Seprin® Oral Presentations

FORMULATION
Seprin® Adult Tablets: Each tablet contains 60mg Trimethoprim and 400mg Sulphamethoxazole.
Seprin® Forte Tablets: Each tablet contains 160mg Trimethoprim and 800mg Sulphamethoxazole.

Seprin® Pediatric Suspension: Each fial contains 40mg Trimethoprim and 200mg Sulphamethoxazole. It is a pink suspension with a characteristic cherry flavour.

INDICATIONS
Co-trimoxazole (Seprin®) should only be used when, in the judgement of the physician, the benefits of treatment outweigh any possible risks; consideration should be given to the use of a single effective antibacterial agent. In women of childbearing age, consideration should also be given to the use of a single effective anti-follicular agent.

In vitro susceptibility of bacteria to antibiotics varies geographically and with time; the local situation should always be considered when selecting antibacterial therapy.

Urinary tract infections
Treatment of acute uncomplicated urinary tract infections. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.

Respiratory tract infections
Treatment of otitis media. Co-trimoxazole (Seprin®) is not indicated for prophylactic or prolonged administration in otitis media. Treatment of acute exacerbations of chronic bronchitis.

Treatment and prevention of Pneumococcal carinii pneumonitis (see Dosage & Administration and Adverse Events).

Genital tract infections
Treatment of gonorrhoea, including oro-pharyngeal and ano-recital infection (see Dosage & Administration). This regime is less effective in some parts of the world due to disease caused by resistant organisms.

Treatment of chancroid (see Dosage & Administration). This regime is more effective in some parts of the world due to disease caused by resistant organisms.

Treatment of granulomas inguinales (venereal warts) (see Dosage & Administration).

Gastro-intestinal tract infections
Children should be aware that first line therapy in the management of all patients with diarrhoeal disease is the maintenance of adequate hydration.

Treatment of cholera, as an adjunct to fluid and electrolyte replacement, when there is evidence of dehydration, severe electrolyte disturbances, other blood dyscrasias and hyperosmolarity of the respiratory tract. Co-trimoxazole (Seprin®) should be discontinued on the first appearance of flu-like rash (see Adverse Events).

Elderly care is always advisable when treating elderly patients because, as a group, they are more susceptible to adverse reactions and more likely to suffer serious effects as a result particularly when complicating conditions exist, e.g. impaired kidney function and/or consequent use of other drugs.

Special care should be exercised in treating elderly or suspected folate-deficient patients; folate replacement may be necessary.

For patients with known renal impairment special measures should be adopted (see Dosage & Administration).

An adequate urinary output should be maintained at all times. Evidence of crystals or sand in the urine is suggestive, although sulphathiazole crystals have been noted in cooled urine from treated patients. In patients suffering from malnutrition the risk may be increased.

Exercise caution when treating patients with severe hepatic porphyria. Changes may occur in the absorption and metabolism of trimethoprim and sulphamethoxazole.

Regular monthly blood counts are advisable when Co-trimoxazole (Seprin®) is given for long periods since there exists a possibility of asymptomatic changes in haematological indices and/or to guard against lack of available blood tests. These changes may be reversed by administration of folic acid or antagonists of folic acid (5-10mg/day) without interfering with antibacterial activity.

A folate supplement should also be considered with prolonged high dosage of Co-trimoxazole (Seprin®). (see Adverse Events).

In glucose-6-phosphate dehydrogenase deficient (G-6-PD) patients haemolysis may occur.

Co-trimoxazole (Seprin®) should be given with caution to patients with severe allergy or porphyria.

Co-trimoxazole (Seprin®) should not be used in the treatment of cytogenic phagophorae due to Group A beta-haemolytic streptococci; realiseation of these organisms from the oesophagus is less effective than with penicillin.

Trimethoprim has been noted to impair phospholipid metabolism but this is of no significance in phenylketonuric patients on appropriate dietetic restriction.

The administration of Co-trimoxazole (Seprin®) to patients known or suspected to be at risk of acute porphyria should be avoided. Both trimethoprim and sulphamethoxazole (although not specifically sulphathiazole) have been associated with clinical exacerbation of porphyria.

Drug Interactions
In elderly patients concurrently receiving diuretics, mainly thiazides, there appears to be an increased risk of thrombocytopenia.

Occasional reports suggest that patients receiving penicillamine at doses in excess of 2-3 g weekly may develop nephrotoxic anuria should co-trimoxazole be prescribed concurrently.

Co-trimoxazole (Seprin®) has been shown to potentiate the anticoagulant activity of warfarin via the INR test and inhibition of vitamin K reabsorption. Thrombocytopenia may therefore be an indication of warfarin dosage reduction.

Interaction with sulphasalazine, hydrazine sulphate or azathioprine is unknown but potential interactions are unlikely.

Concurrent use of rifampicin and Co-trimoxazole (Seprin®) results in a shortening of the plasma half-life of rifampicin and co-administration is not recommended.

Reversible diarrhoea in renal function has been observed in patients treated with co-trimoxazole and cyclosporin following renal transplantation.

When trimethoprim is administered simultaneously with drugs that form cations at physiological pH and are also partly excreted by active renal secretion (e.g. probenecid, amantadine), there is the possibility of competitive inhibition of trimethoprim absorption.