

Imodium[®] Capsules (loperamide HCl)

BRIEF SUMMARY

Before prescribing, please consult complete prescribing information, a summary of which follows.

INDICATIONS

IMODIUM is indicated for the control and symptomatic relief of acute nonspecific diarrhea and of chronic diarrhea associated with inflammatory bowel disease. IMODIUM is also indicated for reducing the volume of discharge from ileostomies.

CONTRAINDICATIONS

IMODIUM is contraindicated in patients with known hypersensitivity to the drug and in those in whom constipation must be avoided.

WARNINGS

Antiperistaltic agents should not be used in acute diarrhea associated with organisms that penetrate the intestinal mucosa, e.g., enteroinvasive *E. coli*, *Salmonella*, *Shigella*, and in pseudomembranous colitis associated with broad-spectrum antibiotics.

Fluid and electrolyte depletion may occur in patients who have diarrhea. The use of IMODIUM does not preclude the administration of appropriate fluid and electrolyte therapy. In some patients with acute ulcerative colitis, agents which inhibit intestinal motility or delay intestinal transit time have been reported to induce toxic megacolon. IMODIUM therapy should be discontinued promptly if abdominal distention occurs or if other untoward symptoms develop in patients with acute ulcerative colitis.

PRECAUTIONS

In acute diarrhea, if clinical improvement is not observed in 48 hours, the administration of IMODIUM should be discontinued.

Abuse and Dependence: Physical dependence to IMODIUM in humans has not been observed. However, studies in monkeys demonstrated that loperamide hydrochloride at high doses produced symptoms of physical dependence of the morphine type.

Carcinogenesis: In an 18-month rat study with doses up to 133 times the maximum human dose (on a mg/kg basis) there was no evidence of carcinogenesis.

Pregnancy: Safe use of IMODIUM during pregnancy has not been established. Reproduction studies performed in rats and rabbits with dosage levels up to 30 times the human therapeutic dose did not demonstrate evidence of impaired fertility or harm to the offspring due to IMODIUM. Higher doses impaired maternal and neonate survival, but no dose level up to 30 times the human dose demonstrated teratogenicity. Such experience cannot exclude the possibility of damage to the fetus. IMODIUM should be used in pregnant women only when clearly needed.

Nursing Mothers: It is not known whether IMODIUM is excreted in human milk. As a general rule, nursing should not be undertaken while a patient is on a drug since many drugs are excreted in human milk.

Pediatric Use: Safety and effectiveness in children have not been established. Therefore, use of IMODIUM is not recommended in the pediatric age group (under the age of 12) in case of accidental ingestion of IMODIUM by children. See Overdosage Section for suggested treatment.

ADVERSE REACTIONS

The adverse effects reported during clinical investigations of IMODIUM are difficult to distinguish from symptoms associated with the diarrheal syndrome. Adverse experiences recorded during clinical studies with IMODIUM were generally of a minor and self-limiting nature. They were more commonly observed during the treatment of chronic diarrhea.

The following patient complaints have been reported: Abdominal pain, distention or discomfort, constipation, drowsiness or dizziness, dry mouth, nausea and vomiting, tiredness. Hypersensitivity Reactions (including skin rash), however, have been reported with IMODIUM use.

OVERDOSAGE

Animal pharmacological and toxicological data indicate that overdosage in man may result in constipation, CNS depression, and gastrointestinal irritation. Clinical trials have demonstrated that a slurry of activated charcoal administered promptly after ingestion of loperamide hydrochloride can reduce the amount of drug which is absorbed into the systemic circulation by as much as ninetyfold. If vomiting occurs spontaneously upon ingestion, a slurry of 100 gms of activated charcoal should be administered orally as soon as fluids can be retained.

If vomiting has not occurred, gastric lavage should be performed followed by administration of 100 gms of the activated charcoal slurry through the gastric tube. In the event of overdosage, patients should be monitored for signs of CNS depression for at least 24 hours. If CNS depression is observed, naloxone may be administered. If responsive to naloxone, vital signs must be monitored carefully for recurrence of symptoms of drug overdose for at least 24 hours after the last dose of naloxone.

In view of the prolonged action of loperamide and the short duration (one to three hours) of naloxone, the patient must be monitored closely and treated repeatedly with naloxone as indicated. Based on the fact that relatively little drug is excreted in urine, forced diuresis is not expected to be effective for IMODIUM overdosage.

In clinical trials an adult who took three 20 mg doses within a 24-hour period was nauseated after the second dose and vomited after the third dose. In studies designed to examine the potential for side effects, intentional ingestion of up to 60 mg of loperamide hydrochloride in a single dose to healthy subjects resulted in no significant adverse effects.

HOW SUPPLIED

IMODIUM is available as 2 mg capsules of loperamide hydrochloride. The capsules have a light green body and a dark green cap, with "JANSSEN" imprinted on one segment and "IMODIUM" on the other segment. IMODIUM capsules are supplied in bottles of 100 and 500 and in blister packs of 10 x 10 capsules.

IMODIUM (loperamide hydrochloride) is an original product of Janssen Pharmaceutica, Belgium and is manufactured by Ortho Pharmaceutical Corporation, Raritan, New Jersey. February 1983, U.S. Patent 3,714,159.

world leader in antidiarrheal research



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Autopsy findings link women's lung cancer rise to alert diagnosis

WASHINGTON—Three Yale epidemiologists suggest that women's higher incidence of lung cancer today may be more a reflection of physicians' diligence in diagnosing it among women who smoke than of the increase in the number of female smokers. But a pulmonary specialist describes their hypothesis as "convoluted reasoning."

The investigators base their theory on the "surprise discovery," in a 10½-year autopsy review, of nearly equal numbers of men and women with undiagnosed primary lung cancer. All 3,286 autopsies performed on adult patients at Yale-New Haven Hospital between September 1971 and May 1982 were included in the study.

Dr. Michael J. McFarlane, a Robert Wood Johnson postdoctoral fellow, presented his group's findings at the meeting here of the Association of American Physicians, the American Society for Clinical Investigation, and the American Federation for Clinical Research.

Small sample. Acknowledging that the sample size was too small for the findings to achieve statistical significance, Dr. McFarlane—speaking also for co-investigators Drs. Alvan R. Feinstein and Carolyn K. Wells—said, "We believe that some of the recently reported increase in lung cancer in women may be due to increased detection and that the increased detection may be enhanced by the increased number of women who smoke."

Primary lung cancer was found in 152 patients at autopsy, including 109 whose cancers were diagnosed during life and 43 whose tumors went undetected. Of those with diagnosed lung cancer, 77 were men and 32 were women—a ratio consistent with the expected lung cancer incidence differential between men and women. Of those with previously undiagnosed lung cancer, 24 were men—for a lung cancer rate of 14.3 per 1,000—and 19 were women—for a rate of 12.7 per 1,000.

Of the 43 unexpected autopsy results, 27 concerned patients who had never had a cancer diagnosis and 16 concerned cancer patients with unknown or incorrectly identified primary sites. "Our findings clearly contrast the reported rates of lung cancer diagnosed in men and women during life. We can assume that a great deal of lung cancer goes undetected among the general population, especially among women," Dr. McFarlane said.

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