of other beta-mimetics, systemically absorbed anti-
cholinergics and xanthine derivatives (e.g. theoph-
ylline) may increase the side effects. A potentially
serious reduction in bronchodilatation may occur
during concurrent administration of beta-blockers.
Beta-adrenergic agonists should be administered
with caution to patients being treated with mono-
amine oxidase inhibitors or tricyclic antidepressants,
since the action of beta adrenergic agonists may be
enhanced. Inhalation of halogenated hydrocarbon
anaesthetics such as halothane, trichloroethylene
and enfurane may increase the susceptibility to the
cardiovascular effects of beta-agonists.

Pregnancy and Lactation
In some preclinical studies at doses correspond-
ing to 640 times the maximum recommended dose,
orciprenaline has shown the potential to cause fetal
abnormalities. The significance to humans is not
known. There is no well documented experience in
pregnant women. ALUPENT  should only be used
during pregnancy, especially during the first trimes-
ter, if the potential benefit outweighs the potential
risk to the fetus. The inhibitory effect of ALUPENT
on uterine contraction should be taken into account.
It is not known whether ALUPENT is excreted in
human milk; therefore, ALUPENT should be used
during nursing only if the potential benefit justifies
the possible risk to the newborn.

Side Effects
Frequent undesirable effects of ALUPENT are
fine tremor of skeletal muscles and nervousness,
headache, dizziness, tachycardia and palpitations.
Potentially serious hypokalaemia may result from
beta2-agonist therapy. As with use of other inhalation
therapy, cough, local irritation and less common, par-
adoxical bronchoconstriction have been reported. As
with other beta-mimetics, nausea, vomiting, sweating,
weakness and myalgia/muscle cramps may occur.
In rare cases decrease in diastolic blood pressure,
increase in systolic blood pressure, arrhythmias, particularly after higher doses, may occur. In rare cases skin reactions or allergic reactions have been reported, especially in hypersensitive patients. There have been isolated cases of anaphylactic or anaphylactoid reactions. In individual cases psychological alterations have been reported under inhalational therapy with beta-mimetics.

**Dosage and administration**
The dosage should be adapted to individual requirements. Unless otherwise prescribed by the physician, the following doses are recommended:

**In bronchial asthma and reversible broncho-spasm**
Syrup (sugar-free) (5 ml = 1 teasp. = 10 mg):
- Adults and children over the age of 9: 1 - 2 teaspoonful 4 times daily
- Children 6 - 9 years: 1 teaspoonful 4 times daily
- Children under 6 years: 1/2 - 1 teaspoonful 4 times daily

**Overdosage**
**Symptoms**
The expected symptoms with overdosage are those of excessive beta-adrenergic-stimulation, including exaggeration of the known pharmacologic effects, i.e. any of the symptoms listed under side effects, the most prominent being tachycardia, palpitation, tremor, hypertension, hypotension, widening of the pulse pressure, anginal pain, arrhythmias and flushing.

**Therapy**
Administration of sedatives, tranquilizers, in severe cases intensive therapy.
Beta-receptor blockers, preferably beta1-selective, are suitable as specific antidotes; however, a possible increase in bronchial obstruction must be taken into account and the dose should be adjusted carefully in patients suffering from bronchial asthma.

**Availability**
Syrup

**Storage instructions**
Store in a safe place out of the reach of children.