REAMOTIL

DOMPERIDONE SUSPENSION

Each ml contains:
Domperidone BP 1mg
Flavoured syrup base q.s
Colour: Sunset yellow FCF

PHARMACOLOGICAL ACTION:

Domperidone is a dopamine-receptor blocking agent. Its action on the dopamine –receptors in the chemo-emetic trigger zone produces an anti-emetic effect. Domperidone does not cross the blood brain barrier to any appreciable degree and so exerts relatively little effect on cerebral dopaminergic receptors. Domperidone has been shown to increase the duration of antral and duodenal contractions, to increase the gastric emptying.

Domperidone does not alter gastric secretions and has no effect on intracranial pressure or on the cardiovascular system. Domperidone is rapidly absorbed, with peak plasma concentrations approximately 1 hour after oral administration. The absolute bio-availability of oral Domperidone is low (approximately 15%) due to first-pass hepatic and intestinal metabolism. Domperidone is 91-93% bound to plasma proteins. The plasma half-life after single oral dose is 7-9 hours in healthy subjects but is prolonged in patients with severe renal insufficiency. Domperidone under goes rapid and extensive hepatic metabolism by hydroxylation and N-dealkylation. In vitro metabolism experiments with diagnostic inhibitors revealed that CYP3A4, CYP1A2 and CYP2E1 are involved in Domperidone aromatic hydroxylation. Urinary and faecal excretion amount to 31% and 66% of the oral dose, respectively. The proportion of drug, excreted unchanged is small (approximately 1% of urinary and 100% of faecal excretion).

PHARMACOKINETICS:

Domperidone is rapidly absorbed after oral administration, with peak plasma concentrations at 30 to 60 minutes. The low absolute bioavailability of oral Domperidone (approximately 15%) is due to an extensive first-pass metabolism in the gut wall and liver. Although Domperidone's bioavailability is enhanced in normal subjects when taken after a meal. Reduced gastric acidity impairs the absorption of Domperidone. The time of peak absorption is slightly delayed and the AUC somewhat increased when the oral drugs is taken after a meal

INDICATIONS:

Domperidone is indicated for:
Delayed gastric emptying of functional origin with gastro-oesophageal reflux and/or dyspepsia.
Control of nausea and vomiting of central or local origin as an anti-emetic in patients receiving cytostatic and radiation therapy facilitates radiological examination of the upper gastrointestinal tract.

CONTRAINDICATIONS:
Hypersensitivity to Domperidone or any of the other constituents of the drugs.

SIDE EFFECTS:
Allergic reactions, such as rash or urticarial, have been reported. Abdominal cramps have been reported. Domperidone reactions (extrapyramidal phenomena) may occur with administration of Domperidone. Where the blood brain barrier is not fully developed (mainly in young babies) or is impaired, the possible occurrence of neurological side-effects cannot be totally excluded.

DOSAGE AND ADMINISTRATION:
Acute conditions (mainly nausea, vomiting, hiccup)
Adults: 20 ml 3-4 times per day, 15 to 30 minutes before meals and, if necessary, before retiring. Children: 5ml of suspension per 10kg body mass, 3-4 times per day, 15 to 30 minutes before meals, and if necessary before retiring. Chronic conditions (mainly dyspepsia).
Adults: 10ml of suspension taken 3 times per day, 15 to 30 minutes before meals and if necessary, before retiring. The dosage may be doubled.
Children: 2.5 ml suspension per 10kg body mass taken 3 times per day, 15 to 30 minutes before meals and, if necessary before bedtime.
Shake well before use.

PRECAUTION:
Domperidone should be used with caution in patients with renal impairment or in those at risk of fluid retention. In patients with severe renal insufficiency (serum creatinine more than 6mg/100ml, i.e. more than 0.6mmol/I) the elimination half-life of Domperidone was increased from 7.4 to 20.8 hours. The dosing frequency should be reduced to once or twice daily, depending on the severity of impairment, and the dose may need to be reduced. Patients on prolonged therapy should be reviewed regularly. Since Domperidone is highly metabolized in the liver, it should be used with caution in patients with hepatic impairment (and in the elderly).

DRUG INTERACTIONS:
Concomitant administration of anti-cholinergic drugs may inhibit the anti-dyspeptic effects of Domperidone. Anti-muscarine agents and opioid analgesics may antagonize the effect of Domperidone. Domperidone suppresses the peripheral effects (digestive disorder, nausea and vomiting) of dopaminergic agonists. Since Domperidone has gastro-kinetics effects, it could influence the absorption of concomitant orally administered medicines, particularly those with sustained release or enteric coated formulations. As Domperidone interferes with serum prolactin levels, it may interfere with other hyperprolactinemic agents and with some diagnostic tests. Antacids and ant secretory agents lower the oral bioavailability of Domperidone. They should be taken after meals and not before meals, i.e. they should not be taken simultaneously with Domperidone. Reduced gastric acidity impairs the absorption of

Domperidone. Oral bioavailability is decreased by prior administration of cimetidine or sodium carbonate. The main metabolic pathway of Domperidone is through CYP3A4. In vitro data suggest that the concomitant use of drugs that significantly inhibit this enzyme may result in increased plasma levels of Domperidone. Examples of CYP3A4 inhibitors include the following:

- Azole antifungals
- Macrolide antibiotics
- HIV protease inhibitors
- Nefazodone

OVERDOSAGE:

Symptoms of over dosage may include drowsiness, disorientation and extrapyramidal reactions, especially in children. Anticholinergic, anti-Parkinson medicines or antihistamines with anticholinergic properties may be helpful in controlling the extrapyramidal reactions. There is no specific antidote to Domperidone but in the event of over dosage, gastric lavage as well as the administration of activated charcoal may be useful. Symptomatic and supportive measures are recommended.

SHAKE WELL BEFORE USE

FOR PAEDIATRIC USE ONLY

KEEP MEDICINES OUT OF REACH OF CHILDERN

STORAGE: Keep in a cool place, protect from light

PRESENTATION:

1. Available as 30 ml bottle with dropper in a carton
2. Available as 60 ml bottle in a carton.