SLOW SODIUM

MODE OF ACTION

SLOW SODIUM tablets release sodium chloride gradually from a special sustained release formulation, maximum plasma concentrations occurring 4-6 hours after administration. This method of delivery is designed to avoid high localised concentrations of sodium chloride which might irritate or damage the gut mucosa. The sodium chloride present in SLOW SODIUM is completely absorbed in the G.I. tract.

INDICATION

For the treatment and prophylaxis of sodium chloride deficiency.

CONTRA-INDICATIONS

SLOW SODIUM is contra-indicated in any situation where salt retention is undesirable, such as oedema, heart disease, cardiac decompensation and primary or secondary aldosteronism; or where therapy is being given to produce salt and water loss.

PRECAUTIONS

Use of SLOW SODIUM without adequate water supplementation can produce hypernatraemia. The matrix (ghost) is often eliminated intact and owing to the risk of obstruction, SLOW SODIUM should not be given to patients suffering from Crohn's disease or any other intestinal condition where strictures or diverticula may form.

Interactions
In hypertensive patients with chronic renal failure, SLOW SODIUM may tend to impair the efficacy of antihypertensive drugs.

Use in Pregnancy
No additional precautions required.

ADVERSE REACTIONS

No side-effects have been reported with SLOW SODIUM at the recommended dosage.
**DOSAGE AND ADMINISTRATION**

It is important that the tablets should be swallowed whole with water (approx 70ml per tablet where kidney function is normal to avoid hypernatraemia), and not chewed.

**Adults**

For prophylaxis 4-8 tablets per day. For treatment dosage should be adjusted to individual needs up to a maximum of 20 tablets per day in cases of severe salt depletion.

For control of muscle cramps during routine maintenance haemodialysis, usually 10-16 tablets per dialysis. In cases of chronic renal salt-wasting, up to 20 tablets per day may be required with appropriate fluid intake.

No special dosage adjusted is necessary for elderly patients.

**Children**

Dosage should be adjusted to individual needs.

**OVERDOSAGE**

Excessive intake of sodium chloride can result in hypernatraemia. Symptoms of hypernatraemia include restlessness, weakness, thirst, reduced salivation and lachrymation, swollen tongue, flushing of the skin, pyrexia, dizziness, headache, oliguria, hypertension, tachycardia, delirium, hyperpnoea and respiratory arrest.

Treatment requires the use of sodium-free liquids and the cessation of excessive sodium intake. In the event of a significant overdose, serum sodium levels should be evaluated as soon as possible and appropriate steps taken to correct any abnormalities. The use of a loop diuretic e.g. frusemide (with potassium supplementation as required) may be appropriate in severe cases of hypernatraemia. Levels should be monitored until they return to normal.

**Pharmaceutical precautions:** Protect from heat and moisture. The tablets should be dispensed in moisture proof containers.

**PRESENTATION**

White, biconvex, polished, coated tablets about 11.4mm in diameter, printed "CIBA" on one side, containing 600mg (10mmol) of sodium chloride BP; containers of 100 tablets.

**Further information:**

SLOW SODIUM has been successfully used by those patients unable to tolerate sodium chloride in capsules, compressed salt tablets or saline solution.