large number of pregnant women and women of childbearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the foetus having been observed.

Category B2: Pseudoephedrine has been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals are inadequate or may be lacking, but available data shows no evidence of an increased occurrence of foetal damage.

Pseudoephedrine should be used in pregnancy only if the potential benefits to the patient are weighed against the possible risk to the foetus.

### Lactation

Paracetamol is excreted in small amounts (< 0.2%) in breast milk. Maternal ingestion of paracetamol in usual analgesic doses does not appear to present a risk to the breastfed infants.

Pseudoephedrine is secreted in breast milk in small amounts. It has been estimated that 0.5% to 0.7% of a single dose of pseudoephedrine ingested by the mother will be excreted in the breast milk over 24 hours. Therefore it is not recommended for breastfeeding mothers unless the potential benefits to the patient are weighed against the possible risk to the infant.

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### Interaction with other medicines

The following interactions with paracetamol have been noted:

- Anticoagulant drugs (warfarin) - dosage may require reduction if paracetamol and anticoagulants are taken for a prolonged period of time
- Paracetamol absorption is increased by substances that increase gastric emptying, e.g. metoclopramide
- Paracetamol absorption is decreased by substances that decrease gastric emptying, e.g. propantheline, antidepressants with anticholinergic properties, and narcotic analgesics
- Paracetamol may increase chloramphenicol concentrations
- The risk of paracetamol toxicity may be increased in patients receiving other potentially hepatotoxic drugs or drugs that induce liver microsomal enzymes such as alcohol and anticonvulsant agents
- Paracetamol excretion may be affected and plasma concentrations altered when given with probenecid
- Colestyramine reduces the absorption of paracetamol if given within 1 hour of paracetamol.

The following interactions with pseudoephedrine have been noted:

- Antidepressant medication eg tricyclic antidepressants and monoamine oxidase inhibitors (MAOIs) – may cause a serious increase in blood pressure or hypertensive crisis
- other sympathomimetic agents, such as decongestants, appetite suppressants and amphetamine-like psychostimulants – may cause an increase in blood pressure and additive effects
- methyldopa and  $\beta$ -blockers – may cause an increase in blood pressure
- urinary acidifiers enhance elimination of pseudoephedrine
- urinary alkalinisers decrease elimination of pseudoephedrine

### Adverse reactions

Side effects of paracetamol are rare and usually mild, although haematological reactions have been reported. Skin rashes and hypersensitivity reactions occur occasionally. Overdosage with paracetamol if left untreated can result in severe, sometimes fatal liver damage and rarely, acute renal tubular necrosis.

Adverse effects include:

- cardiovascular stimulation – elevated blood pressure, tachycardia or arrhythmias
- central nervous system (CNS) stimulation – restlessness, insomnia, anxiety, tremors and (rarely) hallucinations
- skin rashes and urinary retention

Children and the elderly are more likely to experience adverse effects than other age groups.

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### Dosage

#### **Adults and children over 12 years:**

2 capsule-shaped tablets (caplets) taken with fluid every 4 to 6 hours as necessary, maximum 8 caplets within 24 hours.

#### **Use in adults**

Paracetamol should not be taken for more than a few days at a time except on medical advice.

#### **Use in children**

Paracetamol should not be taken for more than 48 hours except on medical advice.

### Overdosage

If an overdose is taken or suspected, immediately contact the Poisons Information Centre (in Australia, call 131 126; in New Zealand call 0800 764 766) for advice, or go to a hospital straight away even if you feel well because of the risk of delayed, serious liver damage.

### Presentation

*Description:* White capsule-shaped tablets with flat edges, one face marked with PANADOL and SINUS on the other

*Pack size:* blister packs of 24

*Poisons Schedule:* S3

**Manufactured by:** GlaxoSmithKline Australia Pty Ltd trading as GlaxoSmithKline Consumer Healthcare

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