**Salbutamol sulfate**

**Salbuhaler**

**100 mcg/dose** metered dose inhaler suspension

**Antithrytina**

**PHARMACEUTICAL FORM**

One metered dose contains 120 micrograms salbutamol sulfate (equivalent to 100 micrograms salbutamol). The delivered dose through the mouthpiece is 108 micrograms salbutamol sulfate (equivalent to 90 micrograms salbutamol).

**Clinical particulars**

**Therapeutic indications**

Indicated for the treatment of reversible bronchoconstriction due to bronchial asthma and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema.

**Pharmacological action**

Sulbutamol is a beta-2-agonist with smooth muscle relaxant properties and a minimal effect on cardiac rate and contractility.

**Indications**

Sulbutamol is particularly useful in the relief of symptoms of asthma, providing it does not delay the introduction and regular use of inhaled corticosteroid therapy.

**Dosage and administration**

Sulbuhaler should be used at similar intervals throughout the day.

The canister and mouthpiece cover should be replaced.

If the inhaler has been stored beneath 0°C, it has to be warmed in the hands of the patient for 2 minutes, be shaken and sprayed twice into the air.

To prevent allergen- or exercise-induced symptoms, one inhalation, or two if necessary, should be taken 10-15 minutes before challenge.

For instructions on the use of the "AntiChamber" this spacer device please refer to the information leaflet of the spacer device.

**Special warnings and precautions for use**

Sulbutamol sulfate should only be used after the diagnosis and with caution in cases of:

- phychochromocytoma
- hardly controllable diabetes mellitus
- hyperthyroidism
- intake of cardiac glycosides
- tachycardiac arrhythmias
- severe cardiopathies, especially recent myocardial infarction, coronary heart disease, hypertrophic obstructive cardiomyopathy and phaeochromocytoma.

Sulbutamol must not be used in hypersensitivity to sulbutamol or to any of the other excipients.

**Contraindications**

Salbutamol should be used only after strict diagnosis and with caution in cases of:

- actual or recent myocardial infarction
- severe cardiopathy
- considerably exceed the stated single doses in the acute attack, but also the daily dose, and must therefore be avoided.

On account of cardiac adverse reactions, particularly in connection with electrolyte displacements (hypokalemia), it can be dangerous if medical assistance is necessary without delay.

If the disease does not satisfactorily improve or even deteriorate despite therapy, the therapeutic plan must be reviewed by the physician.

Before salbutamol is used for the first time, or if it has not been used for 7 days or more, it is important to check that the spray is functioning.

The protective cap should be replaced, the inhaler for children and sprayer opened twice into the air.

**Handling**

A faulty inhalation technique with pressurised inhalers is very common. It is therefore important that the patient be instructed in the correct inhalation technique. The patient’s inhaler technique should be checked at each visit.

**Special precautions**

Before inhalation, a child or patient should be told if it is difficult to synchronize normal inhalation with inspiration. In children under 1 year of age the medicine should only be used with one of the spacer devices.

For instructions as the use of the "AntiChamber" this spacer device please refer to the information leaflet of the spacer device.

When using the "AntiChamber" the spacer should be assembled just before use.
Currently, inhaled corticosteroids and long-acting β₂-agonists (LABAs) are the mainstays of treatment for patients with asthma. Inhaled corticosteroids are known to be effective in improving lung function, reducing symptoms, and reducing the risk of asthma exacerbations. However, long-term treatment with inhaled corticosteroids may increase the risk of osteoporosis and fractures, and therefore regular monitoring of bone density is recommended. Therefore, a combination of inhaled corticosteroids and LABAs is the preferred therapy for patients with severe asthma. In case of exacerbation, additional inhaled bronchodilators, such as short-acting β₂-agonists, may be needed. In patients with severe asthma, oral corticosteroids may be required to control the inflammation. However, oral corticosteroids should be used with caution and only for a short period of time due to the risk of adverse effects. Combination therapies with oral corticosteroids may be considered for patients with severe exacerbations. In case of severe exacerbations, hospitalization may be necessary. In summary, the management of severe asthma requires a multidisciplinary approach, including regular monitoring of lung function, bone density, and other parameters, and careful titration of medications to achieve optimal asthma control and minimize the risk of adverse effects.