Hygroton Geigy.

Contributors

Geigy Pharmaceuticals

Publication/Creation

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Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fr
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8	9	10	11	12	13	14	5	6	7	8	9	10
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Hygroton 50mg-one tablet at breakfast time for day long control of hypertension

Hygroton® 50mg once-daily anti-hypertensive diuretic

Hygroton is effective

Systolic Pressure-down 25mmHg or more Diastolic Pressure-down 15mmHg or more

Hygroton is well-tolerated

- ideally suited for use in combination with potent specific antihypertensive agents, e.g. beta-blockers, methyl-dopa, clonidine, sympatholytic hypotensive agents.
- increases their hypotensive effect.
- permits a lower dose of those agents when side-effects are troublesome.

And in addition

 steady predictable control of blood pressure throughout the day.

Hygroton" Chlorthalidone B.P.

Indications
Hypertension
Oedema due to cardiac failure, hepatic cirrhosis, nephro

Design and administration

Hygroton tablets should be taken orally as a single daily dose at breakfast time.
Hygretension

In mild hypertension, effective control of blood pressure may often be achieved by giving Hygroton alone in a dose of 50mg daily. In some cases a dose of 10mg daily may be necessary in the early stages of treatment.
In more severe cases Hygroton may be combined with other antihypertensive agents in order to increase their hypotensive effect or to allow the use of a lower dose of the latter where side-effects are becoming troublesome.

To 2 x 100mg tablets on alternate days. If preferred, the 50mg tablets may be given on a daily basis. In severe cases of ordema, a single dose of 4 x 100mg. Hygroton tablets may be required.

Contraindications

Adverse reactions
In the majority of patients Hygroton is well tolerated. Side-effects are infrequent and generally mild. Nausea and dizziness have been reported occasionally. Idiosyntratic drug reactions such as thrombocytopenia and leucopenia have occurred rarely.

Precautions
As with the use of other sulphonamide-type oral diuretics, decreased gluctolerance as shown by hyperglycuerma and glycosuris may occur. Hyperoo may occasionally aggravate diabetes mellitus or precipitate diabetes in patients who have not previously displayed symptoms. This condition is

usually reversible on cessation of therapy. During prolonged Hygroton therapy regular tests for glycosuria should be carried out and any unexpected polyruia investigated. Hyperurisacemia may occasionally occur and acute attacks of gout may be precipitated. In cases where prolonged elevation of serum uric acid occurs the concurrent use of a unicosuric agent will reverse the hyperuriscensia without loss of therapeutic effect. Hypokalaemia may occur but in most patients this appears to be of little clinical significance. Muscle weakness, cramps and undue lethargy are signs of significant potassium depletion which may be remedied by the use of oral potassium supplements (16-40 mEq/day). Patients with hyperaldosteronism, hepatic cirrhoiss, severe congestive heart failure and those receiving digitalis should be given routine potassium supplements whilst on Hygroton.

Accidental overdosage

Symptoms of overdosage include nausea, weakness, dizziness and disturbances of electrolyte halance. There is no specific antidoce, but gastric lavage has been recommended. Supportive treatment aimed at maintaining normal fluid and electrolyte balance is essential.

Product licence numbers

ng tablets PL0001/5011 100mg tablets PL0001/5012

Full prescribing information is available.

Geigy Pharmaceuticals, Macclesfield, Cheshire SK10 2LY, 54 Northumberland Road, Ballsbridge, Dublin.

Also available as Hygroton-K-controlled release Hygroton 25mg Potassium Chloride 500mg