Tranylcypromine Sulfate Tablets

INFORMATION

Tranylcypromine Sulfate should not be used in patients with a history of mental depression (MDD), both adult and pediatric, may experience worsening of their depression toward an increase in the younger patients for almost all drugs studied. There was considerable variation in risk of suicidality among drugs, but a tendency increase in the risk of suicidality with antidepressants compared to placebo in adults aged 65 and older.

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INDICATIONS

Tranylcypromine Sulfate should be used in adult patients who can be closely monitored and managed. It may be used for the treatment of depressive disorders, dysthymia, and certain psychotic conditions associated with a prominent and relatively enduring activity. It increases the concentration of epinephrine, norepinephrine, and serotonin in storage sites throughout the nervous system and, in theory, it increases the availability of these neurotransmitters at specific synapses. Its antidepressant activity is recovered in 3 to 5 days, although the drug is excreted in 24 hours. Tranylcypromine Sulfate should not be used in combination with monoamine oxidase inhibitor or from a dibenzazepine-related entity, allow a medication-free interval toward an increase in the younger patients for almost all drugs studied. There was considerable variation in risk of suicidality among drugs, but a tendency is observed in 3 to 5 days, although the drug is excreted in 24 hours. Tranylcypromine Sulfate should not be used in combination with monoamine oxidase inhibitor or from a dibenzazepine-related entity, allow a medication-free interval toward an increase in the younger patients for almost all drugs studied. There was considerable variation in risk of suicidality among drugs, but a tendency.
**ADVERSE REACTIONS**

Tranylcypromine Sulfate Tablets

Hypertension, dizziness, and drowsiness may occur, progressing in some patients to a state of faintness and or syncope. Such responses may occur in patients with severe hypertension and other sympathomimetic medication or in the presence of other cardiovascular dysfunction such as hypertrophic cardiomyopathy. Patients with hypertension and those who have exhibited excessive hypotensive response on initial dosing should receive a lower initial dose, and dosage increases should be made more gradually than usual.

**INTERACTIONS**

Tranylcypromine Sulfate has been shown in laboratory studies to interfere with the activity of monoamine oxidase (MAO). Therefore, patients who are receiving MAO inhibitors and those who have received such drugs within 14 days should be closely observed during the initial weeks of Tranylcypromine Sulfate therapy. The combination of Tranylcypromine Sulfate and phenothiazines or other sympathomimetic agents has been associated with episodes of syncope and severe hypotension.

**PRECAUTIONS**

**Pediatric Use:**

Safety and effectiveness in the pediatric population have not been established. Use only under special circumstances and with close observation..

**GERIATRIC USE:**

Tranylcypromine Sulfate may cause postural hypotension in the elderly. Elderly patients should be carefully observed and the dosage carefully titrated to the individual patient's requirements.

**HYPERTENSION:**

Tachycardia, significant anorexia, edema, palpitation, blurred vision, chills, sweating, and piloerection are well recognized effects of MAO inhibitors. In some instances, more severe sequelae such as convulsions, cardiovascular collapse, and hypertensive encephalopathy have been reported.

**OVERDOSAGE:**

If a hypertensive crisis occurs, Tranylcypromine Sulfate should be discontinued. If a hypertensive crisis is not relieved, the administration of intravenous fluids and diazoxide hydrochloride, 2 to 4 mg/kg at 30-minute intervals, may be beneficial. It may be necessary to decrease the blood pressure more slowly than in usual hypertensive emergencies. The use of other antihypertensive drugs, such as labetalol hydrochloride, is contraindicated.

**DISPOSITION**

Tranylcypromine Sulfate Tablets should be stored at controlled room temperature of 15° to 30° C (59° to 86° F). Keep the container tightly closed. Discard any used tablets. The container should be saved for discard.

**In case of overdose:**

Overdosage may be managed by means of external pressure on the carotid sinuses, but such measures may be followed by a toxic response. The usual prescriber should be informed of the possibility of an overdose being suspected and should be contacted. Immediate consultation with a Poison Control Center is recommended whenever overdose is suspected. The probability of emergency drug administration is warranted following a documented overdose.

**NURSING MOTHERS:**

Tranylcypromine Sulfate Tablets should be used with caution in nursing mothers. The drug may be excreted in breast milk, although no data are available.

**REFERENCES**

Although excretion of Tranylcypromine Sulfate is rapid, inhibition of MAO may tend to abate as blood pressure is lowered. On the basis of present evidence, prolonged barbiturate activity. When hypotension requires treatment, the standard regimen should be controlled carefully because Tranylcypromine Sulfate may be required to help relieve myoclonic reactions, but frequency of administration should be decreased because of the potential hazards associated with the use of barbiturates in patients with hypertension.

**CAUTIONS:**

Care should be taken to administer this drug slowly in order to avoid producing an excessive hypotensive effect. Fever should be managed by means of external pressure on the carotid sinuses, but such measures may be followed by a toxic response. The usual prescriber should be informed of the possibility of an overdose being suspected and should be contacted. Immediate consultation with a Poison Control Center is recommended whenever overdose is suspected. The probability of emergency drug administration is warranted following a documented overdose.

**ADDITIONAL INFORMATION**

Tranylcypromine Sulfate Tablets are available in tablets debossed with the product name PARNATE and SB and contains tranylcypromine hydrogen sulfate equivalent to 10 mg of the free base in tablets of 10 mg.

**DISPENSING INSTRUCTIONS**

Immediate consultation with a Poison Control Center is recommended whenever overdose is suspected. The probability of emergency drug administration is warranted following a documented overdose.

**RACEMIC TRANYLCYPROMINE SULFATE**

Tranylcypromine Sulfate Tablets are available in tablets debossed with the product name PARNATE and SB and contains tranylcypromine hydrogen sulfate equivalent to 10 mg of the free base in tablets of 10 mg.

**DOSAGE AND ADMINISTRATION**

The usual precautions should be observed in patients with impaired renal function and patients in whom dosage titration should be controlled carefully because Tranylcypromine Sulfate may be required to help relieve myoclonic reactions, but frequency of administration should be decreased because of the potential hazards associated with the use of barbiturates in patients with hypertension.

**MISCELLANEOUS**

**Antidepressant Medicines Including PARNATE and SB**

**Antidepressant Medicines Include PARNATE and SB:**

Antidepressant medicines may increase suicidal thoughts or actions in some children, adolescents, and young adults who take them. However, it is not clear from research studies whether antidepressants increase the risk of suicide or whether they lower it. You and your doctor should talk about the benefits and risks of antidepressants, other medications, and other treatments for your condition, such as other medications or psychotherapies. It is very important that you talk with your doctor about all of the medications you use. The more your healthcare providers know about you and the medications you use, the better they can care for you.

**What to Watch For If You Take PARNATE and SB:**

**Suicidal Thoughts or Actions:**

The following is a list of the things you should talk about with your doctor:

- Suicide and Other Serious Illnesses: Antidepressant medicines may increase suicidal thoughts or actions in some children, adolescents, and young adults who take them. However, it is not clear from research studies whether antidepressants increase the risk of suicide or whether they lower it. You and your doctor should talk about the benefits and risks of antidepressants, other medications, and other treatments for your condition, such as other medications or psychotherapies. It is very important that you talk with your doctor about all of the medications you use. The more your healthcare providers know about you and the medications you use, the better they can care for you.

- Special Considerations for Women:

- Women of Reproductive Potential:

- Women of Childbearing Potential:

- Pregnancy:

- Lactation:

- Pediatric Use:

- Geriatric Use:

- Hypertension:

- Arrhythmias:

- Overdosage:

- Miscellaneous:

- Pregnancy:

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