CIDINE®
Tables and Syrup

COMPOSITION
Cidine 1 mg tablets: Each tablet contains Cinitapride (as acid tartrate) 1 mg.
Cidine Syrup: Each 5 ml contains Cinitapride (as acid tartrate) 1 mg.

DESCRIPTION
Cinitapride is a prokinetic.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamics
Cinitapride is an orthopramide with gastrointestinal prokinetic activity, with considerable muscarinic properties. It blocks the presynaptic serotonin receptors and increases its release, resulting in greater serotonergic activity. Though it has discrete antidopaminergic activity, this adds to Cinitapride's therapeutic effect. In clinical trials conducted on patients and healthy individuals, Cinitapride antagonized gastroparesis and vomiting induced by L-dopa. In a comparative study with placebo, Cinitapride significantly accelerated gastric emptying in patients with a pathological delayed gastric emptying time. Cinitapride improves the clinical symptoms of patients with dyspepsia associated with slow gastric emptying and delayed gastrointestinal transit. Cinitapride reduces the number and duration of reflux episodes in patients with gastroesophageal reflux with an oesophageal pH of less than 4. In this case Cinitapride's efficacy could be due not only to an increase in the pressure of the inferior oesophageal sphincter but also due to its prokinetic effect.

Pharmacokinetics
Maximum plasma levels are reached two hours after the oral administration of Cinitapride. Its elimination half-life is 3 to 5 hours for the first 8 hours, with a residual half-life of over 15 hours with extremely low plasma levels after that time. In view of this pharmacokinetic profile, the most advisable dosage regimen is three times a day. No accumulation has been observed after the repeated administration of Cinitapride.

INDICATIONS
Cidine is indicated in the treatment of gastroesophageal reflux and functional gastrointestinal motility disorders (slow gastric emptying).

DOSAGE AND ADMINISTRATION
Adults (over 20 years of age)
1. Cidine tablet, 3 times a day, 15 minutes before each meal.
2. Cidine syrup 5ml T.I.D, 15 minutes before meals.

It is neither effective nor convenient to exceed the recommended dose. Since there is no experience of its use in children and adolescents the administration of Cinitapride is not advisable in this age group.

CONTRAINDICATIONS
Cinitapride should not be administered to patients with:
- Hemorrhages, obstructions or perforations in whom stimulating gastric motility could be harmful.
- Proven tardive dyskinesia to neuroleptic drugs.

SPECIAL WARNINGS AND PRECAUTIONS
Prolonged treatment with Cinitapride can cause tardive dyskinesia in elderly patients. Cinitapride can prolong cardiac repolarization in in-vitro studies with much higher concentrations than the plasma concentrations found in clinical practice. However, in-vivo studies in both animals and humans have shown no effect on electrocardiogram particularly on the QT interval.

INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION
The prokinetic activity of Cinitapride can alter the absorption of some drugs. The patient must inform the doctor whether he/she is under treatment with other drugs. Cinitapride can potentiate the effects of phenothiazine and other anti-
dopaminergic drugs on the CNS. It can reduce the effect of digoxin by reducing its absorption. Anticholinergic drugs and opioid analgesics can reduce the effects of Cinitapride on the digestive tract. Its sedative effects increase with co-administration with alcohol, tranquillizers, hypnotic or narcotic drugs.

PREGNANCY AND LACTATION
Even though no teratogenic effects have been seen, Cinitapride should not be administered in the first three months of pregnancy. Should its use be necessary, the physician must assess the risk/benefit ratio.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES
Driving vehicles or using dangerous machines should be avoided during treatment with Cinitapride.

ADVERSE EFFECTS
Some patients may notice a slight sedation although Cinitapride has not shown sedation or changes in the psychometric tests of subjects taking the recommended doses. On rare occasions there may be extrapyramidal effects with spasms in the muscles of the face, neck and tongue, which disappear when the treatment is stopped. The following may appear on very rare occasions:
- Skin reactions: rash, pruritus.
- Gynecomastia.
- Very occasionally angioedema.

OVERDOSAGE
Overdose may lead to sedation, disorientation and extrapyramidal effects, which normally disappear when the treatment is stopped. If the symptoms persist, gastric lavage should be performed and symptomatic treatment administered. For extrapyramidal symptoms anti-Parkinson, anticholinergic or antihistaminic drugs with anticholinergic properties should be given.