Menorest® Tablet

(Tibolone BP)

Composition
Each tablet contains 2.5 mg Tibolone BP.

Characteristics
Menorest® stabilizes the hypothalamic-pituitary system after failure of the ovarian function in the climacteric. This central effect results from a favorable combination of hormonal properties, e.g. estrogenic, progestational and weak androgenic activities which are demonstrated by the following effects:
Menorest®, in a daily oral dose of 2.5 mg suppresses the gonadotrophin levels in postmenopausal women and inhibits ovulation in fertile women.
In this same dosage, **Menorest**® does not stimulate the endometrium in postmenopausal women. Only a very few patients showed slight proliferation; the degree of proliferation did not increase with the duration of treatment. A stimulatory effect on vaginal mucosa was also seen.
The same dosage of **Menorest**® was shown to inhibit postmenopausal bone loss; menopausal complaints, especially vasomotor complaints such as hot flushes and sweating are suppressed; libido and mood are favorably affected. Like other steroidal compounds, tibolone is metabolized in the liver and converted to metabolites which are excreted in urine and faeces. Some of the metabolites may contribute to the biological effects of the drug.

Indications
Complaints resulting from the natural or surgical menopause.

Dosage and method of administration
The **Menorest**® pack contains 28 white tablets. The tablets should be swallowed without chewing, preferably at the same time of day.
The dosage is one tablet per day. Improvement of symptoms generally occurs within a few weeks, but optimal results are obtained when therapy is continued for at least 3 months.
At the recommended dosage, **Menorest**® may be used uninterruptedly for longer periods.

Starting Menorest®
Women experiencing a natural menopause should commence treatment with **Menorest**® at least 12 months after their last natural bleed. In case of a surgical menopause, treatment with **Menorest**® may commence immediately.
The first tablet that is taken from the starting zone (the boxed upper row of the pack) is the tablet marked with the day on which the user begins to take ***Menorest***®. Following the direction of the arrows tablet taking is continued with the outermost tablets. One tablet each day until the pack is empty.
(Please follow the flow sheet ' Day mentioned' behind the strip).

Switching from a sequential or continuous combined HRT preparation
If changing from a sequential HRT preparation, treatment with **Menorest**® should start the day following completion of the prior regimen. If changing from a continuous-combined HRT preparation, treatment can start at any time.

Missed dose
A missed dose should be taken as soon as remembered, unless it is more than 12 hours overdue. In the latter case, the missed dose should be skipped
and the next dose should be taken at the normal time. Missing a dose may increase the likelihood of breakthrough bleeding and spotting.

Contra-indications
- Pregnancy
- Known, past or suspected breast cancer
- Known or suspected estrogen-dependent malignant tumors (e.g. endometrial cancer)
- Undiagnosed genital bleeding
- Untreated endometrial hyperplasia
- Previous idiopathic or current venous thromboembolism (deep venous thrombosis, pulmonary embolism)

Warnings and Precautions
- **Menorest**® is not intended for contraceptive use.
- A higher dose than the recommended one may induce vaginal bleeding. When higher doses are used, additional administration of a progestogen at regular intervals is advisable, for instance every 3 months for 10 days.
- The use of **Menorest**® should be avoided within the first 12 months after the last natural menstrual bleed. If **Menorest**® is taken sooner than this, irregular menstrual bleeding may occur.
- If changing from another preparation for hormone replacement therapy, the endometrium may already be stimulated, so induction of a withdrawal bleed with a progestogen is advisable.
- During prolonged treatment with steroids with hormonal activity, periodic medical examination is advisable.
- Treatment should be discontinued if signs of thrombo-embolic processes occur, if results of liver function tests become abnormal, or if cholestatic jaundice appears.
- Patients with any of the following conditions should be monitored:
  (a) renal dysfunction, epilepsy or migraine or a history of these conditions, since the use of steroids with hormonal activity may occasionally induce fluid retention;
  (b) hypercholesterolaemia, since during **Menorest**® treatment changes in the serum lipid profile have been observed;
  (c) impaired carbohydrate metabolism, since **Menorest**® may diminish glucose tolerance and increase the need for insulin or other antidiabetic drugs.
- The sensitivity of patients to anticoagulants may be enhanced during **Menorest**® therapy because of enhanced blood fibrinolytic activity (lower fibrinogen levels, higher antithrombin III, plasminogen and fibrin plate fibrinolytic activity values).

N.B. The changes in biochemical parameters mentioned above are known to be induced by steroids with hormonal activity. Values mentioned above return to pretreatment values after cessation of therapy.

Interactions (See also 'Warnings and precautions')
Enzyme-inducing compounds can accelerate the metabolism of tibolone and thus decrease its activity. Since **Menorest**® may increase blood fibrinolytic activity, it may enhance the effect of anticoagulants. This effect has been demonstrated with warfarin. Therefore, the simultaneous use of **Menorest**® and warfarin should be monitored, especially when starting or stopping concurrent **Menorest**® treatment, and the warfarin dose should be appropriately adjusted.

Adverse reactions
Menorest® is well tolerated and the incidence of adverse reactions during treatment is low. The following adverse reactions have been occasionally observed: change of body weight, dizziness, seborrhoeic dermatosis, vaginal bleeding, headache, gastrointestinal upset, changes in liver function parameters, increased facial hair growth and pretibial oedema.

Overdosage
The acute oral toxicity of **Menorest**® is very low; therefore toxic symptoms will not occur when several tablets are taken simultaneously. Possibly, in this situation gastric disturbances may occur. Specific treatment is not required.

Presentation
Press-through blister strips of 28 tablets, each containing 2.5 mg of tibolone.

Storage Condition
Store in the original package and in the outer carton at below 30°C, away from light and children.

® Trade Mark

Manufactured by:
Renata Limited
Dhaka – Bangladesh
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