ATONIDE CREAM

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

Abbreviated Prescribing information for ATONIDE CREAM (Desonide Cream 0.05% w/w)
[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: Like other topical corticosteroids, desonide has anti-inflammatory, antipruritic, and vasoconstrictive properties. The mechanism of the anti-inflammatory activity of the topical steroids, in general, is unclear. However corticosteroids are thought to act by the induction of phospholipase a inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A.

INDICATIONS: It is indicated for the treatment of relief of the inflammatory and pruritic manifestation of corticosteroid responsive dermatosis.

DOSAGE AND ADMINISTRATION: Atonide cream, 0.05% should be applied to the affected area as a thin film two to four times daily depending on the severity of the condition. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within two weeks, reassessment of diagnosis may be necessary. Atonide cream, 0.05% should not be used with occlusive dressings.

CONTRAINDICATION: Atonide cream, 0.05% is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

WARNINGS & PRECAUTIONS: (a) Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment, (b) Patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis. (c) If irritation develops, desonide cream, 0.05% should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing. (d) If concomitant skin infections are present or develop, an appropriate antifungal or antibacterial agent should be used. (e) If a favorable response does not occur promptly, use of desonide cream, 0.05% should be discontinued until the infection has been adequately controlled. (f) Desonide cream, 0.05% should not be used in the presence of infection at the treatment site, hypersensitivity to corticosteroids, or pre-existing skin atrophy. (g) Desonide cream, 0.05% should not be used in the eyes.

DRUG INTERACTIONS: No data available.

ADVERSE REACTIONS: Pruritus, Pain, Folliculitis, Rash, Peripheral Edema, Pustular Rash, Sweating, Erythema, Irritation and Burning. Hyperglycemia and Liver Function Abnormality. Dryness, Folliculitis, Acneiform Eruptions, Perioral Dermatitis, Allergic Contact Dermatitis, Secondary Infection, Skin Atrophy, Striae, Miliaria, Burning and Hypopigmentation.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.

Torrent House, Off Ashram Road,

Ahmedabad-380 009, INDIA

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(Additional information is available on request)