SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

<Trade name> <Strength> tablets BP

1. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains: magnesium trisilicate BP 250.00 mg and dried aluminium hydroxide gel BP 120.00 mg.

Excipient(s) with known effect:

<Regarding the approval>

For a full list of excipients, see section 6.1.

1. PHARMACEUTICAL FORM

Tablets

<Regarding the approval>

1. CLINICAL PARTICULARS
	1. Therapeutic indications

 For the symptomatic relief of dyspepsia.

* 1. Posology and method of administration

 *Adults, elderly and children over 14 years:*

One to two tablets three times daily, one hour after meals and at bedtime or as required.

 *Children 10 to 14 years:*

 One tablet three times daily.

 *Children 10 years:*

Not recommended.

 If symptoms persist for longer than 7 days, consult your doctor.

 Method of administration

 Oral

* 1. Contraindications
* Renal failure
* Hypophosphataemia.
	1. Special warnings and precautions for use

 If renal function is impaired, hypermagnesaemia may result.

 Symptoms of hypermagnesaemia may include flushing of the skin, thirst, hypotension due to peripheral vasodilatation, drowsiness, confusion, loss of tendon reflexes due to neuromuscular blockade, muscle weakness, respiratory depression, cardiac arrhythmias, coma and cardiac arrest.

 If symptoms persist for longer than 7 days, consult your doctor.

 Patients with rare hereditary problems of fructose or galactose intolerance, the LAPP lactase deficiency, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

* 1. Interaction with other medicinal products and other forms of interaction

 Concurrent administration of antacids reduces the absorption of ciprofloxacin, pivampicillin, rifampicin, most tetracyclines, itraconazole, ketoconazole, chloroquine, hydroxychloroquine, phenothiazines, phenytoin, oral iron, penicillamine and diflunisal.

 Concurrent use of antacids reduces the effectiveness of the ulcer healing drug sucralfate.

 Concurrent use of antacids increases the excretion of aspirin, flecainide, mexiletine and quinine.

* 1. Fertility, pregnancy and lactation

 Safety of compound magnesium trisilicate has not been established. However, as with all medicines, use during early pregnancy should be avoided. Use during later pregnancy and lactation is not considered to be a hazard.

* 1. Effects on ability to drive and use machines

 None stated.

* 1. Undesirable effects

 May cause nausea, vomiting, constipation or diarrhoea. If renal function is impaired, hypermagnesaemia may occur.

 Large doses or even normal doses in patients with low phosphate diets may lead to phosphate depletion accompanied by increased resorption and urinary excretion of calcium with the risk of osteomalacia. Nephrolithiasis may also follow chronic use in patients with impaired renal function.

 Reporting of suspected adverse reactions

 Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via Health Product Vigilance Center; HPVC Thai FDA.

* 1. Overdose

 Symptoms of overdose include hypophosphataemia, anaemia, exacerbation or even initiation of osteodystrophy, proximal, myopathy, osteomalacia, encephalopathy, dementia, difficulty in urination or defaecation, depression of deep tendron reflexes, drowsiness, heart block and respiratory paralysis.

 Treatment entails administration of 10-20ml of a 10% solution of calcium gluconate which reverses the heart block and respiratory depression induced by magnesium poisoning.

 In severe cases intermittent peritoneal dialysis using a fluid free of magnesium may be necessary.

 Aluminium toxicity may be treated by removal of aluminium with desferrioxamine.

 Other symptomatic measures may be carried out if required.

1. PHARMACOLOGICAL PROPERTIES
	1. Pharmacodynamic properties

 Antacids react chemically to neutralise or buffer existing quantities of stomach acid resulting in increased pH of stomach contents thus providing relief of hyperacidity symptoms. They have no direct effect on acid output. Compound Magnesium Trisilicate Tablets contain two antacids namely aluminium hydroxide gel and magnesium trisilicate. Magnesium trisilicate is too insoluble and is a relatively weak antacid. Antacid action is exerted slowly therefore it does not provide a rapid symptomatic relief. However the action is prolonged. It is also an effective gastro-intestinal adsorbent. The gelatinous silicon dioxide formed by the reaction of magnesium trisilicate with the gastric content is said to protect ulcerated mucosal surfaces and favour healing. Aluminium hydroxide is also an insoluble antacid. Food in the stomach delays gastric emptying and allows more time for aluminium hydroxide to react.

 Alkalinization of gastric content increases gastric motility via gastrin. Aluminium ions relax the smooth muscle of stomach and delay gastric emptying. The relaxant effect is minimised in the presence of magnesium ions. Alkalinization of the gastric content increases lower oesophageal pressure and oesophageal clearance by a mechanism that is independent of gastrin. The use of Compound Magnesium Trisilicate Tablets does not significantly effect the motility of the bowel. The constipating effect of aluminium hydroxide is counter balanced by the diarrhoeal effect of magnesium trisilicate.

 Aluminium and magnesium containing antacids are not completely absorbed, therefore they do not interfere with the acid-base balance to a great extent.

* 1. Pharmacokinetic properties

 The insoluble aluminium compounds that constitute aluminium hydroxide are slowly and incompletely converted to aluminium chloride in the stomach. Some absorption of the aluminium salts occur from the gastro-intestinal tract, with some excretion in urine.

 Unabsorbed aluminium hydroxide combines with phosphate present in the gut to form insoluble aluminium phosphate and some form carbonates and salts of fatty acids; all these salts are excreted in the faeces. Approximately 0.1 - 0.5 mg of aluminium ions may be absorbed from a standard daily dose of an aluminium containing antacid. In the presence of normal renal function this leads to about doubling of an average concentration of aluminium in plasma. However in patients with impaired renal function, higher concentrations occur.

 During neutralisation magnesium trisilicate is converted to magnesium chloride and hydrated silica gel. Approximately 5% of the magnesium is absorbed and traces of the liberated silica may be absorbed and excreted in the urine.

* 1. 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 SPC.

1. PHARMACEUTICAL PARTICULARS
	1. List of excipients

<Regarding the approval>

* 1. Incompatibilities

 <Regarding the approval>

* 1. Shelf life

<Regarding the approval>

* 1. Special precautions for storage

<Regarding the approval>

* 1. Nature and contents of container

<Regarding the approval>

* 1. Special precautions for disposal

<Regarding the approval>

1. MARKETING AUTHORISATION HOLDER

<Regarding the approval>

1. MARKETING AUTHORISATION NUMBER(S)

<Regarding the approval>

1. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

<Regarding the approval>

1. DATE OF REVISION OF THE TEXT1

<Regarding the approval>