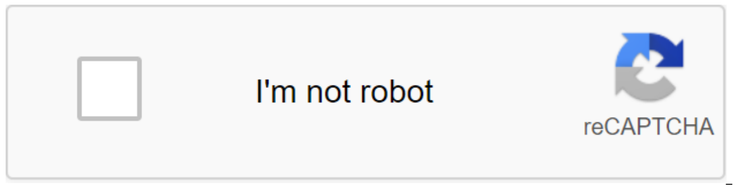
Tafil 1 mg plm



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ALprazolam tablets PHARMACEUTICAL FORM AND FORMULATION: Each tablet contains: Alprazolam..... 0.25 and 2 mg THERAPEUTIC INDICATIONS: Alprazolam is useful for the treatment of various tables associated with anxiety symptoms such as anxiety neurosis, panic disorder, etc. Anxiety associated with depression: This can be described variously as a mixture of anxiety depression, anxiety associated with depression. Panic Disorders: This involves panic disorders with or without agoraphobia. CONDICICATION: Alprazolam is not suitable for patients with known sensitivity to benzodiazepines. GENERAL WARNING: No use has been found in the depression. Using benzodiazepines only in depression can exacerbate the clinical picture. Emotional/physical addiction and dependence can occur in alprazolam. Particular caution should be exercised when prescribing benzodiazepines in patients prone to drug abuse (e.g. alcoholics or drug addicts) because of their predisposition to addiction and addiction. Symptoms after rapid reduction or abrupt cessation of benzodiazepines, including alprazols range from mild dysphoria and insomnia to underlying syndrome, which can include stomach and musculature cramps, vomiting, sweating, tremors and cramps. In addition, anxiety and/or panic attacks rebound and hypomania or mania have evolved with rapid decline or rapid cessation of alprazolam therapy. Panic disorders have been linked to depressive disorders. Therefore, you should exercise maximum caution in the accompanying use of alprazolam and psychotropic drugs. Patients should be warned about the use of alprazolam during the operation of vehicles or other hazardous activities. alprazolam, and in general all benzodiazepines, they should be administered with caution in the following cases: patients with acute ethyl poisoning or other CNS depressants, patients in coma, shock, acute glaucoma, hyperkinetics, myasthenia, with organic brain disorders, with porphyria or psychosis, as well as in patients with primary lung disease, RESTRICTIONS OF USE USE DURING PREGNANCY AND LACTANCIA: Category of use during pregnancy, D: There is a risk of congenital malformations in children of parents who have received benzodiaze. This risk may not be quantified for alprazolam, but as the use of benzodiazepines is usually not an urgent situation recommended use them during pregnancy, especially during the first trimester. The use of benzodiazepines on a regular basis during pregnancy has been associated with the development of physical dependence and symptoms of suppression in newborns. Similarly, its use as hypnotic during the last weeks of pregnancy can lead to respiratory depression, hypothermia and other complications at birth. You don't have to breastfeed until you get alprazolam. The administration of benzodiazepines during lactation can cause lethargy and weight loss in the baby. SECONDARY AND GOOD REACTION: Adverse reactions reported by patients treated with alprazolam are usually observed at the beginning of therapy and disappear with the discontinuation of the drug and lower doses. The most common adverse reactions to alprazols were drowsiness and mild headache/dizziness. Less common adverse reactions were blurred vision, headache, depression, insomnia, nervousness/anxiety, tremors, weight change, memory/amnesia dysfunction, coordination disorder, various gastrointestinal symptoms and vegetative manifestations. In addition, the following adverse reactions were reported for the use of anxiolytic benzodiazepines, including alprazolam: dystonia, irritability, anorexia, fatigue, cerebral language, musculoskeletal disease, lipid changes, menstrual disorders, urinary incontinence, urinary retention and abnormal liver function. The increase in intraocular pressure was rarely reported. Adverse reactions reported by patients, treatment with alprazolam for panic disorders in clinical studies: sedation, drowsiness, fatigue, ataxia, impaired coordination and closed tongue. Less common adverse reactions were mood disorders, gastrointestinal symptoms, dermatitis, memory problems, sexual dysfunction, intellectual damage and confusion. As with other benzodiazepines, reactions such as concentration of difficulty, confusion, hallucinations, stimulation and adverse behavioral effects such as irritability, arousal, furor or aggressiveness, or hostile behavior are rarely reported. In many reports of spontaneous cases of adverse behavioural exposure, patients received various medications with an effect on the central nervous system concomitantly and/or were described as having mental conditions. Reports published in isolation involving a small number of patients suggested that those with borderline personality disorders, previous history of violent or aggressive behavior, or alcohol or substance abuse, are at risk such reactions. Cases of irritability, hostility or obsessive thoughts were reported during the termination of alprazols in patients with post-traumatic stress disorder. MEDICINE AND OTHER GENDER INTERACTIONS: Benzodiazepines produce additive depressive effects of the central nervous system when taking alcohol or other medications that cause CNS depression. Plasma concentrations of emipramine and desipramine are reported to increase by an average of 31% and 20%, respectively, as a result of accompanying administration of alprazolam in doses of up to 4 mg/day. The clinical significance of these changes is unknown. Pharmacokinetic interactions can occur when alprazolam is given along with medications that interfere with your metabolism. Compounds that suppress certain liver enzymes (especially the cytochrome P-450 IIIA4) can increase the concentration of alprazolam and emphasize its activity. Data from clinical studies with metabolized drugs similar to alprazolam indicate varying degrees of interaction and possible interaction with alprazolam for a large number of drugs. Depending on the degree of interaction and the type of data available, the following recommendations are given: The Administration of Alprazolam with ketoconazole, Itrakonazole or other antifungal drugs such as azole is not recommended. Caution and consideration of dose reduction is recommended when alprazolam is jointly injected with nephazodone, fluvoxamine and cimetydine. Caution is recommended when alprazolam is coadministred with fluoxetine, propoxyfen, oral contraceptives, sertraline, diltiazem, or macrolide antibiotics such as erythromycin and trolentomycin. WARNING IN CARCINOGENESIS, MUTAGENESIS, TERATOGENESIS AND FERTILITY EFFECTS: Due to the depressive effects of the CNS, patients receiving alprazols should be aware of the risk of dangerous occupations requiring a full state of alertness, such as operating equipment or operational vehicles. In some patients receiving recommended doses or high doses of alprazolam for relatively short periods (from 1 week to 4 months), seizures were reported when rapidly reduced. For this reason, the dose of alprazolam should be reduced or removed gradually. In the elderly or in weakened patients it is recommended that the dose to be used be the lowest and most effective to avoid developing ataxia or withdrawal. To stop treatment with alprazolam, according to good medical practice, the dose should be slowly reduced. It is assumed that the dose alprazolam decreases at a rate of 0.5 mg every 3 days. Some patients may require lower doses. Symptoms of suppression were reported after rapid or abrupt cessation of benzodiazepines, including alprazolam. They have been classified from mild dysphoria and insomnia to severe syndrome, which can include stomach cramps, vomiting, sweating, tremors and seizures, anxiety and/or bouts of rebound panic and hypomania and mania. The administration of alprazolam to patients with severe or potentially suicidal depression should be done with appropriate precautions. When using alprazolam, the usual precautions should be taken in patients engaged in renal or liver functions. This is not recommended in patients whose main diagnosis is schizophrenia. Symptoms of withdrawal were reported as a result of the abrupt suspension of other benzodiazepines. Individuals with penchating for drug abuse, such as alcoholics or addicts, should be thoroughly screened if they are treated with benzodiapines due to their predisposition to addiction and addiction. Carcinogenesis, mutagenes, fertility disorder: No potential carcinogenic activity is observed in rats during 24 months of alprazolam studies in doses above 375 times the dose in humans. Alprazolam was not mutagenic in microcor-testing in rats in doses above 1,250 times that are used in humans. alprazolam caused a deterioration in fertility in rats in doses above 62.5 times the dose in humans. DOSAGE AND ADMINISTRATION: The optimal dose should be individualized depending on the severity of the symptoms and the patient's response. In patients in need of a higher dose, dosing should be increased with caution to avoid adverse reactions. Typically, patients who have not previously received psychotropic drugs will need a lower dose than those previously treated with minor tranquilizers, antidepressants or hypnotic drugs. It is recommended that the general principle of using a lower effective dose be observed in elderly patients or in weakened patients to prevent the development of ataxia or abroad. Anxiety: 0.75 to 1.5 mg per day, administered in divided doses of 0.5 to 0.75 mg. Panic disorders: 0.5 to 1.0 mg administered before bedtime, or 0.5 mg three times a day. The dose should be adjusted in response to the patient with an increase of no more than 1 mg/ day every 3 to 4 days. Additional doses can be set on schedule three to four times a day. (The average dose in a large multicenter study was 5.7 ± 2.27 mg, with random patients 10 mg per day). Geriatric patients: 0.5 to 4.0 mg are administered in divided doses of 0.5 to 0.75 mg/day, if necessary, can be gradually increased and transferred. Duration of treatment: up to 4 months for anxiety associated with depression and up to 8 months for the treatment of panic disorders with or without fluoric evasion. Discontinuation of treatment: To discontinue treatment in patients taking alprazolam, pre-production should be slowly reduced to maintain good medical practice. It is estimated that the daily dose of alprazolam decreases by no more than 0.5 mg every 3 days. Some patients require an even lower dose of reduction. Pediatric use: Safety and efficacy in children under the age of 18 are not established. Renal or hepatic dysfunction: Caution should be exercised in patients with renal or liver dysfunction. READ MORE OR ACCIDENTAL INGESTA: The effects of alprazolam overdose include an increase in its pharmacological activity, mainly ataxia and drowsiness, confusion, changes in coordination, reduced reflexes and coma. When present it is desirable to cause vomiting and/or gastric barking, as in all cases of drug overdose. Breathing, pulse and blood pressure should be monitored; it should also be supported by common measures when necessary. Intravenous fluids are injected and proper ventilation of the airways will be maintained. As you treat any overdose, your doctor should keep in mind that several medications may have been ingested. RECOMMENDATIONS: Store at room temperature no more than 30oC and dry. PROTECTION LEGENDS: A product owned by Group II. Don't leave yourself within reach of children. Long-term use, even in therapeutic doses, can cause dependence. LABORATORY NAME AND DOMICILIO: See presentations or presentations. PRESENTATION OR PRESENTATIONS: Source: S.S.A. Catalogue of Interchangeable Generic Medicines for Pharmacies and The Population as of August 3, 2007. In order to demonstrate the interchangeability specified in article 75 of the Health Care Supply Regulations, medicines included the Interchangeable Generic Medicines Catalog were compared, in accordance with the guidelines specified by NOM-177SSA1-1998, with innovative or reference products listed on pages 11-22, where you can read it. Consult.

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