Dexamethasone Tablets BP

DEXAMAS 5mg

Composition:
Each uncoated tablet contains:

Dexamethasone	BP	5mg
Excipients		q.s.

Colour: Tartrazine Supra

Therapeutic indications
Corticoid of high power and long duration of useful action:
1. In suppressing inflammatory and allergic disturbances.
2. Not worthy of cushing's disease
3. In congenital adrenal hyperplasia
4. In cerebral edema associated with neoplasias.
5. In nausea and vomiting associated with chemotherapy
6. Before delivery, in situations where the fetus is at risk of suffering from a syndrome Of respiratory distress.

Posology and method of administration
In general, glucocorticoid dosage depends on the severity of the condition and response of the patient. Under certain circumstances, for instance in stress and changed clinical picture, extra dosage adjustments may be necessary. If no favourable response is noted within a couple of days, glucocorticoid therapy should be discontinued.
Adults
Usually, daily oral dosages of 0.5 - 10 mg are sufficient. In some patients higher dosages may be temporarily required to control the disease.
Children
0.01-0.1 mg/kg of body weight daily.
Dosage of glucocorticoids should be adjusted on the basis of the individual patient's response.

Notifications:
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Contraindications
1.Systemic infection unless specific antimicrobial therapy given.
2.Avoid live virus vaccines in those receiving immunosuppressive doses as the serum antibody response is diminished.
3.Hypersensitivity to dexamethasone or to any of the ingredients.
In general, no contraindications apply in conditions where use of glucocorticoids may be life saving.

Special warnings and precautions

Every patient should receive the patient information leaflet. Patients on long-term dexamethasone treatment should carry a Steroid Treatment Card which gives guidance on minimising risk and provides details of prescriber, drug, dosage and duration of treatment. Patients should be warned that potentially severe psychiatric adverse reactions may occur with systemic steroids. Symptoms typically emerge within a few days or weeks of starting the treatment. Risks may be higher with high doses/systemic exposure, although dose levels do not allow prediction of the onset, type, severity or duration of reactions. Most reactions recover after either dose reduction or withdrawal, although specific treatment may be necessary. Patients should be encouraged to seek medical advice if worrying psychological symptoms develop, especially if depressed mood or suicidal ideation is suspected. Patients should also be alert to possible psychiatric disturbances that may occur either during or immediately after dose tapering/withdrawal of systemic steroids, although such reactions have been reported infrequently. Particular care is required when considering the use of systemic corticosteroids in patients with existing or previous history of severe affective disorders in themselves or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis.

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