# Trompol-P Tablets

# ٹرومپول - پی گولیاں

(ٹرامادول ہائیڈروکلورائیڈ یو ایس پی + پیراسیٹامول بی پی)

**(Tramadol Hydrochloride USP + Paracetamol BP)**

**COMPOSITION:** Each Film coated tablet contains:
Tramadol Hydrochloride USP ….. 37.5mg.
Paracetamol BP ……..... 325mg.
[USP Specs.]

**INDICATIONS: Trompol-P Tablets** are indicated for the symptomatic treatment of moderate to severe pain. The use of Tramadol Hydrochloride + Paracetamol should be restricted to patients whose moderate to severe pain is considered to require a combination of Tramadol Hydrochloride + Paracetamol.

**PHARMACODYNAMICS: Mechanism of Action:** Tramadol Hydrochloride is an opioid analgesic that acts on the central nervous system. Tramadol Hydrochloride is pure non selective agonists of the μ, δ, and κ opioid receptors with a higher affinity for the μ receptors. Other mechanisms which contribute to its analgesic effect are inhibition of neuronal reuptake of noradrenaline and enhancement of serotonin release. The precise mechanism of the analgesic properties of Paracetamol is unknown and may involve central and peripheral effects.

**PHARMACOKINETICS: Absorption:** Racemic Tramadol Hydrochloride is rapidly and almost completely absorbed after oral administration. The mean absolute bioavailability of a single 100mg dose is approximately 75%. After repeated administration, the bioavailability is increased and reaches approximately 90%.After administration of **Trompol-P Tablets**, the oral absorption of Paracetamol is rapid and nearly complete and takes place mainly in the small intestine.The oral administration of Tramadol Hydrochloride + Paracetamol with food has no significant effect on the peak plasma concentration or extent of absorption of either Tramadol or Paracetamol so that Tramadol Hydrochloride + Paracetamol can be taken independently of meal times.
**Distribution:** Tramadol Hydrochloride has a high tissue affinity. It has a plasma protein binding of about 20%. Paracetamol appears to be widely distributed throughout most body tissues except fat. Its apparent volume of distribution is about 0.9 l/kg. A relative small portion (~20%) of Paracetamol is bound to plasma proteins.
**Biotransformation:** Tramadol Hydrochloride is extensively metabolized after oral administration. About 30% of the dose is excreted in urine as unchanged drug, whereas 60% of the dose is excreted as metabolites. Paracetamol is principally metabolized in the liver through two major hepatic routes: glucuronidation and sulphation. A small fraction (less than 4%) is metabolized by cytochrome P450 to an active intermediate (the N-acetyl benzoquinoneimine) which, under normal conditions of use, is rapidly detoxified by reduced glutathione and excreted in urine after conjugation to cysteine and mercapturic acid. However, during massive overdose, the quantity of this metabolite is increased.
**Elimination:** Tramadol Hydrochloride and its metabolites are eliminated mainly by the kidneys.The half-life of Paracetamol is approximately 2 to 3 hours in adults. Paracetamol is mainly eliminated by dose-dependent formation of glucuro- and sulpho-conjugate derivatives. Less than 9% of Paracetamol is excreted unchanged in urine. In renal insufficiency, the half-life of both compounds is prolonged.

**DOSAGE AND ADMINISTRATION:** Swallow the **Trompol-P Tablets** whole with sufficient liquid. Do not break or chew the tablets.
**Adults and adolescents over 12 years:** The recommended dosage is to start with 2 tablets, unless otherwise prescribed by your doctor. The shortest time between doses must be at least 6 hours.
**Children under 12 years of age:** Not recommended.

**CONTRA-INDICATIONS:** Hypersensitivity to the active substances or to any of the excipients. Acute intoxication with alcohol, hypnotic medicinal products, centrally-acting analgesics, opioids or psychotropic medicinal products. Tramadol Hydrochloride + Paracetamol should not be administered to patients who are receiving monoamine oxidase inhibitors or within two weeks of their withdrawal, severe hepatic impairment. Epilepsy not controlled by treatment.

**OVERDOSAGE:** In principle, on intoxication with Tramadol Hydrochloride, symptoms similar to those of other centrally acting analgesics (opioids) are to be expected. These include in particular, miosis, vomiting, and cardiovascular collapse, consciousness disorders up to coma, convulsions and respiratory depression up to respiratory arrest. Symptoms of Paracetamol over dosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, coma and death. Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

**WARNINGS & PRECAUTIONS: -** The maximum dose of 8 tablets of Tramadol Hydrochloride + Paracetamol should not be exceeded in adults and adolescents 12 years and older. In order to avoid inadvertent overdose, patients should be advised not to exceed the recommended dose and not to use any other Paracetamol (including over the counter) or Tramadol Hydrochloride containing products concurrently without the advice of a physician.

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- In severe renal impairment (creatinine clearance <10ml/min), Tramadol Hydrochloride + Paracetamol is not recommended.
- In patients with severe hepatic impairment Tramadol Hydrochloride + Paracetamol should not be used.
- In severe respiratory impairment, Tramadol Hydrochloride + Paracetamol is not recommended.
- Tramadol is not suitable as a substitute in opioid-dependent patients.
- Convulsions have been reported in Tramadol-treated patients susceptible to seizures or taking other medications that lower the seizure threshold, especially selective serotonin re-uptake inhibitors, tricyclic antidepressants, antipsychotics, centrally acting analgesics or local anesthesia. The risk may be increased when doses of Tramadol Hydrochloride exceed the recommended upper dose limit. Tramadol Hydrochloride + Paracetamol should be used with caution in patients with cranial trauma, in patients prone to convulsive disorder, biliary tract disorders, in a state of shock, in an altered state of consciousness for unknown reasons, with problems affecting the respiratory center or the respiratory function, or with an increased intracranial pressure. Paracetamol overdosage may cause hepatic toxicity in some patients. Symptoms of withdrawal reactions, similar to those occurring during opiate withdrawal may occur even at therapeutic doses and for short term treatment. Withdrawal symptoms may be avoided by taper it at the time of discontinuation especially after long treatment periods.

**DRUG INTERACTIONS**: Tramadol Hydrochloride + Paracetamol is contraindicated with Non-selective MAO Inhibitors, Selective-A MAO Inhibitors and Selective-B MAO Inhibitors. In case of recent treatment with MAO inhibitors, a delay of two weeks should occur before treatment with Tramadol Hydrochloride. Tramadol Hydrochloride + Paracetamol is not recommended with Alcohol which increases the sedative effect of opioid analgesics. Avoid intake of alcoholic drinks and of medicinal products containing alcohol. Carbamazepine and other enzyme inducers and Opioid agonists-antagonists (buprenorphine, nalbuphine, pentazocine). Tramadol can induce convulsions and increase the potential for selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, antipsychotics and other seizure threshold-lowering medicinal products (such as bupropion, mirtazapine, tetrahydrocannabinol), to cause convulsions. Concomitant therapeutic use of Tramadol Hydrochloride and serotonergic drugs such as selective serotonin re-uptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), MAO inhibitors, tricyclic antidepressants and mirtazapine may cause serotonin toxicity. Treatment depends on the type and severity of the symptoms. Other opioid derivatives (including antitussive medicinal products and substitutive treatments), benzodiazepines and barbiturates: increased risk of respiratory depression which can be fatal in cases of overdose. Caution should be exercised during concomitant treatment with Tramadol Hydrochloride + Paracetamol and coumarin derivatives (e.g. warfarin) due to reports of increased INR with major bleeding and ecchymoses in some patients. Other drugs known to inhibit CYP3A4, such as ketoconazole and erythromycin, might inhibit the metabolism of Tramadol Hydrochloride (N-demethylation) probably also the metabolism of the active O-demethylated metabolite.

**FERTILITY, PREGNANCY AND LACTATION:**
**Pregnancy**: Tramadol Hydrochloride + Paracetamol should not be used during pregnancy.
**Breast-feeding**: Tramadol Hydrochloride + Paracetamol should not be used more than once during breast feeding or alternatively, breast-feeding should be discontinued during treatment with Tramadol Hydrochloride.
**Fertility:** No study on fertility was accomplished with the combination of Tramadol Hydrochloride and Paracetamol.

**ADVERSE REACTIONS:**
**Trompol-P Tablets** can cause side effects, however not everybody gets them. Some side effects could be serious.
**Very common:** Nausea, dizziness and drowsiness
**Common:** Vomiting (being sick), digestion problems (constipation, flatulence, diarrhea), stomach pain, dry mouth, Itching, sweating, headache, shaking, confusion, sleep disorders and mood changes (anxiety, nervousness, feeling of high spirits).
**Uncommon:** Increase in pulse or blood pressure, heart rate or heart rhythm disorders, difficulty or pain on passing water, skin reactions (for example rashes, hives), tingling, numbness or feeling of pins and needles in the limbs, ringing in the ears, involuntary muscle twitching, depression, nightmares, hallucinations (hearing, seeing or sensing things that are not really there), memory lapses, difficulty in swallowing, blood in the stools, shivering, hot flushes, pain in the chest and difficulty in breathing.
**Rare:** Fits, uncoordinated movements, addiction, blurred vision, and transient loss of consciousness (syncope).

**INSTRUCTIONS:** Store below 30°C. Protect from heat, light and moisture. Keep out of the reach of children.

**PRESENTATION: Trompol-P Tablets** is available in blister pack of 10'sx1.

**ہدایات:** ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

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