PACKAGE INSERT

1. **SCHEDULING STATUS**

   S4

2. **PROPRIETARY NAME (AND DOSAGE FORM)**

   DECASONE FORTE 100mg/5ml INJECTION

3. **COMPOSITION**

   Each 1 ml contains 20,0 mg Dexamethasone as dexamethasone sodium phosphate (100mg/5ml).

   Preservatives: Sodium metabisulphite 0, 1% m/v
   Methylhydroxybenzoate 0, 15% m/v
   Propylhydroxybenzoate 0,02% m/v

4. **PHARMACOLOGICAL CLASSIFICATION**

   A 21.5.1 - Corticosteroids and analogues

5. **PHARMACOLOGICAL ACTION**

   Dexamethasone is a potent synthetic adrenocortical steroid with glucocorticoid activity.

   Dexamethasone sodium phosphate acts by controlling the rate of protein-synthesis. It forms a steroid-receptor complex with receptor proteins, moves into the nucleus where it binds the chromatin and thus directs the genetic apparatus to transcribe the RNA. It has a rapid onset of action and a biological half-life in plasma of about 190 minutes.

   Dexamethasone is, mg for mg, four to six times more potent than methylprednisolone and triamcinolone, six to eight times more potent than prednisone and prednisolone, and about 25 to 30 times more potent than hydrocortisone.

6. **INDICATIONS**

   Decasone Forte injection is recommended for the adjunctive treatment of shock where high (pharmacologic) doses of corticosteroids are needed: severe shock of

haemorrhagic, traumatic or surgical origin. Treatment with Decasone Forte injection is an adjunct to, and not a substitute for, specific or supportive measures that the patient may require.

7. CONTRA-INDICATIONS

Unless considered life saving, systemic administration of corticosteroids is contra-indicated in patients with hypersensitivity to corticosteroids or any of the ingredients, peptic ulcer, osteoporosis, psychoses or severe psychoneuroses, acute infections, tuberculosis (see special precautions), with live vaccines (see special precautions). Pregnancy and lactation.

8. WARNINGS

Dexamethasone should only be used with great caution in the presence of congestive heart failure, hypertension, diabetes mellitus, epilepsy (excluding infantile seizures), glaucoma, infectious diseases, ocular herpes simplex, chronic renal failure, uraemia and in elderly persons.

9. DOSAGE AND DIRECTIONS FOR USE

Decasone Forte injection can be used without mixing or diluting. Injection should be made slowly in accord with good medical practice.

For the treatment of severe shock, intravenous doses of 1,66 - 5mg of Dexamethasone (the equivalent of 2 to 6mg of dexamethasone phosphate) per kg body-weight, given slowly over a minimum period of several minutes have been suggested.

These high doses may be repeated within 2 to 6 hours and this treatment should be continued only until the patients' condition is stable and usually for no longer than 48 to 72 hours. Alternatively, the initial intravenous injection may be followed immediately by the same dose administered by intravenous infusion.

The following intravenous regimens have been utilized:

16,6 mg Dexamethasone* as a single dose initially, followed by 2,5mg Dexamethasone per kg of body weight per 24 hours via continuous intravenous infusion, or

1,66 to 5mg Dexamethasone* per kg of body weight as a single injection, or 33,2mg Dexamethasone* as a single dose, administered every two to six hours as needed, or

0,83mg Dexamethasone* per kg of body weight as a single injection

* 1g Dexamethasone is equivalent to 1,2 Dexamethasone phosphate.

Decasone Forte injection can be added to sodium chloride injection, or dextrose injection, and administered by intravenous drip without loss of potency.
Solutions used for intravenous administration or further dilution of this product should be preservative free when used in the neonate, especially the premature infant.
When Decasone Forte injection is added to an infusion solution, the mixture must be used within 24 hours since infusion solutions do not contain preservatives.
The usual aseptic techniques governing injections should be observed.

10. SIDE-EFFECTS AND SPECIAL PRECAUTIONS

Side-effects

Some patients have reported transitory burning, or tingling sensations often in the perinea! area when intravenous injections of large doses of Decasone Forte injection were given.
Decasone {dexamethasone phosphate) has little or no effect on sodium and water retention. Oedema, hypertension and an increased excretion of potassium with the possibility of hypokalaemic alkalosis may occur. Cardiac failure may be induced.
Excessive metabolic effects may lead to mobilisation of calcium and phosphorous, with osteoporosis and spontaneous fractures, nitrogen depletion. Back pain may signify osteoporosis. Muscular weakness and wasting occur, particularly when taken in large doses.
Hyperglycaemia with accentuation or precipitation of the diabetic state. The insulin requirements of diabetic patients are increased. Increased appetite is reported.
The effect on tissue repair is manifest in delayed wound healing and increased susceptibility to all kinds of infection: including sepsis, tuberculosis, fungal and viral infections have been reported, especially if patients are given antibiotics concomitantly. Infections may also be masked. Other adverse effects include amenorrhoea, hyperhidrosis, skin thinning, mental and neurological disturbances, intracranial hypertension, acute pancreatitis and aseptic necrosis of bone. Peptic ulceration may occur.
Raised intracranial pressure may occur. Children are at special risk.
Increase in the coagulability of blood may lead to thrombo-embolic complications.
Rapid intravenous administration of large doses may cause cardiovascular collapse.
Acute adrenal insufficiency may occur during prolonged treatment or on cessation of treatment and may be precipitated by stressful situations, for example an infection or trauma. Growth retardation in children has been reported. High doses administered during pregnancy may cause foetal or neonatal adrenal suppression. Large doses may produce symptoms typical of hyperactivity of the adrenal cortex, with moon-face,

sometimes with hirsutism, buffalo hump, flushing, increased bruising, ecchymoses striae, and acne, sometimes leading to fully developed Cushing's syndrome. Concurrent administration of barbiturates, carbamazepine, phenytoin, primidone, or rifampicin may enhance the metabolism and reduce the effects of Decasone (dexamethasone phosphate}.(Response to anticoagulants may be reduced or enhanced.} Concurrent administration with the potassium-depleting diuretics, such as the thiazides or furosemide, may cause excessive potassium loss. There may be an increased incidence of gastro-intestinal bleeding and ulceration when Decasone is given with non-steroidal anti-inflammatory agents. Response to anticoagulants may be altered by corticosteroids and requirements of antidiabetics and antihypertensives may be increased. Decasone may decrease serum concentrations of salicylates and may decrease the effect of antimuscarinics in myasthenia gravis. Many medicines have been reported to interfere with certain assay procedures of Decasone in body fluids and Decasone itself may interfere with or alter the results of assays for some endogenous substances or medicines.

Special precautions

Because rare instances of anaphylactoid reactions have occurred in patients receiving parenteral corticosteroid therapy, appropriate precautionary measures should be taken prior to administration, especially when the patient has a history of allergy to any medicine.

Patients with active or doubtfully quiescent tuberculosis should not be given corticosteroids except, very rarely as adjuncts to treatment with antitubercular drugs. Patients with quiescent tuberculosis should be observed closely and should receive chemoprophylaxis if corticosteroid therapy is prolonged.

Patients already receiving Decasone are more susceptible to infection, the symptoms of which may be masked until an advanced stage has been reached. Because of the risk of precipitating a serious infection, live vaccines should not be given to patients receiving high-dose systemic corticosteroid therapy; killed vaccines or toxoids may be given although the response may be attenuated. Children are at special risk of infection and may require prophylaxis and immunoglobulin. Infections should be treated as an emergency. Sudden cessation of administration is dangerous. Withdrawal should therefore always be gradual, the rate depending upon the individual patient's response, the dose, the disease being treated and the duration of therapy. Adrenal function should be monitored throughout withdrawal and symptoms attributable to over-rapid withdrawal should be countered by resuming a higher dose and continuing the reduction at a slower rate.

Large doses should be given slowly or by infusion to prevent cardiovascularcollapse.

High doses should not be used for prolonged treatment.
Patients receiving long courses of Decasone {dexamethasone phosphate) should be regularly checked for hypertension, glycosuria, hypokalaemia, gastric discomfort, and mental changes. Sodium intake may need to be reduced and potassium supplements may be necessary. Monitoring of the fluid intake and output and daily weight records may give early warning of fluid retention.

11. **KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT**

See "Side-effects and special precautions".
Treatment is symptomatic and supportive.

12. **IDENTIFICATION**

A clear colourless to slight yellowish solution in 5ml amber vials.

13. **PRESENTATION**

5ml amber vials packed in single containers and containers with 10 x 5ml vials.

14. **STORAGE INSTRUCTION**

Store below 25°C.
Protect from light.
Keep out of reach of children.

15. **REGISTRATION NUMBER**

30/21.5.1/0382

16. **NAME AND BUSINESS ADDRESS OF APPLICANT**

PHARMACARE LIMITED
Healthcare Park
Woodlands Drive
Woodmead
2191

17. **DATE OF PUBLICATION OF THIS PACKAGE INSERT**

13 March 1998