Tibolone

Amena™

2.5 mg Tablet
Menopausal Therapy

℞

FORMULATION
Each tablet contains tibolone 2.5mg

INDICATIONS
Used as menopausal therapy in the treatment of menopausal vasomotor symptoms and the prevention of post menopausal osteoporosis.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamic properties
Following oral administration, tibolone is rapidly metabolized into three compounds, which all contribute to the pharmacodynamic profile of Tibolone. Two of the metabolites (3αOH-tibolone and 3βOH-tibolone) have estrogenic-like activities, whereas the third metabolite (Δ4-isomer of tibolone) has progestogenic and androgenic-like activities. Tibolone substitutes for the loss of estrogen production in postmenopausal women and alleviates menopausal symptoms. Tibolone prevents bone loss following menopause or ovariectomy.

Pharmacokinetic properties
After oral administration, peak-plasma concentrations are attained in 1 to 4 hours. Tibolone is rapidly metabolized into 3 active metabolites, 2 of which have predominantly oestrogenic activity while the third, like the parent compound, has predominantly progestogenic activity. Metabolites are excreted in the bile and eliminated in the faeces. A small amount is excreted in the urine.

DOSAGE AND ADMINISTRATION
Tibolone is a steroid derived from noretynodrel that has oestrogenic, progestogenic, and weak androgenic properties. The usual dose is 2.5 mg daily by mouth. Tibolone reduces vasomotor symptoms associated with the use of gonadorelin analogues for endometriosis or fibroids.

Starting Tibolone
Women experiencing a natural menopause should commence treatment with tibolone at least 12 months after their last menstrual bleed. In case of surgical menopause, treatment with Tibolone, may commence immediately.

Switching from a sequential or continuous combined HRT preparation
If changing from a sequential HRT preparation, treatment with Tibolone should start the day following completion of the prior regimen. If changing from a continuous-combined HRT preparation, treatment can start at any time.

Missed dose
A missed dose should be taken as soon as remembered, unless it is more than 12 hours overdue. In the latter case, the missed dose should be skipped and the next dose should be taken at the normal time. Missing a dose may increase the likelihood of breakthrough bleeding and spotting.

Adverse effects
Irregular vaginal bleeding or spotting may occur with tibolone, mainly during the first few months of treatment, and particularly in women undergoing a natural menopause who use tibolone within 12 months of their last menstrual period. Unlike cyclical, but similar to continuous, combination HRT, tibolone does not produce regular withdrawal bleeding. Other adverse effects have included changes in body-weight, ankle oedema, dizziness, skin reactions, headache, migraine, visual disturbances, gastrointestinal disturbances, increased growth of facial hair, altered liver function, depression, and arthralgia or myalgia.

Endometrial hyperplasia and endometrial carcinoma have been rarely reported after investigation of uterine bleeding in women receiving tibolone therapy,1, 2 as has exacerbation of adenomyosis 3. Some of these women had previously received oestrogens. The authors of 1 report concluded that it was unclear whether tibolone was an aetiological agent or a cofactor in these cases,1 and they emphasized that, although tibolone has progestogenic properties, it cannot be expected to reverse pre-existing endometrial hyperplasia or to protect against the development of endometrial malignancy.

The acute toxicity of tibolone in animals is very low. Therefore, toxic symptoms are not expected to occur, even when several tablets or capsules are taken simultaneously. In cases of acute overdose, nausea, vomiting and vaginal bleeding in females may occur. No specific antidote is known. Symptomatic treatment can be given if necessary.

PRECAUTIONS
Tibolone is contraindicated in women with hormone-dependent tumours, cardiovascular or cerebrovascular disorders including thrombophlebitis, thromboembolic processes, or a history of these conditions, undiagnosed vaginal bleeding, and severe liver disorders. It should not be given to pregnant or lactating women and should not be used prior to the menopause because menstrual regularity may be disturbed. Use of tibolone within 12 months of a natural menopause is also not recommended because irregular vaginal bleeding is likely. In postmenopausal women, vaginal bleeding starting after 3 months or more of treatment, or recurrent or persistent bleeding should be investigated. Care should be taken when administering tibolone to patients with liver disease or disorders that may be exacerbated by fluid retention such as kidney dysfunction, epilepsy, or migraine, or with a history of these conditions. It should also be given with caution to patients with hypercholesterolaemia and impaired glucose tolerance. Tibolone should be discontinued if there are signs of thromboembolism or if abnormal liver function tests or cholestatic jaundice occur. Consideration should be given to stop tibolone 4 weeks before elective surgery when prolonged immobilisation after surgery is likely. In women transferring from another form of HRT to tibolone it is suggested that a withdrawal bleed be induced with a progestogen prior to starting tibolone treatment since the endometrium may already be stimulated.

SPECIAL WARNINGS AND PRECAUTION FOR USE
For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. In all cases, a careful appraisal of the risks and benefits should be undertaken at least annually and HRT should only be continued as long as the benefit outweighs the risk.

Medical examination/follow - up
Before initiating or reinstituting HRT, a complete personal and family medical history should be taken. Physical (including pelvic and breast) examination should be guided by this and by the contraindications and warnings for use. During treatment, periodic check-ups are recommended of a frequency and nature adapted to the individual woman. Women should be advised what changes in their breasts they should report to their doctor or nurse. Investigations, including mammography, should be carried out in accordance with currently accepted screening practices, modified to the clinical needs of the individual.

Reasons for immediate withdrawal of therapy:
Therapy should be discontinued in case a contraindication is discovered and in the following situations:
- Jaundice or deterioration in liver function.
- Significant increase in blood pressure.
- New onset of migraine-type headache.

Effects on ability to drive and use machines
Tibolone is not known to have any effects on alertness and concentration.

CAUTION
Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

STORAGE CONDITION
Store at temperatures not exceeding 30°C. Protect from light & children.

AVAILABILITY
PVC Blister strip of 28 tablets.

Manufactured by: **Renata Limited**
Section VII Milk Vita Road
Mirpur, Dhaka, Bangladesh
Imported and Distributed by:
UNILAB, Inc.
No. 66 United Street, Mandaluyong City
Metro Manila, Philippines

Trusted Quality Healthcare