**Cinnarizine tablets**

This information is a summary only. It does not contain all information about this medicine. If you would like more information about the medicine you are taking, check with your doctor or other health care provider. No rights can be derived from the information provided in this medicine leaflet.

**Therapeutic indications**
Cinnarizine is for the control of vestibular disorders such as vertigo, tinnitus, nausea and vomiting such as is seen in Meniere's Disease. Cinnarizine is also effective in the control of motion sickness.

**Dosage**
Cinnarizine should preferably be taken after meals.

**Vestibular symptoms**
Adults, elderly and children over 12 years: 2 tablets three times a day.

Children 5 to 12 years: One half the adult dose.

These doses should not be exceeded.

**Motion sickness**
Adults, elderly and children over 12 years: 2 tablets 2 hours before you travel and 1 tablet every 8 hours during your journey.

Children 5 to 12 years: One half the adult dose.

**Contraindications**
Cinnarizine should not be given to patients with known hypersensitivity to cinnarizine.

**Special warnings and precautions for use**
As with other antihistamines, cinnarizine may cause epigastric discomfort; taking it after meals may diminish the gastric irritation.

In patients with Parkinson's Disease, cinnarizine should only be given if the advantages outweigh the possible risk of aggravating this disease.

Because of its antihistamine effect, cinnarizine may prevent an otherwise positive reaction to dermal reactivity indicators if used within 4 days prior to testing.

Use of cinnarizine should be avoided in porphyria.

There have been no specific studies in hepatic or renal dysfunction. Cinnarizine should be used with care in patients with hepatic or renal insufficiency.

Patients with rare hereditary problems of fructose or galactose intolerance, Lapp lactase deficiency, glucose-galactose malabsorption or sucrase-isomaltase insufficiency, should not take this medicine because it contains lactose and sucrose.

**Interaction with other medicinal products and other forms of interaction**
Concurrent use of alcohol, CNS depressants or tricyclic antidepressants may potentiate the sedative effects of either drugs or of cinnarizine.

**Pregnancy and lactation**
The safety of cinnarizine in human pregnancy has not been established although studies in animals have not demonstrated teratogenic effects. As with other drugs it is not advisable to administer cinnarizine in pregnancy.

There are no data on the excretion of cinnarizine in human breast milk. Use of cinnarizine is not recommended in nursing mothers.

**Effects on ability to drive and use machines**
Cinnarizine may cause drowsiness, especially at the start of treatment; patients affected in this way should not drive or operate machinery.

**Undesirable effects**

<table>
<thead>
<tr>
<th>System Organ Class</th>
<th>Adverse Drug Reactions</th>
<th>Frequency Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>Uncommon</td>
<td>Not Known</td>
</tr>
<tr>
<td>(≥ 1/100 to &lt; 1/10)</td>
<td>(≥ 1/1,000 to &lt; 1/100)</td>
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**Nervous System Disorders**
Somnolence; Lethargy; Dysskinesia; Extrapyramidal disorder; Parkinsonism; Tremor

**Gastrointestinal Disorders**
Nausea; Vomiting; Upper abdominal pain

**Hepato-biliary disorders**
Cholestatic jaundice

**Skin and subcutaneous tissue disorders**
Hyperhidrosis; Lichenoid keratosis including lichen planus; Subacute cutaneous lupus erythematosus

**Musculoskeletal and Connective Tissue Disorders**
Muscle rigidity

**General Disorders and Administration Site Conditions**
Fatigue

**Investigations**
Weight increased

Cases of hypersensitivity, headache and dry mouth have been reported.

**Overdose**

**Symptoms**
The signs and symptoms are mainly due to the anticholinergic (atropine-like) activity of cinnarizine.

Acute cinnarizine overdoses have been reported with doses ranging from 90 to 2,250 mg. The most commonly reported signs and symptoms associated with overdose of cinnarizine include: alterations in consciousness ranging from somnolence to stupor and coma, vomiting, extrapyramidal symptoms, and hypotonia. In a small number of young children, seizures developed. Clinical consequences were not severe in most cases, but deaths have been reported after single and polydrug overdoses involving cinnarizine.

**Treatment**
There is no specific antidote. For any overdose, the treatment is symptomatic and supportive care.

Within the first hour after ingestion, gastric lavage may be performed provided that the airway is protected. However, the benefit of gastric lavage is uncertain.

Activated charcoal should only be considered in patients presenting within one hour of taking a potentially toxic overdose (ie more than 15mg/kg).