XET 20

SCHEDULING STATUS:
S5

PROPRIETARY NAME and dosage form:
XET 20 film coated tablet

COMPOSITION:
Each tablet contains paroxetine hydrochloride equivalent to paroxetine 20 mg..

PHARMACOLOGICAL CLASSIFICATION:
A 1.2 Psychoanaleptics (Antidepressants)

PHARMACOLOGICAL ACTION:
Pharmacodynamic properties:
Paroxetine is a selective serotonin re-uptake inhibitor (SSRI). The antidepressant effect of paroxetine is thought to be related to its effect on serotonergic neurotransmission.

Pharmacokinetic properties:
After oral administration, paroxetine is readily absorbed from the gastrointestinal tract. Absorption is not influenced by the presence of food, milk or antacids. Paroxetine is highly protein bound (95 %) and undergoes extensive first-pass metabolism in the liver, where it is metabolised in part by cytochrome P450 2D6 (CYP2D6). The metabolites appear to be clinically inactive. The elimination half-life is about 24 hours, but there is wide intersubject variability. Steady-state is achieved in 7 to 14 days in most patients. Paroxetine is excreted renally (approximately 64 %) and in the faeces (approximately 36 %) mainly as inactive metabolites.

INDICATIONS:
- Depression
- Obsessive compulsive disorder (OCD)
- Social phobia
- Panic disorder

CONTRAINDICATIONS:
- Hypersensitivity to paroxetine or any of the ingredients of **XET 20** (see **COMPOSITION**).
- **MAO inhibitors: XET 20** should not be used in combination with MAO inhibitors or within 2 weeks of terminating treatment with MAO inhibitors. MAO inhibitors should not be introduced within 2 weeks of cessation of therapy with **XET 20**.
- Children under the age of 18 years (see **WARNINGS** and **SIDE EFFECTS AND SPECIAL PRECAUTIONS**).
- Co-administration with thioridazine.

WARNINGS:
Safety and efficacy in children under 18 years have not been established (see **CONTRAINDICATIONS** and **SIDE EFFECTS AND SPECIAL PRECAUTIONS**).

Patients with major depressive disorder, both adults and children (under 18 years), may experience worsening of their depression and/or the emergence of suicidal ideation and behaviour, whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs. A causal role, however, for antidepressant medicines in inducing such behaviour has not been established. Patients being treated with **XET 20** should, nevertheless, be observed closely for clinical worsening and suicidality, especially at the beginning of a course of therapy, or at any time of dose changes, either increases or decreases.

Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorder should be observed when treating patients with other psychiatric and non-psychiatric disorders.

The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia, hypomania, and mania. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing **XET 20**, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms.

If the decision is made to discontinue treatment, **XET 20** should be tapered (see **SPECIAL PRECAUTIONS** and **DOSAGE AND DIRECTIONS FOR USE**).

XET 20 should be used with caution in:
- Patients with a history of mania.
- Patients already receiving neuroleptics, since symptoms suggestive of neuroleptic malignant syndrome may occur with this combination.
- Patients concomitantly treated with medicines that give an increased risk for bleeding, and in patients with a known tendency for bleeding or those with predisposing conditions. Treatment with **XET 20** may cause skin and mucous membrane bleedings.

Co-administration with risperidone may lead to increased toxicity thereof (see **INTERACTIONS**).
The concomitant use of **XET 20** and alcohol is not advised.

INTERACTIONS:
Cimetidine, a drug metabolising inhibitor, can increase the bioavailability of **XET 20**, whereas the drug metabolising inducer phenytoin can decrease it.

When **XET 20** is to be co-administered with a known drug metabolising enzyme inhibitor, consideration should be given to using doses at the lower end of the range. No initial dosage adjustment of **XET 20** is considered necessary when the medicine is to be co-administered with known drug metabolising enzyme inducers. Any subsequent dosage adjustment should be guided by clinical effects (tolerability and efficacy).

XET 20 inhibits the specific hepatic cytochrome P450 isozyme CYP2D6 responsible for the metabolism of debrisoquine and sparteine. This may lead to enhanced plasma levels of those co-administered medicines, which are metabolised by this isozyme.

Drugs metabolised by this isozyme include certain tricyclic antidepressants (e.g. nortriptyline, amitriptyline, imipramine and desipramine), phenothiazine neuroleptics (e.g. perphenazine and thioridazine), risperidone, Type 1c antidysrhythmics (e.g. propafenone) and metoprolol.

Co-administration with risperidone may lead to increased toxicity thereof.

Interaction between **XET 20** and monoamine oxidase (MAO) inhibitors (see **CONTRAINDICATIONS**), and also between **XET 20** and tryptophan medication may occur, resulting in a "serotonin syndrome".

Concurrent administration of **XET 20** and lithium should be undertaken with caution. Lithium levels should be monitored.

Co-administration of **XET 20** and phenytoin is associated with decreased plasma concentrations of paroxetine and increased adverse experiences (diarrhoea, indifference, imbalance, nervousness, ataxia and vertigo). No initial dosage adjustment of paroxetine is considered necessary when these agents are co-administered. Any subsequent adjustments should be guided by clinical effect.

Co-administration of **XET 20** with anti-convulsants may be associated with an increased incidence of adverse events.

Daily administration of **XET 20** may significantly increase the plasma levels of procyclidine; other anti-cholinergic drugs may be similarly affected. If anti-cholinergic effects are seen, the dose of procyclidine should be reduced.

XET 20 should be administered with great caution to patients receiving oral anticoagulants (see **WARNINGS**).
Co-administration of **XET 20** with warfarin may result in increased bleeding in the presence of unaltered prothrombin times.

PREGNANCY AND LACTATION:
The safety of **XET 20** in pregnancy or lactation has not been established.
Some epidemiological studies suggest an increased risk of congenital cardiovascular malformations (particularly ventricular septal defects) in infants of mothers who had taken **XET 20** during pregnancy. The mechanism is unknown.

DOSAGE AND DIRECTIONS FOR USE:
It is recommended that **XET 20** is administered in the morning with food.
XET 20 should be swallowed rather than chewed.

Depression: 20 mg daily. This dose can be increased gradually if needed by 10 mg increments to a maximum of 50 mg daily according to the patient's response.

Panic disorder: The recommended dose is 40 mg daily. The initial starting dose is 10 mg daily, which may be increased by 10 mg increments. The maximum dose is 60 mg daily.

The low initial starting dose is recommended to minimise the potential worsening of panic symptoms when initiating treatment with **XET 20**.

Obsessive compulsive disorder: The recommended dose is 40 mg daily. The initial starting dose is 20 mg daily, which may be increased by 10 mg increments to a maximum of 60 mg daily.

Social phobia: The recommended daily dose is 20 mg. This dose may be increased gradually if needed by 10 mg increments to a maximum of 60 mg according to the patient's response.

Children: The safety and efficacy of **XET 20** in children under the age of 18 years have not been established. In children hostility, suicide ideation and self-harm may occur with **XET 20**.

Elderly: Elderly subjects may experience increased plasma concentrations with **XET 20**. Dosing should commence at the adult starting dose and may be increased gradually by 10 mg increments up to 40 mg daily.

Hepatic and renal impairment: Increased plasma concentrations of **XET 20** may occur in patients with severe renal impairment (creatinine clearance < 30 ml/min) or severe hepatic impairment. The dosage should therefore be restricted to the lower end of the dosage range.

Patients should be treated for a sufficient period to ensure that they remain free from symptoms. This may be several months or longer.

Abrupt discontinuation of **XET 20** should be avoided (see **SIDE EFFECTS AND SPECIAL PRECAUTIONS**).

SIDE EFFECTS AND SPECIAL PRECAUTIONS:
SIDE EFFECTS:
Blood and the lymphatic system disorders:
Less frequent: Abnormal bleeding, predominantly of the skin and mucous membranes (mostly ecchymosis, but also in the gastrointestinal tract, central nervous system and eye)

Immune system disorders:
Less frequent: Allergic reactions (including urticaria and angioedema)

Endocrine disorders:
Less frequent: Syndrome of inappropriate anti-diuretic hormone secretion (SIADH)

Metabolism and nutrition disorders:
Frequent: Decreased appetite
Less frequent: Hyponatraemia
Hyponatraemia, which may occur predominantly in elderly patients, is sometimes due to the syndrome of inappropriate anti-diuretic hormone secretion (SIADH).

Psychiatric disorders:
Frequent: Somnolence, insomnia
Less frequent: Confusion, hallucinations, manic reactions

Nervous system disorders:
Frequent: Dizziness, tremor
Less frequent: Extrapyramidal disorders, convulsions, serotonin syndrome (symptoms may include agitation, confusion, diaphoresis, hallucinations, hyperreflexia, myoclonus, shivering, tachycardia and tremor)
Extrapyramidal disorders may occur in patients using neuroleptic medication.

Eye disorders:
Frequent: Blurred vision
Less frequent: Acute glaucoma

Respiratory, thoracic and mediastinal disorders:
Frequent: Yawning

Gastrointestinal disorders:
Frequent: Nausea, constipation, diarrhoea, dry mouth

Hepato-biliary disorders:
Less frequent: Elevation of hepatic enzymes, hepatic events (such as hepatitis, sometimes associated with jaundice and/or liver failure)
Elevation of hepatic enzymes may occur. Hepatic events, which may be fatal (such as hepatitis, sometimes associated with jaundice, and/or liver failure) may occur.
Discontinuation of **XET 20** should be considered if there is prolonged elevation of liver function test results.

Skin and subcutaneous tissue disorders:
Frequent: Sweating
Less frequent: Skin rashes, photosensitivity reactions

Renal and urinary disorders:
Less frequent: Urinary retention

Reproductive system and breast disorders:
Frequent: Sexual dysfunction, hyperprolactinaemia, galactorrhoea

General disorders and administration site conditions:
Frequent: Asthenia
Less frequent: Peripheral oedema

Symptoms seen on discontinuation of XET 20 treatment:
Frequent: Dizziness, sensory disturbances, sleep disturbances, anxiety, headache
Less frequent: Agitation, nausea, tremor, confusion, sweating, diarrhoea

Abrupt discontinuation of **XET 20** may lead to withdrawal symptoms such as dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances, insomnia, tremor, confusion, agitation or anxiety, headache, nervousness, vertigo, nausea and sweating. It is therefore advised that when **XET 20** treatment is no longer required, gradual discontinuation by dose tapering be carried out (see **DOSAGE AND DIRECTIONS FOR USE** and **SPECIAL PRECAUTIONS**).

SPECIAL PRECAUTIONS:
Safety and efficacy in children under 18 years of age have not been established (see **CONTRAINDICATIONS** and **DOSAGE AND DIRECTIONS FOR USE**).

Cardiac condition:
Administration of **XET 20** to patients with a serious cardiovascular disorder such as (unstable) angina pectoris, poorly monitored cardiac decompensation, ventricular rhythm disorder and acute myocardial infarction, has not been studied and must therefore be avoided. If antidepressant medication is nevertheless indicated for such patients, **XET 20** should be administered with caution.

Epilepsy:
XET 20 should be used with caution in patients with epilepsy.

Seizures:
Seizures may occur in patients treated with **XET 20**.
XET 20 should be discontinued in any patient who develops seizures.

Electroconvulsive therapy (ECT):
Clinical experience of the concurrent administration of **XET 20** and electroconvulsive therapy is lacking.

Hyponatraemia:
Hyponatraemia, which is generally reversible on discontinuation of **XET 20**, may occur predominantly in the elderly.

Glaucoma:
XET 20 may cause mydriasis and should be used with caution in patients with narrow angle glaucoma.

Bone fractures:
An increased risk of bone fractures occurs in patients aged 50 years or older receiving **XET 20**.

Effects on ability to drive and use machines:
XET 20 may cause drowsiness and visual disturbances. Patients should be cautioned about their ability to drive a car and operate machinery.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
(See **SIDE EFFECTS AND SPECIAL PRECAUTIONS**)
Symptoms of overdose:
Vomiting, dilated pupils, fever, blood pressure changes, headache, involuntary muscle contractions, agitation, anxiety, tachycardia, coma, and ECG changes.

Treatment of overdose:
Treatment is symptomatic and supportive.
There is no specific antidote. To decrease absorption, the stomach should be emptied by gastric lavage or induction of emesis or both. This should be followed by administration of 20 to 30 g of activated charcoal every four to six hours during the first 24 hours after ingestion. Frequent monitoring of vital signs and careful observation is recommended.

IDENTIFICATION:
Blue coloured, smooth, round, biconvex film coated tablets, with a break line on one side and plain on the other side.

PRESENTATION:
PVC/aluminium blister packs of 30 tablets packed in an outer carton. Each blister strip contains 10 tablets.

STORAGE INSTRUCTIONS:
Store at or below 25 °C. Protect from light.
Keep the blister strips in the outer carton until required for use.
KEEP OUT OF REACH OF CHILDREN.

2043540

REGISTRATION NUMBER:
A39/1.2/0216

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

XET 20

SKEDULERINGSTATUS:
S5

EIENDOMSNAAM en doseervorm:
XET 20 filmbedekte tablet

SAMESTELLING:
Elke tablet bevat paroksetienhidrochloried gelykstaande aan 20 mg paroksetien.

FARMAKOLOGIESE KLASSIFIKASIE:
A 1.2 Psigoanaleptika (Antidepressante)

FARMAKOLOGIESE WERKING:
Farmakodinamiese eienskappe:
Paroksetien is 'n selektiewe serotonienheropnameremmer (SSRI). Dit word gereken dat die effek van paroksetien as antidepressant verband hou met die effek daarvan op serotonergiese neuro-oordrag.

Farmakokinetiese eienskappe:
Na orale toediening word paroksetien geredelik uit die gastro-intestinale weg geabsorbeer. Absorpsie word nie deur voedsel, melk of teensuurmiddels beïnvloed nie. Paroksetien is hoogs proteïengebonde (95 %) en ondergaan grootskaalse eerstedeurgangmetabolisme in die lewer, waar dit gedeeltelik deur sitochroom P450 2D6 (CYP2D6) gemetaboliseer word. Dit lyk asof die metaboliete klinies onaktief is. Die eliminasiehalfleeftyd is ongeveer 24 uur, maar daar is groot variasie tussen persone. In die meeste pasiënte word gelykvlakke binne 7 tot 14 dae bereik. Paroksetien word deur die niere (ongeveer 64 %) en in die feses (ongeveer 36 %) uitgeskei, hoofsaaklik as onaktiewe metaboliete.

INDIKASIES:
- Depressie
- Obsessief-kompulsiewe steuring (OKS)
- Sosiale fobie
- Panieksteuring

KONTRA-INDIKASIES:
- Hipersensitiwiteit teenoor paroksetien of enige van die bestanddele van **XET 20** (sien **SAMESTELLING**).
- **MAO-remmers: XET 20** moet nie in kombinasie met MAO-remmers of binne 2 weke na staking van behandeling met MAO-remmers gebruik word nie. Behandeling met MAO-remmers moet nie begin word binne 2 weke na staking van terapie met **XET 20** nie.
- Kinders jonger as 18 jaar (sien **WAARSKUWINGS** en **NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS**).
- Gelyktydige toediening saam met tioridasien.

WAARSKUWINGS:
Die veiligheid en effektiwiteit in kinders jonger as 18 jaar is nie bepaal nie (sien **KONTRA-INDIKASIES** en **NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS**).

Pasiënte met major depressiewe steuring, volwassenes sowel as kinders (jonger as 18 jaar), kan 'n verergering van hul depressie en/of selfmoordgedagtes en -gedrag ervaar, ongeag of hulle antidepressante gebruik of nie. Hierdie risiko kan voortduur totdat beduidende remissie voorkom. 'n Oorsaaklike rol van antidepressante om sulke gedrag uit te lok, is egter nie vasgestel nie. Pasiënte wie met **XET 20** behandel word, moet nogtans noukeurig dopgehou word vir kliniese verergering en selfmoordneigings, veral aan die begin van 'n kursus van behandeling, of enige tyd wanneer die dosis aangepas word, hetsy dit verhoog of verlaag word.

Vanweë die moontlikheid van ko-morbiditeit tussen major depressiewe steuring en ander psigiatriese en nie-psigiatriese steurings, moet dieselfde voorsorgmaatreëls getref word wanneer pasiënte met major depressiewe steuring behandel word as wanneer pasiënte met ander psigiatriese en nie-psigiatriese steurings behandel word.

Die volgende simptome is aangemeld in pasiënte wie met antidepressante vir major depressiewe steuring, asook vir ander indikasies, psigiatries sowel as nie-psigiatries, behandel word: angstigheid, prikkelbaarheid, paniekaanvalle, slaaploosheid, geïrriteerdheid, vyandigheid (aggressiwiteit), impulsiwiteit, akatisie, hipomanie en manie. Alhoewel 'n oorsaaklike verband tussen die ontluiking van sulke simptome en die verergering van depressie en/of die ontstaan van selfmoordneigings nie bepaal is nie, moet oorweeg word om die terapeutiese regimen te verander, insluitend moontlike staking van **XET 20**, by pasiënte vir wie sulke simptome erg is, skielik begin, of nie deel van die pasiënt se aanvanklike simptome was nie.

Indien die besluit geneem word om behandeling te staak, moet **XET 20** geleidelik afgeskaal word (sien **SPESIALE VOORSORGMAATREËLS** en **DOSIS EN GEBRUIKSAANWYSINGS**).

XET 20 moet met omsigtigheid gebruik word by:
- Pasiënte met 'n geskiedenis van manie.
- Pasiënte wie alreeds neuroleptiese middels ontvang, aangesien simptome wat dui op neuroleptiese maligne sindroom met hierdie kombinasie mag voorkom.
- Pasiënte wie terselfdertyd behandel word met medisyne wat die risiko vir bloeding laat toeneem, en by pasiënte met 'n bekende geneigdheid vir bloeding of dié met toestande wat hulle meer vatbaar maak daarvoor. Behandeling met **XET 20** mag bloeding van die vel en slymvliese veroorsaak.

Toksisiteit daarvan kan verhoog indien dit gelyktydig met risperidoon toegedien word (sien **INTERAKSIES**).

Dit word nie aanbeveel dat **XET 20** en alkohol saam geneem word nie.

INTERAKSIES:
Simetidien, 'n inhibitor van geneesmiddelmetabolisme, kan die biobeskikbaarheid van **XET 20** verhoog, terwyl fenitoïen, 'n induseerder van geneesmiddelmetabolisme, dit kan verlaag.

Wanneer **XET 20** saam met 'n bekende ensieminhibitor van geneesmiddelmetabolisme toegedien word, moet dit oorweeg word om dosisse by die laer kant van die dosisreikwydte te gebruik. Geen aanvanklike dosisaanpassing van **XET 20** word nodig geag wanneer die medisyne saam met bekende ensieminduseerders van geneesmiddelmetabolisme toegedien gaan word nie. Enige daaropvolgende dosisaanpassing moet deur kliniese effekte (toleransie en effektiwiteit) bepaal word.

XET 20 inhibeer die spesifieke hepatiese sitochroom P450-isoënsiem CYP2D6 verantwoordelik vir die metabolisme van debrisokien en sparteïen. Dit mag lei tot verhoogde plasmavlakke van daardie medisynes wat gelyktydig toegedien word, wat deur hierdie isoënsiem gemetaboliseer word.

Geneesmiddels wat deur hierdie isoënsiem gemetaboliseer word, sluit sekere trisikliese antidepressante (bv. nortriptilien, amitriptilien, imipramien en desipramien), fenotiasien-neuroleptiese middels (bv. perfenasien en tioridasien), risperidoon, Tipe 1c antidisritmiese middels (bv. propafenoon) en metoprolol in.

Gelyktydige toediening saam met risperidoon mag tot verhoogde toksisiteit daarvan lei.

Interaksie tussen **XET 20** en monoamienoksidase (MAO) remmers (sien **KONTRA-INDIKASIES**), en ook tussen **XET 20** en triptofaanmedikasie mag voorkom, en gevolglik 'n "serotoniensindroom" veroorsaak.

Gelyktydige toediening van **XET 20** en litium moet met omsigtigheid gedoen word. Litiumvlakke moet gemoniteer word.

Gesamentlike toediening van **XET 20** en fenitoïen word geassosieer met verlaagde plasmakonsentrasies van paroksetien en 'n toename in ongunstige reaksies (diarree, onverskilligheid, wanbalans, senuweeagtigheid, ataksie en vertigo). Geen aanvanklike dosisaanpassing van paroksetien word nodig geag wanneer hierdie middels saam toegedien word nie. Enige daaropvolgende aanpassings moet deur die kliniese uitwerking gelei word.

Gesamentlike toediening van **XET 20** met antikonvulsante, mag geassosieer word met 'n verhoogde insidensie van ongunstige reaksies.

Daaglikse toediening van **XET 20** mag die plasmavlakke van prosiklidien beduidend verhoog; ander anticholinergiese middels mag op soortgelyke wyse beïnvloed word. Indien anticholinergiese effekte gesien word, moet die dosis van prosiklidien verlaag word.

XET 20 moet met groot omsigtigheid aan pasiënte wie orale antikoagulante ontvang, toegedien word (sien **WAARSKUWINGS**).
Gesamentlike toediening van **XET 20** en warfarien mag lei tot 'n toename in bloeding, terwyl protrombientye onveranderd is.

SWANGERSKAP EN BORSVOEDING:
Die veiligheid van **XET 20** tydens swangerskap of borsvoeding is nie bepaal nie.
Sommige epidemiologiese studies dui op 'n verhoogde risiko vir kongenitale kardiovaskulêre misvormings (veral ventrikulêre septumdefekte) in babas van moeders wie **XET 20** gedurende swangerskap geneem het. Die meganisme is onbekend.

DOSIS EN GEBRUIKSAANWYSINGS:
Dit word aanbeveel dat **XET 20** soggens saam met kos toegedien word.
XET 20 moet gesluk word, eerder as wat dit gekou word.

Depressie: 20 mg daagliks. Indien nodig, kan hierdie dosis met inkremente van 10 mg tot 'n maksimum van 50 mg daagliks geleidelik verhoog word, in ooreenstemming met die pasiënt se respons.

Panieksteuring: Die aanbevole dosis is 40 mg daagliks. Die aanvangsdosis is 10 mg daagliks, wat met inkremente van 10 mg verhoog mag word. Die maksimum dosis is 60 mg daagliks.

Die lae dosis waarmee aanvanklik begin word, word aanbeveel om die moontlike verergering van panieksimptome tot 'n minimum te beperk wanneer behandeling met **XET 20** begin word.

Obsessief-kompulsiewe steuring: Die aanbevole dosis is 40 mg daagliks. Die aanvangsdosis is 20 mg daagliks, wat met inkremente van 10 mg verhoog mag word tot 'n maksimum van 60 mg daagliks.

Sosiale fobies: Die aanbevole daaglikse dosis is 20 mg. Indien nodig, mag hierdie dosis geleidelik met inkremente van 10 mg tot 'n maksimum van 60 mg daagliks verhoog word, in ooreenstemming met die pasiënt se respons.

Kinders: Die veiligheid en effektiwiteit van **XET 20** by kinders jonger as 18 jaar, is nie bepaal nie. In kinders mag vyandigheid, selfmoordgedagtes en selfbesering voorkom met die gebruik van **XET 20**.

Bejaardes: Bejaarde pasiënte mag verhoogde plasmakonsentrasies met **XET 20** ondervind. Dosering moet begin word teen die volwasse aanvangsdosis en mag geleidelik met inkremente van 10 mg tot 40 mg daagliks verhoog word.

Hepatiese en renale inkorting: Verhoogde plasmakonsentrasies van **XET 20** mag by pasiënte met ernstige renale inkorting (kreatinienopruiming < 30 ml/min) of ernstige hepatiese inkorting voorkom. Die dosis moet gevolglik tot die laer kant van die doseringsreikwydte beperk word.

Pasiënte moet vir 'n voldoende tydperk behandel word om te verseker dat hulle simptoomvry bly. Dit mag etlike maande of langer duur.

Skielike staking van **XET 20** moet vermy word (sien **NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS**).

NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS:
NEWE-EFFEKTE:
Bloed- en die limfsisteemafwykings:
Minder dikwels: Abnormale bloeding, hoofsaaklik van die vel en slymvliesmembrane (meestal bloedingsvlekke, maar ook in die gastro-intestinale weg, sentrale senuweesisteem en oog)

Immuunsisteemafwykings:
Minder dikwels: Allergiese reaksies (insluitend urtikarie en angio-edeem)

Endokriene afwykings:
Minder dikwels: Sindroom van ontoepaslike antidiuretiese hormoonsekresie (SIADH)

Metabolisme- en voedingsafwykings:
Dikwels: Verminderde aptyt
Minder dikwels: Hiponatremie
Hiponatremie, wat hoofsaaklik by bejaarde pasiënte mag voorkom, is soms weens die sindroom van ontoepaslike antidiuretiese hormoonsekresie (SIADH).

Psigiatriese afwykings:
Dikwels: Slaperigheid, slaaploosheid
Minder dikwels: Verwarring, hallusinasies, maniese reaksies

Senuweesisteemafwykings:
Dikwels: Duiseligheid, tremor
Minder dikwels: Ekstrapiramidale steurings, konvulsies, serotoniensindroom (simptome mag prikkelbaarheid, verwarring, oormatige sweetafskeiding, hallusinasies, hiperrefleksie, mioklonus, bewing, tagikardie en tremor insluit) Ekstrapiramidale steurings mag voorkom by pasiënte wie neuroleptiese medikasie gebruik.

Oogafwykings:
Dikwels: Wasige visie
Minder dikwels: Akute gloukoom

Respiratoriese, torakale en mediastinale afwykings:
Dikwels: Gaap

Gastro-intestinale afwykings:
Dikwels: Naarheid, hardlywigheid, diarree, droë mond

Hepato-bilière afwykings:
Minder dikwels: Verhoging van hepatiese ensieme, hepatiese voorvalle (soos hepatitis, soms geassosieer met geelsug en/of lewerversaking)
Verhoging van hepatiese ensieme mag voorkom. Hepatiese voorvalle, wat dodelik mag wees (soos hepatitis, soms geassosieer met geelsug en/of lewerversaking) mag voorkom.
Dit moet oorweeg word om **XET 20** te staak indien lewerfunksietoetsresultate verhoog bly.

Vel- en subkutaneweefselafwykings:
Dikwels: Sweting
Minder dikwels: Veluitslae, fotosensitiwiteitsreaksies

Renale en urienwegafwykings:
Minder dikwels: Urienterughouding

Voorplantingstelsel- en borsafwykings:
Dikwels: Seksuele disfunksie, hiperprolaktinemie, galaktorree

Algemene afwykings en toestande by die plek van toediening:
Dikwels: Astenie
Minder dikwels: Perifere edeem

Simptome wat gesien word na staking van behandeling met XET 20:
Dikwels: Duiseligheid, sensoriese steurings, slaapstoornisse, angstigheid, hoofpyn
Minder dikwels: Prikkelbaarheid, naarheid, tremor, verwarring, sweting, diarree

Skielike staking van **XET 20** mag lei tot onttrekkingsimptome soos duiseligheid, sensoriese steurings (insluitend parestesie en elektiese skoksensasies), slaapstoornisse, slaaploosheid, tremor, verwarring, prikkelbaarheid of angstigheid, hoofpyn, senuweeagtigheid, vertigo, naarheid en sweting. Dit word dus aanbeveel dat geleidelike staking deur afskaling van die dosis gedoen word wanneer behandeling met **XET 20** nie meer nodig is nie (sien **DOSIS EN GEBRUIKSAANWYSINGS** en **SPESIALE VOORSORGMAATREËLS**).

SPESIALE VOORSORGMAATREËLS:
Veiligheid en effektiwiteit by kinders jonger as 18 jaar is nie bepaal nie (sien **KONTRA-INDIKASIES** en **DOSIS EN GEBRUIKSAANWYSINGS**).

Harttoestand:
Toediening van **XET 20** aan pasiënte met 'n ernstige kardiovaskulêre versteuring soos (onstabiele) angina pectoris, swak-gemoniteerde kardiale dekompensasie, ventrikulêre ritmeversteuring en akute miokardiale infarksie, is nie bestudeer nie en moet gevolglik vermy word. Indien antidepressant medikasie nogtans vir sulke pasiënte aangedui word, moet **XET 20** met omsigtigheid toegedien word.

Epilepsie:
XET 20 moet met omsigtigheid by pasiënte met epilepsie gebruik word.

Toevalle:
Toevalle mag voorkom by pasiënte wie met **XET 20** behandel word.
XET 20 moet gestaak word by enige pasiënt wie toevalle ontwikkel.

Elektrokonvulsieterapie (EKT):
Kliniese ondervinding met die gelyktydige toediening van **XET 20** en elektrokonvulsieterapie ontbreek.

Hiponatremie:
Hiponatremie, wat gewoonlik omkeerbaar is met staking van **XET 20**, mag veral by bejaardes voorkom.

Gloukoom:
XET 20 mag midriase veroorsaak en moet met omsigtigheid by pasiënte met nou-hoek gloukoom gebruik word.

Beenfrakture:
Daar is 'n verhoogde risiko van beenfrakture by pasiënte wie 50 jaar en ouer is en **XET 20** gebruik.

Effekte op die vermoë om te bestuur en masjinerie te gebruik:
XET 20 mag lomerigheid en visuele steurings veroorsaak. Pasiënte moet gewaarsku word rakende hulle vermoë om 'n voertuig te bestuur en masjinerie te hanteer.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VIR DIE BEHANDELING DAARVAN:
(Sien **NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS**)
Simptome van oordosering:
Braking, gedilateerde pupille, koors, veranderinge in bloeddruk, hoofpyn, onwillekeurige spiersametrekkings, prikkelbaarheid, angstigheid, tagikardie, koma en EKG-veranderinge.

Behandeling van oordosering:
Behandeling is simptomaties en ondersteunend.
Daar is geen spesifieke teenmiddel nie. Om absorpsie te verminder, moet die maag deur maagspoeling of induksie van emese, of albei, geledig word. Dit moet deur toediening van 20 tot 30 g geaktiveerde houtskool elke vier tot ses uur gedurende die eerste 24 uur na inname gevolg word. Gereelde monitering van vitale tekens en deeglike waarneming word aanbeveel.

IDENTIFIKASIE:
Blou, gladde, ronde, bikonvekse, filmbedekte tablette, met 'n breeklyn aan die een kant en glad aan die ander kant.

AANBIEDING:
PVC/aluminium stulpstroke met 30 tablette, in 'n buitenste karton verpak. Elke stulpstrook bevat 10 tablette.

BERGINGSINSTRUKSIES:
Berg teen of benede 25 °C. Beskerm teen lig. Hou die stulpstroke in die buitenste karton tot nodig vir gebruik.
HOU BUITE BEREIK VAN KINDERS.

2043540

REGISTRASIENOMMER:
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