# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Abendur 2.5 mg tablets

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 2.5 mg bendroflumethiazide

Excipients with known effect:
Each tablet contains 60 mg lactose

For the full list of exipients, see section 6.1

## 3 PHARMACEUTICAL FORM

Tablet
5.5 mm, white to almost white, circular, biconvex, uncoated tablets.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic indications

For the treatment of oedema and hypertension.

### 4.2 Posology and method of administration

Posology
Adults
Hypertension
2.5-5 mg. The full daily dose is given in the morning. Based on the effect on blood pressure, the dose should be set at the lowest possible maintenance dose. Bendroflumethiazide may be beneficial combined with beta-blockers and other antihypertensive agents. The dosage of such agents should be reduced and then adjusted as necessary.

Oedema
2.5-10 mg. Appropriate initial dose 5 mg daily. In some cases a higher initial dose (10 mg) may be necessary. Maintenance dose: 2.5-5 mg daily continuously or intermittently with 2-4 treatment-free days per week. The full daily dose is generally given in the morning.
Premenstrual oedema: 2.5 mg daily 7-10 days premenstrually.

Elderly:
The dosage of thiazide diuretics may need to be reduced in the elderly, particularly when renal function is impaired, because of the possibility of electrolyte imbalance.

Method of administration:

For oral administration.

### 4.3 Contraindications

- Hypersensitivity to thiazides or to any of the excipients listed in section 6.1
- Severe renal and hepatic insufficiency
- Addison's disease.
- Refractory hypokalaemia, hyponatraemia, hypercalcaemia
- Symptomatic hyperuricaemia.

### 4.4 Special warnings and precautions for use

Bendroflumethiazide may raise serum uric acid levels with consequent exacerbation of gout in susceptible patients.
Bendroflumethiazide should be used with caution in patients with mild to moderate hepatic or renal impairment (avoid if severe). Renal function should be continuously monitored during thiazide therapy. Thiazide diuretics may exacerbate or activate systemic lupus erythematosus in susceptible patients.

All thiazide diuretics can cause electrolyte imbalance, especially in patients with renal or hepatic impairment or in those receiving higher or prolonged doses. Serum electrolytes should be checked for abnormalities, particularly hypokalaemia, and the latter corrected by the addition of a potassium supplement to the regimen. Aggravates diabetes mellitus and gout; increased risk of hypomagnesaemia in alcoholic cirrhosis.

Thiazides may decrease urinary calcium excretion and may cause intermittent and slight elevation of serum calcium. Marked hypercalcaemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Regular ongoing monitoring and blood tests are to be performed in elderly patients and patients who are on long term treatment with bendroflumethiazide.

Diabetes mellitus is not a contraindication but the patient should be observed with regard to changes in carbohydrate metabolism. In connection with the onset of oedema with concomitant digitalis medication or with liver cirrhosis extra potassium supply is recommended.

**Choroidal effusion, acute myopia and secondary angle-closure glaucoma:**
Sulfonamide or sulfonamide derivative drugs can cause an idiosyncratic reaction resulting in choroidal effusion with visual field defect, transient myopia and acute angle-closure glaucoma. Symptoms include acute onset of decreased visual acuity or ocular pain and typically occur within hours to weeks of drug initiation. Untreated acute angle-closure glaucoma can lead to permanent vision loss. The primary treatment is to discontinue drug intake as rapidly as possible. Prompt medical or surgical treatments may need to be considered if the intraocular pressure remains uncontrolled. Risk factors for developing acute angle-closure glaucoma may include a history of sulfonamide or penicillin allergy.

Abendur Tablets contain lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose – galactose malabsorption should not take this medicine.

**4.5 Interaction with other medicinal products and other forms of interaction**

ACE inhibitors
Previous treatment with high doses of diuretics can cause dehydration and lead to an increase risk of hypotension at the start of treatment with ACE inhibitors.

Sensitivity to digitalis glycosides may be increased by the hypokalaemic effect of concurrent bendroflumethiazide. Patients should be observed for signs of digitalis intoxication, in particular arrhythmias, and if these appear, the dosage of the digitalis glycoside should be temporarily reduced and a potassium supplement given to restore stability.

Serum lithium concentrations may be increased by concurrent use of thiazide diuretics.

Non-steroidal anti-inflammatory agents may blunt the diuretic and antihypertensive effects of thiazide diuretics. Diuretics may increase the risk of nephrotoxicity of NSAIDs.

Xanthines, beta-agonists, ACTH, corticosteroids, acetazolamide and carbenoxolone may exacerbate the hypokalaemia associated with thiazide use. Thiazide diuretics may enhance the neuromuscular blocking effects of the non-depolarising muscle relaxants, e.g. tubocurarine.

Thiazides may enhance the effects of antihypertensive agents, while postural hypotension associated with therapy may be enhanced by concomitant ingestion of alcohol, barbiturates or opioids.

Concomitant use of carbamazepine may increase the risk of hyponatraemia.

There is an increased risk of hyponatraemia if thiazides are given with amphotericin.

The risk of hypercalcaemia is increased by the concomitant intake of calcium salts or vitamin D preparations.

Concomitant use with cisplatin can lead to an increased risk of nephrotoxicity and ototoxicity.

The cardiac toxicity of disopyramide, amiodarone, flecainide and quinidine is increased if hypokalaemia occurs. The action of lidocaine and mexiletine is antagonised by hypokalaemia.

There is an increased risk of hyponatraemia when thiazides are used concomitantly with aminoglutethimide. Thiazides can cause an increased risk of hypercalcaemia with toremifene.

Colestipol and colestyramine may reduce the absorption of thiazide diuretics and should therefore be given 2 hours prior to, or after the ingestion of bendroflumethiazide.

Calcium-channel blockers and moxisylyte can cause an enhanced hypotensive effect.

There is an increased risk of postural hypotension with tricyclic antidepressants. There may also be an increased risk of hypokalaemia if thiazides are given with reboxetine. Concomitant use with monoamine oxidase inhibitors (MAOIs), baclofen or tizanidine may also give an increased hypotensive effect.

Oestrogens and combined oral contraceptives may antagonise the diuretic effect of thiazides.
There is an increased risk of first-dose hypotensive effect of post-synaptic alpha-blockers such as prazosin.

Sotalol
Hypokalaemia during thiazide therapy is considered to increase the risk of sotalol-induced arrhythmia (syncope, prolonged QT).

Hypokalaemia increases the risk of ventricular arrhythmias with pimozide or thioridazine, therefore, concomitant use should be avoided. Hypokalaemia or other electrolyte imbalance also increases the risk of ventricular arrhythmias with terfenadine.

Bendroflumethiazide may interfere with a number of laboratory tests, including estimation of serum protein-bound iodine and tests of parathyroid function.

**4.6 Fertility, pregnancy and lactation**

**Pregnancy**
Diuretics (bendroflumethiazide) are best avoided for the management of oedema of pregnancy or hypertension in pregnancy as their use may be associated with hypokalaemia, increased blood viscosity and reduced placental perfusion.

There is insufficient evidence of safety in human pregnancy and foetal bone marrow depression and thrombocytopenia and neonatal jaundice have been described.

**Breast-feeding**
As diuretics pass into breast milk and bendroflumethiazide can suppress lactation, its use should be avoided in mothers who wish to breast feed.

**4.7 Effects on ability to drive and use machines**

The patient should be informed that temporary dizziness may occur during blood pressure treatment and this should be taken into account when driving or maintaining machines.

**4.8 Undesirable effects**

The following undesirable effects, which are listed in system order class, have previously been associated with bendroflumethiazide. Specific frequencies for the occurrence of these effects are not available.

<u>Blood and lymphatic system disorders:</u>
Rarely, blood dyscrasias including agranulocytosis, aplastic anaemia, neutropenia, thrombocytopenia (neonatal thrombocytosis is reported when given in late pregnancy) and leucopenia have been reported.

<u>Immune system disorders:</u>
Hypersensitivity reactions

Metabolism and nutrition disorders:
Bendroflumethiazide may lower carbohydrate tolerance and the insulin dosage of some diabetic patients may require adjustment.

Care is required when bendroflumethiazide is administered to patients with a known predisposition to diabetes (hyperglycaemia reported).
Bendroflumethiazide may raise serum uric acid levels and exacerbate gout in susceptible individuals (hyperuricaemia). Plasma lipids may be altered in patients taking bendroflumethiazide. Hypercalcaemia is also reported with unknown frequency.

Cardiac and vascular disorders:
Postural hypotension

Respiratory, thoracic and mediastinal disorders:
Pneumonitis, pulmonary oedema

Gastrointestinal disorders:
Nausea, vomiting, diarrhoea, constipation and gastric irritation have all been reported

Hepatobiliary disorders:
Pancreatitis, intrahepatic cholestasis

Skin and subcutaneous tissue disorders:
Rash (including exfoliative dermatitis), photosensitivity, severe skin reactions also reported

Reproductive system and breast disorders:
Impotence (reversible on discontinuing the drug)

*Investigations:*
Hypokalaemia, hypomagnesaemia, hyponatraemia, hypochloraemic alkalosis. Hypokalaemia may result in polyuria, malaise, muscle weakness or cramp, dizziness, nausea, anorexia or vomiting

**Description of selected adverse reactions:**
Cases of choroidal effusion with visual field defect have been reported after the use of thiazide and thiazide-like diuretics.

Reporting of suspected adverse reactions
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.
You can also report side effects directly via the national reporting system HPRA Pharmacovigilance, website : www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

**4.9 Overdose**

Symptoms of overdosage include anorexia, nausea, vomiting, diarrhoea, diuresis, dehydration, hypotension, dizziness, weakness, muscle cramps, paraesthesia, tetany, gastrointestinal bleeding, hyponatraemia, hypo- or hyperglycaemia, hypokalaemia and metabolic alkalosis. Initial treatment consists of either emesis or gastric lavage, if appropriate. Otherwise treatment should be symptomatic and supportive including the correction of fluid and electrolyte imbalance.
Blood pressure should also be monitored.
There is no specific antidote.

**5 PHARMACOLOGICAL PROPERTIES**

**5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Thiazide diuretics ATC CODE; CO3AA01

Bendroflumethiazide is a thiazide diuretic which reduces the absorption of electrolytes from the renal tubules, thereby increasing the excretion of sodium and chloride ions, and consequently of water. The excretion of other electrolytes, notably potassium and magnesium, is also increased.

The excretion of calcium is reduced. Thiazides also reduce carbonic anhydrase activity so that bicarbonate excretion is increased, but this effect is generally small and does not appreciably alter the acid base balance or the pH of the urine. Thiazides also have a hypotensive effect, due to a reduction in peripheral resistance and enhance the effects of other antihypertensive agents.

**5.2 Pharmacokinetic properties**

Absorption: Bendroflumethiazide has been reported to be completely absorbed from the gastrointestinal tract and it is fairly extensively metabolised. Diuresis is initiated in about 2 hours and lasts for 12-18 hours or longer. About 30% is excreted unchanged in the urine. The onset of the hypotensive action is generally three or four days.

Distribution: Bendroflumethiazide is more than 90% bound to plasma proteins.

Metabolism: There are indications that it is fairly extensively metabolised. Peak plasma levels are reached in 2 hours and a plasma half- life of between 3 and 8.5 hours on average.

Elimination: About 30% is excreted unchanged in the urine with the remainder excreted as uncharacterized metabolites.

**5.3 Preclinical safety data**

There are no pre-clinical data of relevance to the prescriber which are additional to that already included in other sections of the SmPC.

**6 PHARMACEUTICAL PARTICULARS**

**6.1 List of excipients**

Lactose anhydrous
Pregelatinised maize starch
Purified talc
Stearic acid

**6.2 Incompatibilities**

None Known

**6.3 Shelf life**

3 years

**6.4 Special precautions for storage**

Do not store above 25°C.

**6.5 Nature and contents of container**

Abendur Tablets are packed in PVDC coated PVC / Aluminium blisters of 14 tablets which are placed in an outer carton.

Pack size : 28 tablets

**6.6 Special precautions for disposal and other handling**

No special requirements

**7 MARKETING AUTHORISATION HOLDER**

Ascot Laboratories (Ireland) Limited
Clarity House

Belgard Road
Tallaght
Dublin 24, D24 Y6DF
Ireland

**8 MARKETING AUTHORISATION NUMBER**

PA23163/004/001

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 16th January 2026

**10 DATE OF REVISION OF THE TEXT**

January 2026