

GLEMID[®]-5

Glibenclamide Tablets BP 5 mg

Composition

Each uncoated tablets contains:
Glibenclamide BP 5mg

Actions

During short-term treatment, glibenclamide increases insulin secretion from functioning pancreatic islet β -cells (pancreatic effect) whereas during long-term treatment its main action appears to be enhancement of insulin action on peripheral tissues and reduction of glucose output from liver (extrapancreatic effects).

Indications

1. The control of hyperglycaemia in non- insulin-dependent diabetes which is not adequately controlled with diet alone, or with diet and a biguanide.
2. As a substitute for other oral hypoglycaemic drugs. (biguanide or sulphonylurea)
3. As a possible substitute for insulin in NIDDM patients who have been treated with insulin but may not require it long-term.

Dosage

Treatment with glibenclamide is usually started with a single daily dose of 5 mg in the morning but in the elderly or those with significant renal impairment, the initial dose should be reduced to 2.5 mg or even 1.25mg daily. If blood glucose level is not adequately controlled after 2 to 4 weeks, the daily dose is increased by 2.5 mg- 5 mg at similar intervals until satisfactory glycaemic control has been reached. The total daily dose may be taken with or half an hour before breakfast; daily doses exceeding 10 mg may also be divided into a morning and an evening dose taken with meals.

Side Effects

Glibenclamide has a relatively low incidence of adverse effects. These are common to all sulphonylureas and are usually mild and self-limiting or reversible when the drug is discontinued. Usually mild but sometimes severe and prolonged, hypoglycaemia is the main adverse effect of glibenclamide therapy; it is not really an adverse effect of the drug but the consequence of its pharmacological action. Inappropriately high dosage, particularly in the elderly, failure to monitor glycaemic control and adjust dosage accordingly, dietary irregularities or unusual exercise without additional carbohydrate intake are associated with an increased risk of hypoglycaemia.

In common with other sulphonylureas, glibenclamide may cause gastrointestinal adverse effects such as nausea, abdominal discomfort or anorexia. Mild cholestatic jaundice has been reported in rare cases with glibenclamide. The drug should be discontinued.

Drug interactions

Non-steroidal anti-inflammatory agents and other drugs that are highly protein bound, as salicylates, sulfonamides, chloramphenicol, probenecid, coumarin derivatives, beta-adrenergic blocking agents, ACE inhibitors, anabolic steroids, fenfluramine, miconazole, phenylbutazone, fluoxetine, biguanide preparations reserpine, PAS, tetracyclines are known to potentiate hypoglycaemic in patients under treatment with glibenclamide.

Chronic alcoholism and chronic abuse of laxatives may lead to deterioration of the control of diabetes.

Contraindications

1. Insulin-dependent (Type I) Diabetes Mellitus
2. Severe, life –threatening hyperglycaemia (ketotic or non-ketotic) in any diabetic, e.g. during an acute illness or in coma
3. Liver diseases
4. Severe renal failure
5. Pregnancy or lactation
6. Impaired adrenal functions
7. Previous hypersensitivity to the drug
8. Surgery

Presentation

Blister pack of 10 tablets.

10 blister packs in a carton.