



*stepping forward for Hypertensive patients
& now brings 1st time in Pakistan
a very effective antihypertensive*

LABETALOL HCl

a potent α & β blocker.

To bring real peace for Hypertensive patients.

"Labetalol decreases blood pressure more rapidly than other beta blocker. Full antihypertensive effect may be seen within 1 to 3 hours of an oral dose."

(Ref. Martindale 33rd Edition page 918)

Labetalol (200mg - 2.4g daily in divided doses) is a combined α and β adrenoceptor antagonist which is sometimes more effective than pure β blockers.

(Ref. Davidson's Principles & Practice of Medicines 19th Edition page 393)



LABETALOL HCl

100mg Tablets 50mg/10ml Injection

To bring real peace for
Hypertensive patients

Labetalol HCl is indicated in:

- » **Hypertension**
(including Hypertension in pregnancy, Hypertension with angina, Hypertension following acute myocardial infarction)
- » **Hypertensive crisis**
- » **Controlled Hypotension in Anesthesia**
- » **To reduce progression of Chronic Heart Failure.**

Dosage:

Tablets;

Initially 100mg (50mg in elderly) twice daily with food, increased at intervals of 14 days to usual dose of 200mg twice daily; upto 800mg daily in 2 divided doses (3-4 divided doses if higher); max. 2.4g daily.

Injection;

Must be individualized depending upon the severity of hypertension and the response of patient during dosing.

- By **intravenous injection**, 50mg over at least 1 minute, Repeated after 5 minutes if necessary; max. total dose is 200mg.
- By **intravenous infusion**, 2mg/minute until satisfactory response then discontinue; usual total dose is 50-200mg.

Brief Prescribing Information.

Description: Labetalol is a non-cardio selective beta blocker. It possesses some intrinsic sympathomimetic and membrane-stabilizing activity. In addition, it has selective α_1 blocking properties which decrease peripheral vascular resistance.

Indications: Management of Hypertension & Chronic Heart Failure. Labetalol HCl tablets may be used alone or in combination with other Antihypertensive agents, especially thiazide and loop diuretics. **Side-effects:** Postural hypotension, tiredness, weakness, headache, rashes, scalp tingling, difficulty in micturition, epi-gastric pain, nausea, vomiting & liver damage. **Precautions:** Usually well tolerated but as Labetalol causes postural hypotension, avoid upright position during and for 3 hours after intravenous administration. Should be used with caution in the patients with impaired hepatic function or Jaundice. **Pregnancy & Lactation:** Although no drug related fetal malformation has been reported with Labetalol HCl in pregnancy, nevertheless, Labetalol HCl should only be used if the potential benefits justifies the potential risk to the fetus. Caution should be taken in lactating mothers as small amount of Labetalol is excreted in the breast milk.

Presentation : Tablets **100mg**, Pack size 2x10's.
: Injection **50mg / 10ml** of 1 vial.

•For the emergency treatment of hypertension **Labetalol HCl** may be given by slow intravenous injection. In UK a dose of 50mg, over a period of at least 1 minute, is recommended, if necessary this dose may be repeated at interval of 5 minutes until a total of 200mg has been given. In USA an initial dose of 20mg is recommended, given over 2 minutes; subsequent doses of 40mg to 80mg may be given every 10 minutes if necessary up to a maximum of 300mg. B.P. should be monitored, and the patient should remain supine during intravenous administration and for 3 hours afterwards, to avoid excessive postural hypotension. Following bolus intravenous injection a maximum effect is usually obtained within 5 minutes and usually lasts up to 6 hours, although it may extend as long as 18 hours.

• **Labetalol HCl** has also been given by intravenous infusion in usual dose of 2mg per minute. Suggested concentration for intravenous infusions are 1mg per ml, or 2mg per 3ml of suitable diluents.

• In hypertension in pregnancy, **Labetalol infusion** may be started at the rate of 20mg per hour then doubled every 30 minutes until a satisfactory response is obtained, or a dose of 160mg per hour is reached.

• In hypertension following myocardial infarctions, **Labetalol infusion** may be started at the rate of 15mg per hour and gradually increased until a satisfactory response is obtained or a dose 120mg per hour is reached.

• The initial dose in hypotensive anesthesia is 10 to 20mg intravenously, with increments of 5 to 10mg if satisfactory hypotension is not achieved after 5 minutes. A higher initial dose may be required if halothane anesthesia is not used.



‘Medicines For All’



Zafa Pharmaceutical Laboratories (Private) Limited.

L-1/B, Block-22, FEDERAL 'B' INDUSTRIAL AREA, KARACHI-75950 (PAKISTAN)

Email: zafaph@cyber.net.pk Website: www.zafa.com.pk



ISO 9001:2000