Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Bayer Aspirin 300 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One tablet contains 300 mg of Acetylsalicylic acid.

For excipients, see 6.1.

3 PHARMACEUTICAL FORM

Tablet
White tablet with the word 'Aspirin' and '0.3' on one surface and the Bayer cross on the other.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the symptomatic relief of headache, neuralgia, musculoskeletal aches, rheumatism, common cold, influenza and menstrual pain.

4.2 Posology and method of adminstration

The usual dose in adults and children aged 12 and over is 600 to 900mg. The dose may be repeated at four hourly intervals if necessary. The daily maximum dose is 12 tablets (3.6g).

Do not give to children and adolescents aged under 16 years, except on medical advice, where the benefit outweighs the risk.

Elderly

Aspirin should be used with particular caution in elderly patients who are more prone to adverse events. The lowest dose compatible with adequate safe clinical control should be employed. See also section 4.4.

4.3 Contraindications

Aspirin should not be administered to patients:

- With a history of hypersensitivity reactions (e.g. bronchospasm, rhintis, urticaria) in response to asprin, other salicylates or substances with similar actions e.g. non-steroidal anti-inflammatory drugs.
- With known hypersensitivity to any of the other ingredients, refer to section 6.1.
- With active peptic ulceration or a history of peptic ulceration.
- With haemorrhagic diseases such as haemophilia.
- You are pregnant of breast-feeding.
- Receiving a dose of methrotrexate at 15mg/week or greater.

4.4 Special warnings and special precautions for use

Aspirin may precipitate bronchospasm and induce asthma attacks or other hypersensitivity reactions in susceptible individuals.

Undesirable effects may be reduced by using the minimum effective dose for the shortest possible duration. Patients treated with NSAIDs long-term should undergo regular medical supervision to monitor for adverse events.

In patients with renal, cardiac or hepatic impairment, caution is required since the use of NSAIDs may result in deterioration of renal function. Assessment of the renal function should occur prior to the initiation of therapy and regularly thereafter.

Elderly patients are particularly susceptible to the adverse effects of NSAIDs. Prolonged use of NSAIDs in the elderly is not recommended. Where prolonged therapy is required, patients should be reviewed regularly.

Caution should be exercised in patients:

- With a history of gastrointestinal disorders
- Taking anti-coagulants (e.g. coumarin derivatives or heparin)
- Who are hypersensitive to anti-inflammatory or anti-rheumatic drugs
- With inflammatory bowel disease

Aspirin can cause gout in patients with low uric acid excretion.

There is a possible association between aspirin and Reye's syndrome given to children. Reyes's syndrome is a very rare disease which affects the brain and liver, and can be fatal. For this reason aspirin should not be given to children and adolescents under 16 years unless specifically indicated.

Prolonged use, except under medical supervision can be harmful. A doctor should be consulted if:

- Symptoms persist
- Dosage is necessary for more than three days
- The patient is on other medication or under the care of a doctor.

Due to its inhibitory effect on platelet aggregation, aspirin may cause increased bleeding during and after surgery.

4.5 Interaction with other medicinal products and other forms of interaction

It is considered unsafe to take NSAIDs in combination with warfarin or heparin unless under direct medical supervision.

Bayer Aspirin Tablets may:

· Enhance the activity of anticoagulants, insulin and sulphonylurea hypoglycaemic agents.

· Enhance the activity of methrotrexate and increase its toxicity.

· Diminish the effects of uricosuric agents.

· Diminish the effects of diuretics.

· Potentiate the risk of gastro-intestinal bleeding during concomitant therapy with corticosteroids.

· Potentiate the effects and side effects of other non-steroidal anti-inflammatory drugs.

· Enhance the plasma concentrations of digoxin.

· Enhance the effects of some anti-epileptics, such as sodium valproate and phenytoin.

· Increase the risk of bleeding with thrombolytics and other anti-platelet agents e.g. ticlopidine.

Numerous NSAIDs may interact with antihypertensive medicines although of all NSAIDs, aspirin and sulindac are thought to have the least effect.

Decreased blood salicylate levels may occur when aspirin is taken concomitantly with glucocorticoids. There is a risk of salicylate overdose when glucocorticoids treatment is stopped.

At doses of aspirin 3g/day or more, aspirin may:

· Increase the risk of ulcers and gastro-intestinal bleeding when taken with other NSAIDs.

· Decrease glomerular filtration when taken with diuretics.

· Decrease glomerular filtration and anti-hypersensitive effect when taken with angiotensin converting enzyme (ACE) inhibitors.

When taken with alcohol, the effects of aspirin on the gastro-intestinal tract may increase.

4.6 Pregnancy and lactation

Although clinical and epidemiological evidence suggests that the safety of acetylsalicylic acid for use in pregnancy, caution should be exercised when administered to pregnant patients.

Acetylsalicylic acid has the ability to alter platelet function and, therefore, there may be a risk of haemorrhage in infants whose mothers have consumed acetylsalicylic acid during pregnancy. The onset of labour may be delayed and the duration increased, with an increase in maternal blood loss. Therefore, analgesic doses should be avoided at term.

High doses of acetylsalicylic acid may result in closure of foetal ductus arteriosus *in utero* and possibly persistent pulmonary hypertension in the newborn. Kernicterus may be a consequence of jaundice in neonates.

Administration of acetylsalicylic acid at doses greater than 300mg/day shortly before birth can lead to intra-cranial haemorrhages, particularly in premature babies.

The intake of acetylsalicylic acid by breast-feeding patients should be avoided, as there is a risk of Reye's syndrome. Regular use of high doses could impair platelet function and produce hypoprothrombinaemia in the infant if neonatal vitamin K stores are low.

4.7 Effects on ability to drive and use machines

None

4.8 Undesirable effects

Gastrointestinal disorders have been reported for aspirin containing products, e.g. nausea, diarrhoea, vomiting and gastro-intestinal bleeding which can lead to anaemia in some cases. Gastrointestinal ulcers may develop, which may lead to haemorrhaging and perforation.

Rare cases of allergic or asthmatic reactions have been reported for aspirin containing products.

Isolated cases of liver (increased transaminases) and kidney dysfunction, hypoglycaemia and severe skin reactions have been described.

Due to the effect on platelet aggregation acetylsalicylic acid may be associated with an increased risk of bleeding.

Dizziness and tinnitus have also been reported but these side effects are more commonly indicative of an overdose.

4.9 Overdose

The main features of an overdose of acetylsalicylic acid are hyperventilation, tinnitus, deafness, vasodilatation and sweating. Coma is uncommon but indicates very severe poisoning. Treatment consists of gastric lavage, forced alkaline diuresis where needed, normalising acid base and electrolyte balance.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Aspirin, as with other salicylates, generally acts through its salicylic acid content, although some effects of aspirin are a result of its capacity to acetylate proteins.

The antipyretic effect of aspirin appears to be through the action of salicylates on the central nervous system (a hypothalamic site of action has been implicated).

5.2 Pharmacokinetic properties

Aspirin absorption is affected by the physical characteristics of the formulation as well as physiological factors that influence aspirin solubility e.g. pH. Absorption is by passive diffusion with a half-life dependant upon gastro-intestinal pH and gastric emptying times, thus explaining the large subject variation observed.

Once absorbed, aspirin is distributed extensively through the body fluids. The serum half-life for aspirin is, however, in the region of 20 minutes and is associated with an increase in salicylic acid concentration due to the action of non-specific hepatic and gastric esterases, which hydrolyse aspirin to give the acetyl and salicylate moieties.

The acetyl component of aspirin is primarily metabolised via the Kreb’s cycle and excreted as carbon dioxide. The amount of free salicylic acid excreted in the urine is small (about 10 %) and is dependant upon urine pH and urinary flow rate. The remaining salicylic acid is metabolised through glucuronide formation, oxidation to gentisic acid and conjugation with glycine. The dose-dependant serum half-life of salicylic acid (increasing half-life with higher doses) is due to the fact that the aforementioned pathways become saturated. The metabolised forms of salicylic acid are excreted renally.

5.3 Preclinical safety data

None relevant

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Cellulose, powdered
Maize starch

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

30 months.

6.4 Special precautions for storage

No special precautions for storage.

6.5 Nature and contents of container

300 µm transparent PP blister pack sealed with 20 µm aluminium hard foil with 3.5 g/m^2 heat-seal PP coating. The blister packs are enclosed in a cardboard outer carton containing 20 or 50 tablets.

6.6 Instructions for use and handling

No special requirements.

7 MARKETING AUTHORISATION HOLDER

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8 MARKETING AUTHORISATION NUMBER

PA 21/6/1

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