# **Ecosprin**<sup>®</sup>

## **Aspirin**

## Composition

Ecosprin® 75: Each enteric coated tablet contains Aspirin BP 75 mg.

## Pharmacology

Ecosprin® decreases platelet aggregation, Ecosprin® inhibits thrombus formation on the arterial side of the circulation, where thrombi are formed by platelet aggregation. Ecosprin® is the analgesic of choice for headache, transient musculoskeletal pain and dysmenorrhoea. It has anti-inflammatory and antipyretic properties, which may be useful. Enteric coating reduces the intestinal disturbance and gastrointestinal ulceration due to aspirin.

## Indications

**Prophylaxis against arterial occlusive events:** Myocardial infarction, Myocardial re-infarction, after By-pass surgery, atherothrombotic cerebral infarction & venous thromboembolism after total hip replacement.

Mild to moderate pain: Headache, Muscle pain, Dysmenorrhoea and Toothache etc. Chronic disease accompanied by pain and inflammation: Osteoarthritis. Antipyretic: Cold fever and Influenzae.

Dosage and administration

Route of Administration: Orally.

Pain, Inflammatory diseases and as Antipyretic : Ecosprin $^{\circ}$  300 mg 1-3 tablets 6

hourly with a maximum daily dose of 4 g.

Thrombotic cerebrovascular or Cardiovascular disease: Ecosprin® 300 mg 1 tablet

or Ecosprin® 75 mg 4 tablets daily.

After Myocardial infarction: Ecosprin® 75 mg 2 tablets daily for 1 month.

Following By-pass surgery: Ecosprin® 75 mg 1 tablet daily.

OR AS DIRECTED BY THE PHYSICIAN.

#### Contraindications

Aspirin is contraindicated to the children (Reye's syndrome) under 16 years, in breast-feeding and active peptic ulcer. It is also contraindicated in bleeding due to haemophilia and other ulceration.

#### **Precautions**

It should be administered cautiously in asthma, uncontrolled blood pressure and pregnant women.

It is specially important not to use aspirin during the last 3 months of pregnancy unless specifically directed to do so by a doctor because it may cause problems in unborn child or complication during delivery. It should be administered with caution to patients in nasal polyp and nasal allergy. Aspirin penetrates into breast milk. So, it should be administered with caution to lactating mothers.

## Side effects

**Common:** Side effects for usual dosage of Aspirin are mild including nausea, dyspepsia & gastrointestinal ulceration etc.

Rare: Bronchospasm

## Use in Pregnancy & Lactation

**Pregnancy:** Acetylsalicylic acid inhibits prostaglandin synthesis. Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. Data from epidemiological studies raise concern about an increased risk of miscarriage and of malformations after the use of a prostaglandin synthesis inhibitor in early pregnancy.

**Lactation:** ASA and its metabolites pass into breast milk in small quantities. Since no adverse effects on the infant have been observed after occasional use, interruption of breast-feeding is usually unnecessary. However, on regular use or on intake of high doses, breast feeding should be discontinued early.

## **Drug Interaction**

#### With Medicine :

**Methotrexate, used at 15mg/week or less:** Salicylates may retard the elimination of methotrexate by decreasing renal clearance of methotrexate, displacing methotrexate from protein binding sites, and thereby increasing its hematological toxicity.

Anti-coagulants, thrombolytics / other inhibitors of platelet aggregation / hemostasis, e.g. warfarin, heparin: Caution is necessary when salicylates and anticoagulants, thrombolytics / other inhibitors of platelet aggregation / hemostasis prescribed concurrently, as salicylates can depress the concentration of prothrombin in the plasma, leading to an increased risk of bleeding.

**Oral hypoglycemics, e.g. insulin, sulfonylureas:** Large doses of salicylates have a hypoglycemic action and may enhance the effect of oral hypoglycemic agents.

**Diuretics:** Diuretics in combination with acetylsalicylic acid at higher doses leads to decreased glomerular filtration via decreased prostaglandin synthesis. As a result, sodium excretion may be decreased by salicylate administration.

**Angiotensin Converting Enzyme (ACE) Inhibitors:** The hyponatremic and hypotensive effects of ACE inhibitors may be diminished by the concomitant administration of ASA due to its indirect effect on the renin-angiotensin conversion pathway (i.e. inhibition of vasodilatory prostaglandins leading to decreased glomerular filtration). The potential interaction may be related to the dose of ASA (3g/day or more).

**Selective Serotonin Re-uptake Inhibitors (SSRIs):** Increased risk of upper gastrointestinal bleeding due to possibly synergistic effect.

Digoxin: Plasma concentrations of digoxin are increased due to a decrease in renal excretion.

**NSAIDS:** ASA and other NSAIDs: The use of other NSAIDs with salicylates at high doses (≥ 3g/day) may increase the risk of ulcers and gastrointestinal bleeding due to a synergistic effect.

With food & others: Interactions with food have not been established.

#### Overdose

In case of overdose call a doctor immediately, even if there are no symptoms.

## Storage

Store below 30° C temperature & dry place, protected from light. Keep all medicines out of reach of children.

## Packing

Ecosprin® 75: Each box contains 20 x 10 tablets in aluminium strips.

\* Further information is available on request.



07 1038/03