Ipramid®

Inhaler

Description

Ipratropium Bromide BP, the active ingredient in Ipramid Inhaler, is an anticholinergic (parasympatholytic) agent that appears to inhibit vagally-mediated reflexes by antagonizing the action of acetylcholine, the transmitter agent released from the vagus nerve.

Anticholinergics prevent the increases in intracellular concentration of cyclic guanosine monophosphate (cyclic GMP) that are caused by interaction of acetylcholine with the muscarinic receptor on bronchial smooth muscle.

The bronchodilation following inhalation of Ipratropium Bromide is primarily a local, site specific effect and not a systemic one.

Indications

Ipratropium Bromide inhaler administered either alone or with other bronchodilators, especially β adrenergics, is indicated as a bronchodilator for maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Dosage and Administration

Adults : 20-40 μg, in early treatment up to 80 μg at a time, 3-4 times daily.

Children : up to 6 years 20 μg 3 times daily, 6-12 years 20-40 μg 3 times daily.

Contraindications

Ipratropium Bromide inhalation aerosol is contraindicated in patients with a history of hypersensitivity to soya lecithin or related food products such as soya bean and peanut.

Ipratropium Bromide is contraindicated in known or suspected cases of hypersensitivity to Ipratropium Bromide, or to atropine and its derivatives.

Precautions
Ipratropium Bromide should be used with caution in patients with narrow-angle glaucoma, prostatic hypertrophy or bladder-neck obstruction.

Side Effects
General : Headache, pain, influenza-like symptoms, back pain, chest pain; Cardiovascular : Hypertension may be aggravated; Dizziness, insomnia, tremor, nervousness; Mouth dryness, nausea, constipation; Arthritis; pharyngitis, rhinitis, sinusitis; Coughing, dyspnoea, bronchitis, bronchospasm.

Additional adverse reactions reported in less than three percent of the patients treated with Ipratropium Bromide include tachycardia, palpitations, eye pain, urinary retention, urinary tract infection and urticaria. A single case of anaphylaxis thought to be possibly related to Ipratropium Bromide has been reported. Cases of precipitation or worsening of narrow-angle glaucoma and acute eye pain have been reported.

Lower respiratory adverse reactions (bronchitis, dyspnoea and bronchospasm) were the most common events leading to discontinuation of Ipratropium Bromide therapy in the 12 week trials. Headache, mouth dryness and aggravation of COPD symptoms are more common when the total daily dose of Ipratropium Bromide equals or exceeds 2,000 μg.

Use in Special Populations
Pregnancy : Pregnancy Category B : Because animal reproduction studies are not always predictive of human response, Ipratropium Bromide should be used during pregnancy only if clearly needed.

Lactation : It is not known whether Ipratropium Bromide is excreted in human milk. Although lipid insoluble quaternary bases pass into breast milk, it is unlikely that Ipratropium Bromide would reach the infant to a significant extent, especially when taken by inhalation since the drug is not well absorbed systematically after inhalation or oral administration.

However, because many drugs are excreted in human milk, caution should be exercised when Ipratropium Bromide is administered to a nursing woman.

Paediatric use : Safety and effectiveness in children below the age of 12 have not been established.

Commercial Pack

Ipramid® Inhaler : Each canister contains 200 metered doses, each containing 20 µg Ipratropium Bromide BP.