

•TRIPROLIDINE + PSEUDOEPHEDRINE TAB

Class: Alkylamine derivative, Alpha-/Beta-Agonist, Decongestant, Histamine H₁ Antagonist first generation.

Indications:

Temporary relief of nasal congestion, decongest sinus openings, running nose, sneezing, itching of nose or throat and itchy watery eyes due to common cold, hay fever, or other upper respiratory allergies.

Available dosage form in the hospital:

-TRIPROLIDINE + PSEUDOEPHEDRINE TAB

Dosage:

Cold, allergy symptoms : oral :

-Tablet (Aprodine®) : One tablet every 4-6 hours ; do not exceed 4 doses in 24 hours.

Geriatric

Refer to adult dosing.

Common side effect:

Frequency not defined

- Cardiovascular : Tachycardia.
- Central nervous system : Dizziness, drowsiness, fatigue, headache, insomnia, nervousness, transient stimulation.
- Gastrointestinal : Abdominal pain, appetite increase, diarrhea, nausea, weight gain, xerostomia.
- Genitourinary : Dysuria.
- Neuromuscular and skeletal : Arthralgia, weakness.
- Respiratory : Pharyngitis, thickening of bronchial secretions.
- Miscellaneous : Diaphoresis.

Pregnancy Risk Factor:

Maternal antihistamine use has generally not resulted in an increased risk of birth defects; however, information related to triprolidine is limited.

Use of pseudoephedrine during the first trimester may be associated with a possible risk of gastroschisis, small intestinal atresia, and hemifacial microsomia due to pseudoephedrine's vasoconstrictive effects; additional studies are needed to define the magnitude of risk. Single doses of pseudoephedrine were not found to adversely affect the fetus during the third trimester of pregnancy (limited data); however, fetal tachycardia was noted in a case report following maternal use of an extended release product for multiple days. Decongestants are not the preferred agents for the treatment of rhinitis during pregnancy. Oral pseudoephedrine should be avoided during the first trimester.