Mepogest

Medroxyprogesterone Acetate BP 5mg & 10mg Tablet

Composition : Mepogest 5 : Each Tablet Contains Medroxyprogesterone Acetate BP 5 mg.

Mepogest 10 : Each Tablet Contains Medroxyprogesterone Acetate BP 10 mg.

Pharmacology : Medroxyprogesterone acetate is a progestin which transforms proliferative into secretory endometrium in women with adequate endogenous oestrogen. Androgenic and anabolic effects have been noted, but the drug is apparently devoid of significant estrogenic activity. It induces withdrawal bleeding in amenorrhoeic anovulatory women. It also produces secretory changes and a luteal type of vaginal smear in anovulatory patients with adequate estrogens.

Indication : It is indicated for the treatment of-

1. Dysfunctional uterine bleeding 2. Mild to moderate endometriosis 3. To oppose the endometrial effects of oestrogen in menopausal women treated with oestrogen 4. Alleviation of menopausal vasomotor symptoms 5. Diagnostic uses: Primary amenorrhea, Secondary amenorrhea.

Dosage & Administration : Dysfunctional uterine bleeding: In dysfunctional uterine bleeding this medicine may be given in doses ranging from 5 to 10 mg for 5 to 10 days beginning on the assumed or calculated 16th to 21st day of the cycle. When bleeding is due to a deficiency of both ovarian hormones, as indicated by a poorly developed proliferative endometrium, estrogens should be used in conjunction with this medicine. If bleeding is controlled satisfactorily, two subsequent cycles of treatment should be given. **Endometriosis:** Beginning on the first day of the menstrual cycle, 10mg of this medicine may be given three times a day for 90 consecutive days. **To oppose the endometrial effects of estrogen in estrogen-treated post menopausal women:** 5 to 10mg medicine per day for at least 10 days beginning on the 16th day of a 25 day course of estrogen therapy. Progestin withdrawal bleeding should occur, beginning on the 3rd to 7th day post medicine treatment. **Menopause:** 10 to 20 mg medicine per day given continuously. **Primary and secondary amenorrhea:** 5 to 10mg medicine per day for 10 days. Progestin withdrawal bleeding should ensue within 3-7 days if the endometrium has been previously primed with adequate endogenous estrogen. Pregnancy must be excluded before administration of this medicine. Or, as directed by the registered physician.

Contraindication: It is contraindicated in patients with Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, Liver dysfunction or disease, Known or suspected malignancy of breast or genital organs, Undiagnosed vaginal bleeding, Missed or incomplete abortion, Known hypersensitive to Medroxyprogesterone Acetate or any other components of this product.

Precaution: Discontinue medication if there is sudden partial or complete loss of vision, or if there is sudden onset of proptosis, diplopia or migraine. Because this drug may cause some degree of fluid retention, it should be used with care in epilepsy, migraine, asthma and cardiac or renal dysfunction. A decrease in glucose tolerance has been observed in some patients on estrogen/progestin combination drugs. The mechanism of this decrease is obscure. For this reason diabetic patients should be carefully observed while receiving progestin therapy. Patients who have a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Breakthrough bleeding is likely to occur in patients treated for endometriosis.

Side effects: The following medical events, listed in order of seriousness rather than frequency of occurrence, have been associated with the use of progestogens: Anaphylaxis and anaphylactoid reactions, Thromboembolic phenomena like thrombophlebitis, cerebral thrombosis and pulmonary embolism, Central nervous system like nervousness, insomnia, somnolence, fatigue, depression, dizziness and headache, Skin and mucous membranes like urticaria, pruritus, oedema, rash (allergic) with or without pruritus, melasma or chloasma, acne, hirsutism and alopecia, Gastro-intestinal nausea, Breast tenderness and galactorrhoea. Miscellaneous: pyrexia, changes in weight (increase or decrease), moon faces, changes in cervical erosion and cervical secretions, changes in menstrual flow, breakthrough bleeding, spotting, amenorrhea, neonatal jaundice, cholestatic jaundice.

Use in Pregnancy and Lactation: Cases of clitoral hypertrophy have been reported in newborn females, whose mothers received Medroxyprogesterone during pregnancy. Prolonged postpartum bleeding, postabortal bleeding and missed abortion have been reported. Female fetal masculinization has been observed in patients receiving progestins. It should not be given to lactating mothers.

Use in Child: There is no data available.

Drug Interaction: Aminoglutethimide administered concomitantly with Medroxyprogesterone Acetate may significantly depress the bioavailability of Medroxyprogesterone Acetate.

Overdose: Treatment should be symptomatic and supportive.

Storage : Store below 30°C in a dry place.

Packing : Mepogest 5 : Each box contains 30's tablet in blister pack.

Mepogest 10 : Each box contains 30's tablet in blister pack.

Manufactured by
DRUG INTERNATIONAL LTD.
Tongi, Gazipur, Bangladesh