

TIDE

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

Abbreviated Prescribing information for **Tide** [Torsemide I.P 5/10/20/100mg tablets] [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: Torasemide is a loop diuretic. However, at low doses its pharmaco-dynamic profile resembles that of the thiazide class regarding the level and duration of diuresis. At higher doses, torasemide induces a brisk diuresis in a dose dependant manner with a high ceiling of effect. Torsemide acts from within the lumen of the thick ascending portion of the loop of Henle, where it inhibits the Na⁺/K⁺/2Cl⁻ carrier system. Clinical pharmacology studies have confirmed this site of action in humans, and effects in other segments of the nephron have not been demonstrated. Diuretic activity thus correlates better with the rate of drug excretion in the urine than with the concentration in the blood. Torsemide increases the urinary excretion of sodium, chloride, and water, but it does not significantly alter glomerular filtration rate, renal plasma flow, or acid-base balance.

DOSAGE AND ADMINISTRATION: The usual initial dose is 10 mg or 20 mg of once-daily for CHF and 20mg once daily for chronic renal failure. Dose should be titrated upward by approximately doubling until the desired diuretic response is obtained. Single doses higher than 200 mg have not been adequately studied. **Hepatic Cirrhosis:** The initial dose is 5 mg or 10 mg of once-daily, administered together with an aldosterone antagonist or a potassium-sparing diuretic. Single doses higher than 40 mg have not been adequately studied. **Hypertension:** The usual initial dose is 5 mg once daily and may be increased to 10 mg once daily.

CONTRAINDICATION: Contraindicated in patients with known hypersensitivity to torsemide or to sulfonylureas, in patients who are anuric, in hepatic coma and precoma; hypotension; pregnancy and lactation; cardiac arrhythmias, simultaneous therapy with aminoglycosides or cephalosporins, and renal dysfunction due to drugs which cause renal damage.

WARNINGS & PRECAUTIONS: Used with caution in patients with hepatic disease with cirrhosis and ascites, tinnitus and hearing loss, hypovolemia, or prerenal azotemi, laboratory values of electrolyte levels (calcium, magnesium), blood urea nitrogen, creatinine, uric acid, glucose, serum lipids levels were altered and should be monitored.

DRUG INTERACTIONS: Cholestyramine, probenecid, cisplatin preparation, cephalosporins, theophylline, adrenaline, noradrenaline and ACE inhibitor.

ADVERSE REACTIONS: Water and electrolyte balance, Hypokalaemia, headache, dizziness, hypotension, weakness, drowsiness, confusional states, loss of appetite and cramps, Raised serum uric acid, glucose and lipids, aggravation of metabolic alkalosis. thromboembolic complications, vomiting, esophageal haemorrhage, dyspepsia, constipation, Pancreatitis, increased serum urea and creatinine, increases in certain liver enzymes, pruritis, rash, angioedema, photosensitivity, visual disturbance, Dry mouth, excessive thirst, hypovolaemia, impotence, rhinitis, asthenia, ECG abnormality, cough increased, arthralgia, sore throat, myalgia, chest pain, insomnia, nervousness and edema.

MARKETED BY:



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IN/TORSEMIDE 5,10,20/100 mg/APR-21/02/ABPI

(Additional information is available on request)