

## **CRIPTINE®**

(Bromocriptine mesilate B.P.)

### **Composition:**

Each tablet contains 2.5mg bromocriptine

### **Indications and Usage:**

The inhibition or suppression of puerperal lactation.

The treatment of hyperprolactinaemia in men and women hypogonadism and or galactorrhea.

The treatment of hyperprolactinaemic infertility.

The treatment of infertile women who do not have demonstrable hyperprolactinaemia.

The treatment of patients with prolactin secreting adenoma.

The treatment of patients with macroadenomas and as an alternative to the surgical procedure in patients with microadenomas.

The treatment of cyclical benign breast disease/cyclical pronounced mastalgia.

The treatment of cyclical menstrual disorders, particularly breast symptomatology, and the treatment of symptoms in the premenstrual syndrome.

As an adjunct to surgery and or radiotherapy to reduce circulating growth hormone levels in the management of acromegalic patients.

In the treatment of idiopathic Parkinson's disease, either alone or in combination with levodopa.

### **Contra-indications, side-effects and precautions:**

Whilst Criptine will effectively lower prolactin levels in patients with pituitary tumors, it does not obviate the necessity of radiotherapy or surgical intervention where appropriate.

If pregnancy occurs it is advisable to withdraw **Criptine®** after the first missed menstrual period. In view of its increased evidence of lack of teratogenic or embryogenic action, however, maintenance of the treatment in those cases where there is evidence of a large tumor or of expansion may be considered.

Patients in whom pregnancy is undesirable, should be advised to take contraceptive measures other than an oral contraceptive whilst on **Criptine®**. Women of child-bearing age treated for conditions not associated with hyperprolactinaemia should use the lowest effective dose of **Criptine®**.

Gynecological assessment, including cervical and endometrial cytology, is recommended for women treated with **Criptine®** for extensive periods.

Six-monthly assessment is recommended for post-menopausal women and annual assessment normally menstruating women.

Acromegalic patients should be carefully assessed for peptic ulceration prior to treatment and advised to report gastrointestinal side effects promptly.

Caution is required where **Criptine®** is being given in high doses to patients with a history of psychotic disorders or severe cardiovascular disease.

Nausea is the most commonly occurring side-effect. Postural hypotension, dizziness, headache, vomiting and mild constipation have also occasionally been reported. The occurrence of side-effects is minimized if **Criptine®** is taken with meals and by gradual introduction of doses.

In high-dose treatments digital vasospasm induced by cold has occasionally occurred. Drowsiness, and less frequently confusion, psychomotor excitation, hallucination, dyskinesia, dry mouth and leg cramps have been reported during high dose treatment of Parkinson's disease.

### **Dosage:**

**Criptine®** should always be taken during a meal.

Irrespective of the final dosage the optimum response with minimum side-effects is achieved with gradual introduction of **Criptine®** as below:

Initially half a tablet increased after 2-3 days to 1 tablet at bedtime.

Dosage may be increased by half tablet at 2-3 days intervals until one tablet twice daily is reached. Further dosage increments, if necessary, should be effected in a similar manner.

**Prevention of lactation:** One tablet on the day of delivery followed by one tablet twice daily for 14 days.

**Suppression of lactation:** One tablet on the 1st day of delivery followed by one tablet twice daily for 14 days.

**Hypogonadism/prolactinomas/galactorrhea syndrome/infertility:** Most patients respond to a final daily dose of 3 tablets in divided doses but dose up to 12 tablets daily in divided doses have been used. Infertile patients without demonstrable hyperprolactinaemia receive one tablet twice daily.

**Cyclical benign breast disease/cyclical pronounced mastalgia/cyclical menstrual disorders:** Final recommended dosage is one tablet twice daily.

**Acromegaly:** Patients response after gradual dose increase has been affected with daily doses of 8-24 tablets.

**Parkinson's disease:** Most patients require doses of 16-40 tablets daily in divided doses.

**Storage:** Store below 25° C Keep dry. Protect from light.

**Package Quantity:** Box of 3x10 tablets in glass bottle.

® Trade Mark  
Manufactured by



**Renata Limited**

Dhaka, Bangladesh

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