COMPOSITION
A white or almost white circular, compressed tablet 12.8 mm diameter. Markings are ‘N/C’ on one side and ‘3M’ on the other. Each tablet contains Orphenadrine Citrate BP 35 mg and Paracetamol BP 450 mg.

PROPERTIES
Orphenadrine acts centrally by blocking reticular facilitation, i.e. it blocks preferentially those pathways whose hyperactivity leads to exaggeration of motor function such as spasticity, rigidity or muscle spasm.

Paracetamol is a well tolerated analgesic and antipyretic. Its analgesic action is rapid in onset (within 30 minutes) and lasts for three to four hours. It has been found to be particularly effective for the relief of pain in muscles and joints.

INDICATIONS
Norgesic tablets are indicated for the symptomatic relief of acute painful conditions of the musculo-skeletal system such as low back pain, lumbago, acute strains, neck pain and myalgia, and post-surgical pain.

CONTRAINDICATIONS
Contraindications to Norgesic result from the anticholinergic action of orphenadrine. Norgesic should not be given to patients with glaucoma, urinary retention (e.g. due to prostatic hypertrophy or obstruction of the bladder neck) and myasthenia gravis.

SIDE EFFECTS
Dry mouth, nausea, blurring of vision, dizziness and restlessness may occur in some patients susceptible to the anticholinergic action of orphenadrine. These symptoms rapidly disappear following reduction of dosage or cessation of treatment.

PRECAUTIONS
Norgesic should be used with caution in patients with tachycardia. Euphoria has also been reported in susceptible patients.

PREGNANCY AND LACTATION
There is no evidence as to the drug safety in human pregnancy nor is there evidence from animal work that it is free from hazard. Avoid in pregnancy unless there is no safer treatment.

Orphenadrine and paracetamol are excreted into the breast milk and therefore Norgesic is contraindicated in lactating mothers.

OVERDOSAGE
Symptoms
Orphenadrine Citrate causes excitement, confusion and delirium leading to coma. Convulsions, tachycardia, dilated pupils and urinary retention may occur. Paracetamol may cause acute liver damage but symptoms may not appear for up to several days after ingestion.

Treatment
Gastric lavage should be carried out immediately, regardless of the estimated ingested dose. Convulsions and delirium respond to relatively large doses of diazepam, preferably by mouth.

Adequate hydration of the patient is important. It is recommended that the patient be referred to a hospital where early and regular monitoring of plasma paracetamol levels can be carried out. It instituted sufficiently early, treatment with N-acetylcysteine, L-methionine or L-cysteamine will minimise liver damage.

STORAGE
Store in a cool dry place.

DOSAGE AND ADMINISTRATION
Adults and children over 12: Two tablets three times a day.

Elderly: The cautions and contraindications apply particularly to elderly patients. Since orphenadrine, in common with other drugs with anticholinergic effects, may cause confusion (delirium) in the elderly. It is recommended that a reduced dosage be given.

Children: Not recommended for children under 12 years.