Trimopan 200mg penetrates chest infections.

Contributors

Berk Pharmaceuticals Limited

Publication/Creation

Guildford, Surrey: Berk Pharmaceuticals Limited, [between 1972 and 1981?]

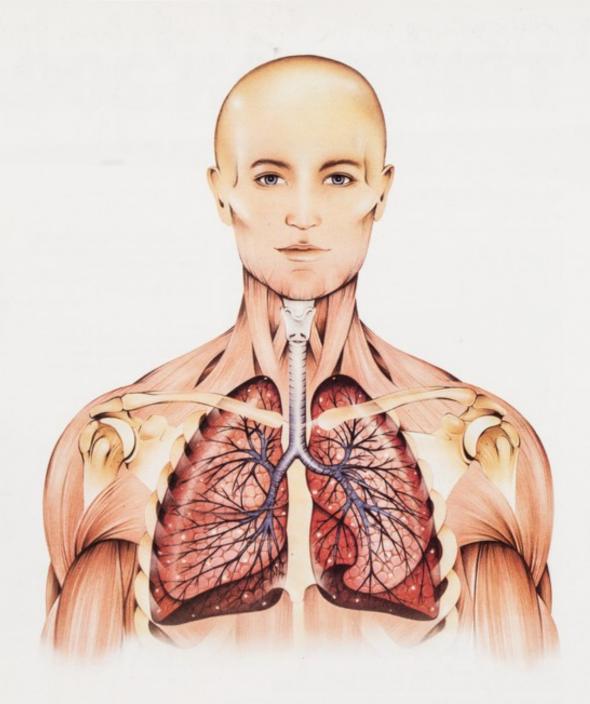
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TRIMOPAN® 200 mg

penetrates chest infections

TRIMOPAN® 200_{mg} Penetrates chest infections

Broad appropriate spectrum¹

Gram-positive	MIC. mg/l	Gram-negative	M.I.C. mg/l
		Hirfunsen	0.12-1
		Bord persons	
Staph aureus	0.2-1	END ON	0.01-1
Str pyogenes	0.6-1	K preumoniae	0.5-2
Str preumonee	9.5-2	Est serogenes	1-1
Str. windows	0.25	Protein 100	1-4
Str faecatie	0.29-0.5	Salmonetis top.	901-94
C detheras	0.4	Shapelle soo.	0.0

activity against Haemophilus influenzae, the commonest pathogen isolated in exacerba-tions of bronchitis." 2

Trimopan – Effective against the most commonly seen organisms in chest infections.

Penetrates the site of infection

Trimopan concentrates in lung tissue

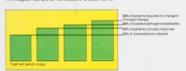
"The concentration of trimethoprim in lung tissue was found to be significantly higher than in serum."

Lung tiesue	No.of patients	Duration of treatment (days)	Mean lung concr (up/g)	Mean lung serum ratio
Nomal	8 23	2-22	12.5	41
Diseased	14	2-14	16.4	5.0

Levels of trimethoprim were found to be significantly higher in inflamed tissue than in normal tissue.

Efficacy proven in chest infections In acute exacerbations of

chronic bronchitis5 A recent clinical trial in 41 patients in general practice showed Trimopan to be an effective treatment.



In a recent clinical trial involving 216 patients, trimethoprim 200mg b.d. was as effective as combination therapy. 6

TRIMOPAN 200mg twice daily

Trimopan penetrates Bronchial secretions⁴

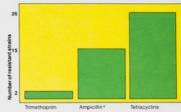
The concentrations of trimethoprim (Trimopan) found in the lung tissue, bronchial secretion and saliva (6-13 hours after the last administration of trimethoprim) were at a therapeutically active level (2-MIC x 5) with regard to the majority of those bacteria usually occurring in respiratory tract infections:

"Trimethoprim alone was remarkable in causing fewer than half the side effects that resulted from administration of the other three compounds, and only one patient receiving trimethoprim failed to complete the course of treatment." 8

Hansent, et al. Acta Pharmacol Toxicol 1973; 32: 337-344 Data on file, Berk Pharmacouticals Ltd. acey RTM: et al. Lancet 1980; 1/270-1273 Howard A. J. et al. Br Med J 1978; 1/357-1660 Insertie W. Pursel R. Br Med J 1972; 1/472-676.

Of 952 strains of H. influenzae examined, only two strains were resistant to trimethoprim.

Fewer resistant strains?



Seldom selects for resistance⁶

"None of the sputum samples, either at the beginning of the trial or after therapy contained H. influenzae or S. pneumoniae resistant to trimethoprim."

Fewer side-effects than other frequently prescribed regimens

	Ampullin	Cephalesin	Co-trimosazole	Streethopsin	TOTAL
No. treated	- 00		83	84	330
No. with side effects	19(22%)	21(25%)	17(21%)	7(8%)	64(19%)
ringensi discharge	4		2		- 11
Resh		4	2	3	10
Nausea	1			2	14
Darrioss	4		1.0		
inming			2	2	
Sore mouth	1	. 1	1.		- 3
risodache			1	1	- 1
Dissiness			2	-	
Process	0.4	- 1	4.5	(4)	
Macelaneous	- 2		2	2	- 1

TRIMOPAN® 200 mg

Penetrates chest infections

Broad and appropriate spectrum

- Concentrates in lung tissue
- Penetrates bronchial secretions
- Low M.I.C. values for common respiratory pathogens



TRIMOPAN 200mg twice daily

- Low incidence of side-effects
 - Effective in chest infections
 - Full 24 hour activity with b.d. dosage
 - Low treatment cost – 20 pence per day

Prescribing Information

Presentation: White, circular, biconvex tablets, marked 'Berk 2H7' on one side with a single break-line on the reverse. Each tablet contains 100mg Trimethoprim B.P.

White, circular, biconvex tablets marked 'Berk 3H7' on one side with a single break-line on the reverse. Each tablet contains 200mg TrimethopnimB.P.

Trimopan (trimethoprim) has potent antimicrobial activity due to its selective inhibition of bacterial dihydrofolate reductase. It is effective in-vitro against most Gram-positive and Gram-negative aerobic organisms, including Haemophilus influenzae, Streptococcus prieumoniae, Klebsiella prieumoniae, Staphylococcus aureus, E. coli, Enterobacter, Proteus and Streptococcus

Exceptions include anaerobic bacteria, Mycobacterium tuberculosis. Nesseria gonorrhoeae, Pseudomonas aeruginosa and Treponema pallidum.

Indications:

Treatment of susceptible infections caused by trimethoprim - sensitive organisms including uninary tract and respiratory tract infections. Prophylaxis of recurrent uninary tract

Dosage and Administration: Adults and children over 12 years of age: Treatment of uninary tract infections and all other susceptible infections: 200mg twice daily. Long-term prophylaxis of recurrent uninary tract infections: 100mg each night before bed.

Children 4 months to 12 years of age: Treatment of urinary tract infections and all other susceptible infections: 6mg/kg body weight daily, subdivided into 2 equal doses. Long-term prophylaxis of recurrent urinary tract infections: 2.5mg/kg body weight daily given as a single dose before bed.

Contra-indications, Warnings, etc:

Contra-indications: Severe hepatic insufficiency. Severe renal insufficiency, unless blood trimethopnin concentrations can be monitored regularly. Megaloblastic anaemia and other blood

Trimethoprim should not be administered to pregnant women, premature infants or children under 4 months of age.

Precautions:

n patients with marked impairment of renal function, care should be taken to avoid ranction, care anough de tavel de avoid accumulation and resulting adverse haematological effects. Regular naematological tests should be undertaken in patients receiving long-term treatment and those predisposed to foliate deficiency. Particular care should be exercised in the haematological monitoring of children on long-term therapy. The usual caution in prescribing any drug for women of childbearing age should be exercised with trimethoprim. Trimethoprim is excreted in breast milk but is not contra-indicated for short-term use in lactating mothers

Nausea, vomiting, gastrointestinal disturbance, headache, skin rashes and pruntus have rarely

been reported Isolated cases of megaloblastic anaemia during prolonged therapy with trimethoprim in doses higher than those recommended have been reported but these are reversible with discontinuation of therapy and administration of folinic acid.

Treatment of overdosage:

Symptomatic treatment, gastric lavage and forced diuresis can be used. Depression of haematopoiesis by trimethoprim can be counteracted by inframuscular administration of calcium folinate.

Pharmaceutical Precautions:

Legal Category: POM

Package Quantities:

Containers of 100 tablets 200mg tablets: Containers of 100 tablets

Further Information: Nil

Product Licence Numbers:

100mg tablets: 0152/0156. 200mg tablets: 0152/0162

Basic NHS cost

TRIMOPAN 100mg tablets: Containers of 100 E5:30. TRIMOPAN 200mg tablets: Containers of



Further information is available on request to the compa

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