**Atlansil**

**Amiodarone**

Oral use

Tablets

**Formula**
Each tablet contains Amiodarone hydrochloride 200 mg. Excipients: Lactose; Microcrystalline cellulose; Sodium starch glycolate; Magnesium stearate.

**Therapeutic Action**
Broad-spectrum antiarrhythmic. Antianginal.

**Pharmacological Action**
Antiarhythmic properties:
- Prolongation of phase 3 of the cardiac fiber action potential due to a decrease in potassium flow (class III of Vaughan-Williams).
- Bradycardic effects due to reduction of sinus node automaticity.
- Non-competitive α and β-adrenergic receptor antagonism.
- Prolongation of refractoriness and reduction of myocardial excitation at atrial, nodal and ventricular level.
- Reduction of sinoatrial, atrial and nodal conduction, being more pronounced in cases of increased heart rhythm.
- Slow down of conduction and increase in refractory periods of the accessory atrioventricular pathways.

Antianginal properties:
- Increase in coronary debit due to direct effect on the coronary artery smooth muscle.
- Decrease in oxygen consumption due to a moderate reduction in peripheral vascular resistance and reduction of heart rate, without significant reduction of coronary debit nor systolic volume.
- Decrease in oxygen-supply demand in myocardial ischemia and of the infarcted zone of the myocardium after coronary ligation.

Non competitive α and β-adrenergic receptor antagonist properties.

**Indications**
Heart rhythm disorders.


Based upon Atlansil’s pharmacological properties, it is specially indicated in rhythm disorders as a complication of underlying heart diseases:

- Angina or severe coronary failure (antianginal and antiischemic properties of Amiodarone).
- Or in cases of heart failure (weak effect of Amiodarone on myocardial contractility).

**Dosage and Administration**

Initial saturation dose: 1 tablet, three times a day administered during the course of the day or after principal meals, during 8 to 10 days.

Maintenance therapy: Based upon each patient's needs minimum effective dose has to be established. It may vary between ½ tablet once daily (1 tablet every 2 days) and 2 tablets every day, according to the physician's criteria. Once tissue saturation and desired therapeutic effect were achieved, treatment should be continued with the minimum effective dose.

Clinical experience showed that the recovery achieved can be maintained applying intermittent administration during 3 weeks per months or 5 days per week.

**Contraindications**

Atlansil should not be administered in cases of sinus bradycardia, atrio-ventricular block without the association of other arrhythmias, cardiovascular collapse, thyroid gland diseases, pregnancy, lactation. It is contraindicated in iodine allergy.

**Precautions and Warnings**

Atlansil, due to its mechanism of action, usually produces a moderate delay in heart rate, which is more pronounced in cases of increased values at the beginning of therapy. In cases of overdosage (specially in elderly patients) bradycardia may appear which improves with maintenance dose reduction. In patients with history of thyroid gland diseases Amiodarone should be administered with caution and under clinical supervision. The presence of iodine in the Amiodarone molecule may alter some thyroid function tests (e.g. PB, scintigram) but not others (e.g. determination of T3, T4 and TSH).

Presence of a special morphology or U-waves in the electrocardiogram is due to the therapeutic action of Amiodarone and should not be attributed to adverse events. Avoid or minimize exposure to direct sunlight during regular Amiodarone treatment. In cases of concomitant administration with Simvastatine, the maximum daily dose of this drug should not exceed 20 mg.

**Adverse Reactions**

Adverse drug reactions are related to dosage and duration of treatment and can be avoided or minimized using the most appropriate maintenance dose.

After prolonged administration to sensitive patients corneal microdeposits may appear, which do not need treatment discontinuation and revert within a variable time period after discontinuation of therapy. These deposits can be avoided or their incidence reduced by administering the product intermittently, i.e. during 3 weeks per month or 5 days per week. Corneal microdeposits do not alter retina integrity and are without risk. Rarely, after weeks or months of treatment photosensitivity or pigmentation reactions were described which can be avoided reducing exposure to direct sunlight.

Exceptionally, after very large treatment periods, signs of diffuse interstitial pneumopathies have been informed, with very small impact and which improve after treatment discontinuation or simultaneous corticosteroid administration. At the beginning of treatment a slight increase in transaminase serum values may be observed, which reverts with treatment discontinuation. Very rarely, reversible chronic hepatitis has been informed after some months of treatment. It is advised to monitor liver function tests.

In very rare cases of peripheral neuropathies, their evolution was reversible in most cases.
Under treatment with Atlansil electrocardiographic alterations may occur which consist in prolonged QT interval, with a consequent increase in repolarization time. Eventually a U-wave may appear, as a sign of therapeutic saturation but not toxicity. Hypo- or hyperthyroidism is due to the presence of iodine in the Amiodarone molecule and may therefore alter some thyroid function tests. In case of doubt, titrate T3 and T4 and perform a TRH-TSH test. Increase in T4 values with concomitant normal or slightly reduced T3 values, is not to be considered pathological. In case of severe hyperthyroidism, treatment should be discontinued. Amiodarone is contraindicated in patients sensitive to iodine. During initial saturation treatment slight digestive disorders may appear (nausea, vomiting, dysgeusia), which disappear when reducing the administered dose. Amiodarone should not be administered concomitantly with MAO inhibitors or betablockers. When administered concomitantly with digoxin, the possible potentiation of bradycardic effect and the influence on atrio-ventricular conduction should be evaluated as well as the possible increase in digoxin serum levels.

Drug Interactions
Substances with bradycardic or negative dromothrope effect (betablockers, verapamil, diltiazem) due to the risk of alterations in automatism and conduction.
Substances that may lead to hypokalemia: Diuretics, laxatives.
Antiarrhythmics (specially class I).
Substances acting on repolarization: Bepridil (concomitant administration contraindicated).
Oral anticoagulants: The risk of potentiation through Amiodarone requires prothrombin monitoring and adjustment of the doses of oral anticoagulants during and after treatment with Amiodarone.
Phenytion: Increase of phenytion plasma levels with signs of overdosage.
Simvastatine: High doses of this hypolipidemic drug may increase the risk of myopathy.

Overdosage
In the event of overdosage go to the nearest hospital or contact the Toxicology Centers; Children’s Hospital Ricardo Gutiérrez: (011) 4962-6666 / 2247, Hospital A. Posadas: (011) 4654-6648 / 4658-7777.

How Supplied
Atlansil Tablets: Packages containing 20 and 50 tablets.
Yellowish white, round tablets, scored and coded AT 200 on one side of the tablet and marked with Roemmers’ identification isologue on the other side.

Other Dosage Forms / How Supplied
Atlansil Injectable: Packages containing 6 ampoules of 3 ml each.