Esidre-Z

Comprimidos de Hidroclorotiazida BP

Composition: Each uncoated tablet contains:
Hydrochlorothiazide BP 25 mg.
Excipients q.s.
Color: Approved color used.

Clinical Pharmacology: The mechanism of the antihypertensive effect of thiazides is unknown. Hydrochlorothiazide generally does not affect normal blood pressure. Hydrochlorothiazide affects the distal renal tubular mechanism of electrolyte reabsorption. At the maximum therapeutic dose, all thiazides are approximately equal in their diuretic efficacy. Hydrochlorothiazide increases the excretion of sodium and chloride in approximately equivalent amounts. Natriuresis may be accompanied by some loss of potassium and bicarbonate.

Indications / Uses: Lowering high blood pressure helps prevent strokes, heart attacks, and kidney problems. Hydrochlorothiazide belongs to a class of medications known as diuretics / "water pills." It works by causing you to produce more urine. This helps the body get rid of excess salt and water.

Dosage and Administration: Therapy should be individualized according to the patient's response. Use the lowest dosage necessary to achieve the desired response. Administration: You may take hydrochlorothiazide with or without food. Take this medication in the morning, not at night. This drug may cause increased urination.

Contraindications: Anuria. Hypersensitivity to this product or to other drugs derived from sulfonamides.

If you are allergic to medications containing sulfonamides, you should not take this medication. Hydrochlorothiazide may cause blurred vision and glaucoma. Symptoms include eye pain and difficulty seeing. These problems often occur within hours to weeks after starting this medication. Contact your doctor if these vision problems occur. Hydrochlorothiazide oral tablets may interact with other medications, herbs, or vitamins you may be taking. If you are curious about how this drug might interact with anything else you are taking, contact your doctor.

Warnings: Use with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with renal impairment. Thiazides should be used with caution in patients with hepatic impairment or progressive liver disease, as minor alterations in fluid and electrolyte balance may precipitate hepatic coma. Thiazides may increase or potentiate the action of other antihypertensive medications. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Precautions: General: All patients receiving diuretic therapy should be monitored for evidence of fluid or electrolyte imbalance: namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Determinations of serum and urine electrolytes are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, regardless of cause, include dry mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle aches or cramps, and fatigue.

muscular symptoms, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Hypokalemia may develop, especially with rapid diuresis, in the presence of severe cirrhosis, or following prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmias and may also sensitize or exaggerate the heart's response to the toxic effects of digitalis (e.g., increased ventricular irritability). Hypokalemia may be prevented or treated through the use of potassium-sparing diuretics or potassium supplements, such as potassium-rich foods. Although any chloride deficit is generally mild and usually does not require specific treatment—except in extraordinary circumstances (such as in cases of hepatic or renal disease)—chloride replacement may be necessary in the treatment of metabolic alkalosis. Dilutional hyponatremia may occur in edematous patients during hot weather; appropriate therapy is water restriction rather than salt administration, except in rare cases where hyponatremia is life-threatening. In cases of actual salt depletion, adequate replacement is the therapy of choice. Hyperuricemia may occur, or acute gout may be precipitated, in certain patients receiving thiazides. In diabetic patients, adjustments to the dosage of insulin or oral hypoglycemic agents may be necessary. Hyperglycemia may occur with thiazide diuretics. Thus, latent diabetes mellitus may become manifest during thiazide therapy. The antihypertensive effects of the drug may be enhanced in patients who have undergone sympathectomy. If progressive renal impairment becomes evident, consider suspending or discontinuing diuretic therapy. Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia. Thiazides may decrease the urinary excretion of calcium. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of occult hyperparathyroidism. Thiazides should be discontinued before performing tests for parathyroid function.

Overdosage: The most common signs and symptoms observed are those caused by electrolyte depletion (hypokalemia, hypochloremia, hyponatremia) and dehydration resulting from excessive diuresis. If digitalis has also been administered, hypokalemia may accentuate cardiac arrhythmias.
In the event of an overdose, symptomatic and supportive measures should be employed. Emesis should be induced or gastric lavage performed. Correct dehydration, electrolyte imbalance, hepatic coma, and hypotension using established procedures. If necessary, administer oxygen or artificial respiration for respiratory problems. The degree of removal of hydrochlorothiazide by hemodialysis has not yet been established. The oral LD50 of hydrochlorothiazide is greater than 10 g/kg in rats.

Storage:
Store in a cool, dark, and dry place, below 30ºC.
Keep medicines out of the reach of children.

Presentation: Blister pack of 10 tablets.

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