

DYNAK 50

SCHEDULING STATUS: S3

Except when intended for the emergency treatment of acute gout attacks and when intended for the treatment of post traumatic conditions such as pain, swelling and inflammation, for a maximum period of 5 days. S2

PROPRIETARY NAME AND DOSAGE FORM:

Dynak 50 tablets

COMPOSITION:

Each coated tablet contains diclofenac potassium 50 mg.

PHARMACOLOGICAL CLASSIFICATION:

A.3.1 Antirheumatics (anti-inflammatory agents)

PHARMACOLOGICAL ACTION:

Diclofenac is a non-steroidal anti-inflammatory compound (NSAID) with analgesic, antipyretic and anti-inflammatory activities. It causes decreased formation of prostaglandins and thromboxanes through inhibition of the activity of the enzyme cyclooxygenase. Prostaglandins play a major role in the causation of inflammation, pain and fever and the inhibition of prostaglandin synthesis may have an important bearing on diclofenac's mechanism of action. Diclofenac inhibits platelet aggregation *in vitro*.

Pharmacokinetics:

Diclofenac is well absorbed after oral administration. Peak plasma concentrations are reached within approximately 1 hour. Administration with food slows the rate but does not alter the extent of absorption. There is a substantial first-pass effect (only 50% of diclofenac is available systemically). Diclofenac is extensively bound to plasma proteins (99%) and its plasma half-life is 1 to 2 hours.

Diclofenac is metabolised in the liver by a cytochrome P450 isozyme of the CYP2C subfamily and excreted in the form of metabolites via the kidneys (approximately 60%) and faeces (approximately 30%). Less than 1% is excreted in unchanged form.

INDICATIONS:

Dynak is indicated as short-term treatment in the following acute conditions:

- Painful musculoskeletal conditions
- Non-articular rheumatism
- Acute attacks of gout
- Painful post-operative and post-traumatic inflammation and swelling
- Pain following dental surgery
- Flare-up of osteoarthritis
- Symptomatic treatment of primary dysmenorrhoea
- Classical migraine headaches

CONTRA-INDICATIONS:

- Hypersensitivity to diclofenac or to any of the ingredients.
- Hypersensitivity to other NSAIDs including aspirin.
- Gastric or intestinal ulcer.
- Asthmatic patients in whom attacks of asthma, urticaria or acute rhinitis are precipitated by acetylsalicylic acid or by other medicines with prostaglandin-synthetase inhibiting activity.
- Pregnancy (See PREGNANCY AND LACTATION).
- Porphyria.

WARNINGS:

Close medical surveillance and strict accuracy of diagnosis are imperative in patients with:

- symptoms indicative of gastrointestinal disease
- ulcerative colitis
- Crohn's disease
- a case history suggestive of gastrointestinal disease
- impaired hepatic function
- pre-existing dyshaemopoiesis or disorders of blood coagulation.

Dynak should be used with caution in patients with hepatic or renal failure.

Concomitant use of **Dynak** and methotrexate could result in serious interactions. (See INTERACTIONS)

Acetylsalicylic acid / aspirin: The bioavailability of both **Dynak** and acetylsalicylic acid may be reduced if used concurrently.

INTERACTIONS:

Methotrexate: Concurrent administration of methotrexate with **Dynak** may result in increased methotrexate toxicity (See WARNINGS).

Lithium or digoxin: Raised plasma concentrations of lithium or digoxin may occur if taken together with **Dynak**.

Glucocorticoids and other NSAIDs: Gastrointestinal adverse effects may be exacerbated by the concomitant administration of **Dynak**. Concurrent treatment with two or more NSAIDs may increase the risk of adverse effects.

Antidiabetic medicines: **Dynak** may cause both, hypo- or hyperglycaemia. Dosage of antidiabetic medicines may need to be changed.

Anticoagulants: There is an increased risk of haemorrhage if **Dynak** is used concurrently with any anticoagulants. Careful monitoring is necessary.

Ciclosporin: Nephrotoxicity of ciclosporin may be increased by the effects of **Dynak** on renal prostaglandins.

Quinolone antibiotics: There have been isolated reports of convulsions which may have been due to concomitant use of quinolone antibiotics and NSAIDs.

PREGNANCY AND LACTATION:

Safety and efficacy in pregnancy and lactation has not been established.

Use of NSAIDs during the third trimester of pregnancy may result in premature closure of the ductus arteriosus *in utero* and possibly in persistent pulmonary hypertension in the newborn. The onset of labour may be delayed and its duration increased. (See CONTRA-INDICATIONS)

DOSAGE AND DIRECTIONS FOR USE:

Adults:

Initial daily dose: 100 to 150 mg in two to three divided doses, with a maximum daily dose of 150 mg in divided doses.

Milder cases: 75 to 100 mg daily in divided doses.

Primary dysmenorrhoea: 50 to 150 mg daily in divided doses. Dosage should be individually determined. Treatment should be initiated at onset of symptoms and continued for a few days, depending on the intensity of pain.

Classical migraine: 50 mg taken at first signs of an impending attack. If pain relief is not sufficient within 2 hours after the first dose, a second dose of 50 mg may be taken. A third dose may be taken after 4 to 6 hours if necessary but the total daily dose of 150 mg must not be exceeded.

The use of **Dynak** in migraine attacks has not been established in children.

SIDE-EFFECTS AND SPECIAL PRECAUTIONS:

Side-effects:

Haematological:

- Less frequent: Leucopenia, thrombocytopenia, aplastic anaemia, haemolytic anaemia, agranulocytosis.

Cardiovascular System:

- Less frequent: Palpitation, chest pain, hypertension, congestive heart failure, oedema.

Nervous System Disorders:

- Frequent: Headache, dizziness, vertigo, nervousness.
- Less frequent: Tiredness, disturbances of sensation (including paraesthesia), memory disturbance, disorientation, insomnia, irritability, convulsions, depression, anxiety, nightmares, tremor, psychotic reactions, aseptic meningitis.

Gastrointestinal:

- Frequent: Epigastric pain, nausea, vomiting, diarrhoea, abdominal cramps, dyspepsia, flatulence, eructation, anorexia, local irritation.
- Less frequent: Gastrointestinal bleeding, haematemesis, melaena, bloody diarrhoea, peptic ulcer with or without bleeding or perforation, lower gut disorders such as non-specific haemorrhagic colitis, exacerbation of ulcerative colitis or Crohn's proctocolitis, glossitis, aphthous stomatitis, oesophageal lesions, diaphragm-like intestinal strictures, constipation, pancreatitis, alteration in taste.

Kidney/Genitourinary:

- Less frequent: Acute renal failure, urinary abnormalities such as haematuria, proteinuria, interstitial nephritis, nephritic syndrome, papillary necrosis.

Liver:

- Frequent: Elevated transaminase levels (ALT, AST).

- Less frequent: Hepatitis with or without jaundice, fulminant hepatitis.

Ocular:

- Less frequent: Disturbances of vision (diplopia, blurred vision).

Skin:

- Frequent: Rash and skin reactions.
- Less frequent: Urticaria, bullous eruptions, eczema, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (acute toxic epidermolysis), erythroderma (exfoliative dermatitis), loss of hair, photosensitivity reaction, purpura, including allergic purpura.

Other:

- Less frequent: Impaired hearing, tinnitus. Hypersensitivity reactions (such as bronchospasm, anaphylactic systemic reactions including hypotension), vasculitis and pneumonitis may occur without prior exposure to **Dynak**. Discontinue treatment immediately.

Special Precautions:

Patients who experience dizziness or other central nervous system disturbances while taking **Dynak** should refrain from driving a vehicle or operating machinery.

Dynak may mask signs and symptoms of infection due to its pharmacodynamic properties.

Gastric bleeding may occur at any time during treatment with **Dynak**. Discontinue treatment immediately.

A reduction in dosage may be required in the elderly, especially the very frail or those with a low body mass.

Heart failure may be precipitated in some compromised patients, due to the inherent potential of **Dynak** to cause fluid retention.

Patients suffering from renal, hepatic or cardiac impairment or those being treated with diuretics or who have extracellular volume depletion from any cause, should be carefully monitored because of the role of prostaglandins in maintaining renal blood flow.

During prolonged treatment with **Dynak**, blood counts and monitoring of hepatic and renal function are indicated. If abnormal liver function tests persist and symptoms of hepatic disease develop, discontinue **Dynak**.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

(See SIDE-EFFECTS AND SPECIAL PRECAUTIONS)

Treatment is symptomatic and supportive, especially for hypotension, renal failure, convulsions, gastrointestinal irritation and respiratory depression.

Absorption should be prevented as soon as possible after an overdose by means of gastric lavage and activated charcoal.

Specific therapies such as forced diuresis, dialysis or haemoperfusion are of little value in eliminating **Dynak** because of its high protein binding and extensive metabolism.

IDENTIFICATION:

Reddish brown coated, round, biconvex, tablets.

PRESENTATION:

Aluminium foil blisters in outer cartons in pack size of 20 tablets.

STORAGE INSTRUCTIONS:

Store below 25 °C. Protect from moisture.

Keep blisters in carton until required for use.

KEEP OUT OF THE REACH OF CHILDREN.

REGISTRATION NUMBER:

37/3.1/0657

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

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DYNAK 50

SKEDULERINGSSTATUS: S3

Behalwe wanneer vir noodbehandeling van akute jigaanvalle en vir die behandeling van post-traumatiese toestande soos pyn, swelling en inflammasie bedoel, vir 'n maksimum tydperk van 5 dae. S2

EIENDOMSNAAM EN DOSEERVORM:

Dynak 50 tablette

SAMESTELLING:

Elke omhulde tablet bevat diklofenak-kalium 50 mg.

FARMAKOLOGIESE KLASSIFISERING:

A.3.1 Anti-rumatiese middels (anti-inflammatoriese middels)

FARMAKOLOGIESE WERKING:

Diklofenak is 'n nie-steroïedale anti-inflammatoriese middel (NSAIM) met pynstillende, koorswerende en anti-inflammatoriese aktiwiteite. Dit veroorsaak verminderde vorming van prostaglandiene en tromboksane deur inhibisie van die aktiwiteit van die siklo-oksigenase ensiem. Prostaglandiene speel 'n hoofrol in die verwekking van inflammasie, pyn en koors en die inhibisie van prostaglandiensintese mag 'n belangrike verband hê ten opsigte van diklofenak se meganisme van werking. Diklofenak inhibeer plaatjie-aggregasie *in vitro*.

Farmakokinetika:

Diklofenak word goed na orale toediening geabsorbeer. Piek plasmakonsentrasies word na ongeveer 1 uur bereik. Toediening saam met voedsel vertraag die tempo maar dit verander nie die mate van absorpsie nie. 'n Aansienlike presistemiese effek kom voor (slegs 50% van diklofenak is sistemies beskikbaar). Diklofenak word ekstensief aan plasmaproteïene gebind (99%) en het 'n plasmahalflieftyd van 1 tot 2 uur.

Diklofenak word in die lewer deur 'n sitochroom-P450-isoënsiem van die CYP2C-subfamilie gemetaboliseer en in die vorm van metaboliete deur die niere (ongeveer 60%)

en faeces (ongeveer 30%) uitgeskei. Minder as 1% word in die onveranderde vorm uitgeskei.

INDIKASIES:

Dynak word as kort-termyn behandeling in die volgende akute toestande aangedui:

- Pynlike muskuloskeletale toestande
- Nie-artikulêre rumatiek
- Akute jigaanvalle
- Pynlike post-operatiewe en post-traumatiese inflammasie en swelling
- Pyn na tandheelkundige chirurgie
- Opvlamming van osteo-artrose
- Simptomatiese behandeling van primêre dismenoree
- Klassieke skeelhoofpyne

KONTRA-INDIKASIES:

- Hipersensitiwiteit teenoor diklofenak of enigeen van die bestanddele.
- Hipersensitiwiteit teenoor ander NSAIMs insluitend aspirien.
- Gastriese of intestinale ulkus.
- Asmatiese pasiënte by wie asma-aanvalle, urtikarie of akute rinitis uitgelok word deur asetiëlsalisiëlsuur en ander medisyne met aktiwiteit wat prostaglandien-sintetase inhibeer.
- Swangerskap (Sien SWANGERSKAP EN LAKTASIE).
- Porfirie

WAARSKUWINGS:

Noukeurige mediese toesig en streng akkuraatheid van diagnose is noodsaaklik in pasiënte met:

- simptome wat gastroïntestinale siekte aandui
- ulseratiewe kolitis
- Crohn se siekte
- 'n geskiedenis wat suggestief is van gastroïntestinale siekte
- ingekorte hepatiese funksie
- voorafbestaande dishemopoiëse of afwykings of bloedstollingsiektes

In pasiënte met hepatiese of renale versaking moet **Dynak** met omsigtigheid gebruik word.

Gelyktydige gebruik van **Dynak** en metotreksaat kan ernstige interaksies tot gevolg hê. (Sien INTERAKSIES).

Asetiëlsaliëlsuur/ aspirien: Die biobeskikbaarheid van beide **Dynak** en asetieëlsaliëlsuur mag verminder word indien dit saam gebruik word.

INTERAKSIES:

Metotreksaat: Gelyktydige toediening van metotreksaat en **Dynak** mag verhoogde metotreksaat-toksisiteit veroorsaak (Sien WAARSKUWINGS).

Litium of digoksien: Verhoogde plasmakonsentrasies van litium of digoksien mag voorkom indien dit saam met **Dynak** geneem word.

Glukokortikoïede en ander NSAIMs: Nadelige gastroïntestinale uitwerkings mag vererger word deur die gelyktydige toediening van **Dynak**. Gelyktydige behandeling met twee of meer NSAIMs mag die risiko van nadelige uitwerkings verhoog.

Antidiabetiese medisyne: **Dynak** mag óf hipo- óf hiperglisemie veroorsaak. Dit mag nodig wees om die doserings van antidiabetiese medisyne te verander.

Antikoagulant: Daar bestaan 'n verhoogde risiko van bloeding indien **Dynak** saam met enige antikoagulant gebruik word. Versigtige monitering is noodsaaklik.

Siklosporien: Nefrotoksisiteit van siklosporien mag deur die uitwerkings van **Dynak** op renale prostaglandiene verhoog word.

Kinoloonantibiotika: Geïsoleerde berigte van konvulsies is ontvang, wat moontlik die gevolg van gelyktydige gebruik van kinoloonantibiotika en NSAIMs was.

SWANGERSKAP EN LAKTASIE:

Veiligheid en doeltreffendheid in swangerskap en laktasie is nie vasgestel nie.

Gebruik van NSAIMs tydens die derde trimester van swangerskap mag premature sluiting van die ductus arteriosus *in utero* en moontlik aanhoudende pulmonale hipertensie in die pasgeborene veroorsaak. Die aanvang van kraam mag vertraag en die duur verleng word. (Sien KONTRA-INDIKASIES).

DOSERING EN GEBRUIKSAANWYSINGS:

Volwassenes:

Aanvanklike daaglikse dosis: 100 tot 150 mg in twee tot drie verdeelde dosisse, met 'n maksimum daaglikse dosis van 150 mg in verdeelde dosisse.

Minder ernstige gevalle: 75 tot 100 mg daagliks in verdeelde dosisse.

Primêre dismenoree: 50 tot 150 mg daagliks in verdeelde dosisse. Dosering moet individueel bepaal word. Behandeling behoort met die aanvang van simptome begin te word en vir 'n paar dae voortgesit te word soos bepaal deur die intensiteit van die pyn.

Klassieke skeelhoofpyn: 50 mg wat met die eerste tekens van 'n dreigende aanval geneem word. Indien pynverligting binne 2 uur na die eerste dosis nie voldoende is nie, mag 'n tweede dosis van 50 mg geneem word. 'n Derde dosis mag na 4 tot 6 ure geneem word indien dit noodsaaklik is, maar die totale daaglikse dosis van 150 mg mag nie oorskry word nie.

Die gebruik van **Dynak** in skeelhoofpyn-aanvalle is nie in kinders vasgestel nie.

NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS:

Nowe-effekte:

Hematologies:

- Minder dikwels: Leukopenie, trombositopenie, aplastiese anemie, hemolitiese anemie, agranulositose.

Kardiovaskulêre Sisteem:

- Minder dikwels: Hartkloppings, borspyn, hipertensie, kongestiewe hartversaking, edeem.

Siektes van die Senusisteem

- Dikwels: Hoofpyn, duiseligheid, vertigo, senuagtigheid.
- Minder frekwent: Moegheid, verstourings van sensasie (insluitend parestesie), geheueversteurings, disoriëntasie, slaaploosheid, prikkelbaarheid, konvulsies, depressie, angs, nagmerries, tremor, psigotiese reaksies, aseptiese meningitis.

Gastroïntestinaal:

- Dikwels: Epigastriese pyn, naarheid, braking, diarree, abdominale krampe, dispepsie, winde, eruktasie, anoreksie, lokale irritasie.
- Minder frekwent: Gastroïntestinale bloeding, hematemes, melena, bloederige diarree, peptiese ulkus, met of sonder bloeding of perforasie, verstourings van die onderste dele van die spysverteringskanaal, soos nie-spesifieke hemorragiese kolitis, verergering van ulseratiewe kolitis of Crohn se proktokolitis, glossitis,

afteuse stomatitis, esofageale letsels, diafragma-soortgelyke intestinale vernouing, hardlywigheid, pankreatitis, smaakveranderings.

Nier/ Genito-urinêr:

- Minder dikwels: Akute nierversaking, urinêre abnormaliteite soos hematurie, proteïenurie, interstisiële nefritis, nefrotiese sindroom, papillêre nekrose.

Lewer:

- Dikwels: Verhoogde transaminasevlakke (ALT, AST).
- Minder dikwels: Hepatitis, met of sonder geelsug, fulminerende hepatitis.

Okulêr:

- Minder dikwels: Versteurings van visie (diplopie, versteurde visie).

Vel:

- Dikwels: Veluitslag en velreaksies.
- Minder dikwels: Urtikarie, bulleuse erupsies, ekseem, erythema multiforme, Stevens-Johnson-sindroom, Lyell se sindroom (akute toksies epidermolise), eritroderma (eksfoliatiewe dermatitis), haarverlies, fotosensitiwiteitsreaksie, purpura, insluitend allergiese purpura.

Ander:

- Minder dikwels: Ingekorte gehoor, tinnitus, hipersensitiwiteitsreaksies (soos brongospasma, anafilaktiese sistemiese reaksies, insluitend hipotensie), vaskulitis en pneumonitis mag sonder vorige blootstelling aan **Dynak** voorkom. Staak behandeling onmiddellik.

Spesiale Voorsorgmaatreëls:

Pasiënte wat duiseligheid of ander versteurings van die sentrale sensusisteem ondervind terwyl hulle **Dynak** neem, moet nie motor bestuur of masjiene bedien nie.

Dynak mag die tekens en simptome van infeksie versluier as gevolg van sy farmakodinamiese eienskappe. Gastriese bloeding mag ter enige tyd tydens behandeling met **Dynak** voorkom. Staak behandeling onmiddellik.

'n Dosisvermindering mag nodig wees in bejaardes, veral dié wat baie swak is of 'n lae liggaamsmassa het.

Hartversaking mag in sommige gekompromitteerde pasiënte gepresipiteer word as gevolg van **Dynak** se inherente potensiaal om vloeistofretensie te veroorsaak.

Pasiënte wat aan nier-, lewer- of hartinkorting ly of dié wat met diuretika behandel word of aan ekstrasellulêre volume-uitputting van enige oorsprong ly, moet versigtig gemoniteer word weens die rol wat prostaglandiene in die onderhoud van renale bloedvloei speel.

Bloedtellings en monitering van lewer- en nierfunksie is tydens langdurige behandeling met **Dynak** aangedui. Indien abnormale lewerfunksietoetse aanhou en simptome van lewersiekte ontwikkel, moet **Dynak** gestaak word.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN:

(Sien NEWE-EFFEKTE EN SPESIALE VOORSORGMATREËLS)

Behandeling is simptome en ondersteunend, veral vir hipotensie, nierversaking, konvulsies, gastroïntestinale irritasie en asemhalingsonderdrukking.

Absorpsie moet so gou as moontlik na oordosering deur middel van maagspoeling en geaktiveerde houtskool, verhoed word.

Spesifieke terapieë soos geforseerde diurese, dialise of hemoperfusie is van min waarde vir die eliminasië van **Dynak** weens die middel se hoë proteïenbinding en ekstensiewe metabolisme.

IDENTIFIKASIE:

Rooi-bruin, omhulde, ronde, bikonvekse tablette.

AANBIEDING:

Aluminiumfoelie stulpverpakkings in kartonne in verpakkingsgroottes van 20 tablette.

BERGINGSANWYSINGS

Bewaar onder 25°C. Beskerm teen vog.

Hou stulpverpakkings in die karton totdat dit benodig word.

HOU BUITE BEREIK VAN KINDERS.

REGISTRASIENOMMER:

37/3.1/0657

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE SERTIFIKAAT VAN REGISTRASIE:

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