

1. Brand & Formulation

- **Product Name:** Ecosprin 75 Tablet
- **Presentation:** Oral tablet, 75 mg
- **Composition:** Each tablet contains Aspirin (Acetylsalicylic Acid) 75 mg as the active ingredient.
- **Excipients (inactives):** May include starch, microcrystalline cellulose, lactose, and other stabilizers (vary by manufacturer).
- **Pharmacological Class:** Antiplatelet agent; Non-steroidal anti-inflammatory drug (NSAID) derivative.

2. Mechanism of Action (MOA)

- **Key Component:** Aspirin (Acetylsalicylic Acid) 75 mg.
- **Mode of Action:**
 - Irreversibly inhibits **cyclooxygenase-1 (COX-1)** enzyme.
 - Suppresses synthesis of **prostaglandins and thromboxane A2** from arachidonic acid.
 - Main effect: **Prevents platelet aggregation**, reducing thrombus formation.
- **Therapeutic Effect:** Maintains vascular flow and lowers the risk of occlusion leading to myocardial infarction, ischemic stroke, or unstable angina.

3. Rationale & Positioning

- **HCP & Patient Key Point:**
Ecosprin 75 is a cornerstone of **secondary prevention in cardiovascular disease**. It significantly reduces the recurrence of heart attacks and strokes and is widely used in patients with **ischemic heart disease, post-angioplasty, stents, or chronic coronary artery disease**.
- **Positioning:** “Low-dose aspirin for long-term protection against cardiovascular events.”

4. Usage Guidance

- **Indications:**
 - Prevention of myocardial infarction (MI) and ischemic stroke.
 - Long-term use in **post-angioplasty / stent placement**.
 - Supportive therapy in **angina, atrial fibrillation (with/without anticoagulants), and high CV risk patients**.
- **Prescribing Tips for HCPs:**

- Administer with meals to minimize GI upset.
- Use as **once-daily, low-dose therapy** for long-term prevention.
- Avoid sudden discontinuation (rebound thrombotic risk).
- Regularly monitor for **GI, renal, and hepatic adverse effects**.

5. Patient Counselling Points

- **Most Common Side Effects:**
 - Dyspepsia, heartburn, nausea, minor bleeding/bruising.
- **Serious Side Effects (rare):**
 - Severe GI bleeding, hemorrhagic stroke, allergic reactions, tinnitus.
- **Advice:**
 - Always take with food or milk.
 - Do not stop suddenly without consulting your doctor.
 - Report black stools, vomiting blood, or unusual bleeding immediately.
 - Avoid alcohol and NSAIDs (e.g., ibuprofen, diclofenac) unless advised.
- **Precautions & Special Populations:**
 - Contraindicated in **active peptic ulcer, bleeding disorders, hemophilia, recent hemorrhagic stroke**.
 - Use caution in **renal/hepatic impairment, asthma, elderly patients**.
 - Not recommended in **third trimester of pregnancy**; use with caution in lactation.

6. Pharmacokinetics (Key Highlights)

- **Absorption:** Rapid from GI tract.
- **Onset of Action:** Antiplatelet effect within 30 minutes.
- **Half-life:** 15–20 minutes (Aspirin), but platelet inhibition lasts **7–10 days** (life of platelet).
- **Excretion:** Renal.

7. Drug Interactions

- **Increased Bleeding Risk:** With anticoagulants (warfarin, DOACs), antiplatelets (clopidogrel, ticagrelor), and SSRIs.
- **GI Toxicity:** Exacerbated by alcohol, corticosteroids, or other NSAIDs.
- **Reduced Antihypertensive Effect:** With ACE inhibitors, ARBs, diuretics.
- **Methotrexate/Toxicity Risk:** May increase levels.

8. Call to Action / Closing

- **Encourage Patient Consultation:**
“Always consult your doctor before stopping or combining Ecosprin with other medicines. Report any bleeding or unusual symptoms promptly.”
- **HCP Reminder:**
“Emphasize adherence, risk–benefit awareness, and timely monitoring to maximize cardiovascular protection with Ecosprin 75.”