

- in whom fluid or salt deficiency exist or may develop (as a result of inadequate fluid or salt intake, or as a result of, for example, diarrhoea, vomiting or. excessive sweating in cases where salt and fluid replacement is inadequate). Generally, dehydration, reduced blood volume (hypovolaemia), or salt deficiency should be corrected before initiating treatment (in patients with heart failure, however, such corrective action must be carefully weighed against the risk of volume overload). When such conditions have become clinically relevant, treatment with Tritace must be started or continued only if appropriate steps are taken concurrently to prevent an excessive fall in blood pressure and deterioration of renal function (see also "Dosage"). Also at particular risk from a pronounced fall in blood pressure are, e.g., patients with haemodynamically relevant stenoses of the coronary arteries or of the blood vessels supplying the brain. Such patients as well require special medical supervision in the initial phase of treatment. In patients with impaired liver function, response to treatment with Tritace may be either increased or reduced. In addition, in patients with severe liver cirrhosis with oedema and/or ascites, the renin angiotensin system may be significantly activated; therefore, particular caution must be exercised in treating such patients (see also above and under "Dosage"). Some elderly patients may be particularly responsive to ACE inhibitors. Renal function should be evaluated at the beginning of treatment (see also "Dosage"). Renal function should be monitored, particularly in the initial weeks of treatment. Particularly careful monitoring is required in patients with heart failure, in patients with renovascular disease (including those with haemodynamically relevant unilateral renal artery stenosis, in whom even a small increase in serum creatinine may be indicative of unilateral loss of renal function), in patients with impairment of renal function, or in kidney transplant patients. Serum potassium should be monitored regularly. More frequent monitoring of serum potassium is required in patients with impaired renal function. White blood cell counts should be monitored so that a possible excessive reduction in white blood cells (leucopenia) can be detected. Monitoring should be more frequent in the initial phase of treatment and in patients with impaired renal function, concomitant connective	tissue disese (collagen disease such as lupus erythematosus or scleroderma), or in patients treated with other medicines that may alter the blood picture (see "Interactions"). The blood picture must be checked if possible signs of reduced white blood cell or platelet counts occur (see "Adverse reactions"). Certain adverse reactions (e.g. some symptoms of a reduction in blood pressure such as light-headedness, dizziness) may impair the ability to concentrate and react, and, therefore, constitute a risk in situations where these abilities are of particular importance (e.g. operating a vehide or machinery). Interactions Food Absorption of ramipril is not significantly affected by food. Drug interactions Contra-indicated combinations Extracorporeal treatments leading to contact of blood with negatively charged surfaces such as dialysis or haemofiltration with certain high-flux membranes (e.g. polyacrylonitril membranes) and low-density lipoprotein apheresis with dextran sulfate: risk of severe anaphylactoid reactions. The combination of Tritace with aliskiren-containing medicines is contraindicated in patients with diabetes mellitus or moderate renal impairment and is not recommended in other patients. Not recommended associations Potassium salts, potassium-retaining diuretics: Rise in serum potassium concentration is to be anticipated. Concomitant treatment with potassium-retaining diuretics (e.g. spironolactone) or with potassium salts requires dose monitoring of serum potassium. Precautions for use Antihypertensive agents (e.g. diuretics) and other substances with antihypertensive potential (e.g. nitrates, tricyclic antidepressants, anaesthetics): potentiation of the antihypertensive effect is to be anticipated. Regular monitoring of serum sodium is recommended in patients undergoing concurrent diuretic therapy. Vasopressor sympathomimetics: these may reduce the antihypertensive effect of Tritace. Particularly close blood pressure monitoring is recommended. Allopurinol, immunosuppressants, corticosteroids, procainamide, cytostatics and other substances that may change the blood picture: increased likelihood of	haematological reactions. Antidiabetic agents (e.g. insulin and sulfonylurea derivatives): ACE inhibitors may reduce insulin resistance. In isolated cases, such reduction may lead to hypoglycaemic reactions in patients concomitantly treated with antidiabetics. Particularly close blood glucose monitoring is, therefore, recommended in the initial phase of co-administration. Take into account Nonsteroidal anti-inflammatory drugs (e.g. indomethacin) and acetylsalicylic acid: attenuation of the antihypertensive effect of Tritace is to be anticipated. Furthermore, concomitant treatment of ACE inhibitors and NSAIDs may lead to an increased risk of worsening of renal function and an increase in serum potassium. Heparin: rise in serum potassium concentration possible. Alcohol: increased vasodilatation. Tritace may potentiate the effect of alcohol. Salt: increased dietary salt intake may attenuate the antihypertensive effect of Tritace. Desensitization therapy: the likelihood and severity of anaphylactic and anaphylactoid reactions to insect venoma is increased under ACE inhibition. It is assumed that this effect may also occur in connection with other allergens. Adverse reactions Cardiovascular and nervous systems: An excessive reduction in blood pressure may occur patically after initial or increased doses of Tritace or of an additional diuretic (see" special warnings and precautions"), and may sometimes progress to shock. Uncommonly, mild symptoms and reactions such as headache, disorders of balance, rapid heart rate (tachycardia), weakness, drowsiness, light-headedness or impaired reactions may occur. Rarely, mild symptoms and reactions such as peripheral oedema, flushing, dizziness, noises in the ears (tinnitus), fatigue, nervousness, depressed mood, tremor, restlessness, visual disturbances, sleep disturbances, confusion, feeling of anxiety, transient erectile impotence, palpitations, sweating, disturbed hearing, somnolence, or feeling faint on standing or standing up (disturbed orthostatic regulation), as well as severe reaction such as angina pectoris, cardiac arrhythmias and temporary loss of consciousness (syncope) may also occur. In isolated cases, insufficient supply of blood to the heart muscle or to the brain (myocardial or cerebral ischaemia),	myocardial infarction, transient reduced blood flow in the brain (transient ischaemic attack), ischaemic stroke, worsening of circulatory disturbances due to vascular stenoses, precipitation or intensification of attacks of circulatory disturbances characterised by e.g., whiteness or fingers or toes (Raynaud's phenomenon) or abnormal sensations (paraesthesia) may occur. Kidney and electrolyte balance: Uncommonly, an increase in serum urea and serum creatinine (particularly likely in combination with diuretics), and impairment of renal function-progressing, in isolated cases, to acute renal failure-may develop. Rarely an increase in serum potassium may occur. In isolated cases, a decrease in serum sodium may develop, as may deterioration of pre-existing pronounced urinary excretion of proteins (proteinuria) (although ACE inhibitors usually reduce proteinuria, or- in conjunction with an improvement in cardiac performance- an increase in urinary output. Respiratory tract, anaphylactic/anaphylactoid and skin reactions: Commonly, a dry (non-productive) thick cough occurs. This cough is often worsen at night and during periods of recumbency (i.e., while reclining), and occurs more frequently in women and non-smokers. It may necessitate complete discontinuation of treatment with ACE inhibitors. Rarely, nasal congestion, inflammation of the nasal sinuses (sinusitis), bronchitis, spasmodic narrowing of the bronchi (bronchospasm) and difficulty in breathing (dyspnoea) may develop. Uncommonly, the desired ACE inhibition may lead to mild angioneurotic oedema. Swelling of the facial region (e.g. lips, eyelids), or of the tongue, throat, or larynx (noticeable, e.g., as difficult in swallowing or breathing) may be signs and symptoms of such a condition. If such signs and symptoms occur, please inform your doctor immediately and stop taking the next scheduled dose of Tritace. Other ACE inhibitors must also not to be used. Serious forms of angioneurotic oedema and other anaphylactic or anaphylactoid reactions -not attributable to the desired effect-to ramipril or to any of the excipients, are rare. Angioneurotic oedema in conjunction with ACE inhibitors appears to occur more frequently in black, i.e. AfroCaribbean, patients than in non-black patients. Cutaneous or mucosal reactions: Such as rash, itching or urticaria may uncommonly occur.	In isolated cases maculopapular rash, pemphigus, worsening of psoriasis, psoriasiform, pemphigoid or lichenoid exanthema and enanthema, erythema multiforme, Stevens-Johnson Syndrome, toxic epidermal necrolysis, pronounced hair loss (alopecia), loosening of the nails (onycholysis), or hypersensitivity of the skin to light (photosensitivity), may occur. The likelihood and severity of anaphylactic and anaphylactoid reactions to insect venom is increased under ACE inhibition. It is assumed that this effect may also occur in connection with other allergens. Digestive tract: Uncommonly, nausea, increase in hepatic enzymes and/or serum bilirubin, and jaundice due to impaired excretion of bile pigment (cholestatic jaundice) may occur. Rarely dryness of the mouth, inflammation of the tongue (glossitis), inflammatory reactions of the oral cavity and gastrointestinal tract, abdominal discomfort, gastric (including gastritis-like) pain, digestive disturbances, constipation, diarrhoea and vomiting and increased levels of pancreatic enzymes may develop. In isolated cases, inflammation of the pancreas (pancreatitis) of liver damage (including acute liver failure) may occur. Blood picture: Rarely, a mild - in isolated cases, a severe - reduction in the haemoglobin content or in the blood cell count (red or white blood cells, or platelets) may develop. In isolated cases, a marked reduction of white blood cells (agranulocytosis), an excessive reduction in the number of all blood cells (pancytopenia) and impaired blood cell formation (bone marrow depression) may occur. Possible signs of agranulocytosis may include fever, lymph node enlargement or sore throat. Such of a bleeding tendency due to an excessive reduction in blood platelets (thrombocytopenia) may include brownish red pin-point spots (petechiae) as well as areas of brownish red discoloration (sometimes rash-like) in the skin or mucous membranes (purpura), or bleeding from the gums which is dificult to control. In isolated cases, a significant reduction in the number of red blood cells due to their increased destruction (haemolytic anaemia) may develop. Other adverse reactions : Uncommonly, conjunctivities may develop, as may - rarely - muscle cramps, reduced sexual desire (decreased libido), loss of appetite, and disturbances of smell and taste (e.g. metallic taste) or partial - sometimes even complete-loss of	taste. In isolated cases, inflammation of blood vessels (vasculitis), muscle or joint pains (myalgia or arthralgia), fever, an increase in the number of certain white blood cells (eosinophilia), or raised titres of antinuclear antibodies may occur. Please speak with your doctor if you notice any of the adverse reactions listed in this package insert or any other undesired effects or unexpected changes. Since some adverse reactions (e.g., angioneurotic oedema, severe skin reactions, severe changes in the blood picture), may under certain circumstances become life-threatening, it is essential that, if sudden or severe reactions do occur, you inform a doctor at once. Overdose Overdosage may cause excessive peripheral vasodilatation (with marked hypotension, shock), bradycardia, electrolyte disturbances, and renal failure. Primary detoxification: e.g., gastric lavage, administration of adsorbents, sodium sulfate (if possible during the first 30 minutes). In case of hypotension, administration of a α1-adrenergic agonists (e.g. norepinephrine, dopamine) and angiotensin II (angiotensinamide) must be considered in addition to volume and salt substitution. Storage Store in a cool and dry place. Protect from light. Package quantities Tritace 2.5 tablet: Box of 2 x 14 x 2.5 mg in blister packs. Tritace 5 tablet: Box of 2 x 14 x 5 mg in blister packs. Do not use later than the date of expiry. Keep all medicines out of the reach of children. To be dispensed only on the prescription of a registered physician. Manufactured by:  synovia Synovia Pharma PLC., Station Road, Tongi, Gazipur. Under License From Sanofi, France. 542506
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Direction Slip artwork legend

Product Name	:	Tritace
Code number	:	542506
CCDS Version	:	00
Dimension	:	L 16.65 x W 6.18 inches
Min. size of text	:	8 pt
Used Colors	:	Black C  Pantone 186 C 